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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545 0047

2008

Open to Public Inspection

For the 2008 calendar year, or tax year beginning , 2008, and ending ,

B Check if applicable
- Address change
- Name change
- Initial return
- Termination
- X Amended return
- Application pending

Please use IRS label or print or type See specific Instructions.

C Name of organization: El Paso Community Foundation

Number and street (or P O box if mail is not delivered to street addr): P.O. Box 272 — Room/suite:

City, town or country: El Paso — State: TX — ZIP code + 4: 79943-0272

D Employer Identification Number: 74-1839536

E Telephone number: (915) 533-4020

G Gross receipts $ 31,226,851.

F Name and address of principal officer: Richard E Pearso 123 W. Mills, Suite 520 El Paso TX 79901

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No ' attach a list (see instructions)

I Tax-exempt status: [X] 501(c) (3)◄ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ► www.epcf.org

H(c) Group exemption number ►

K Type of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation: 1975

M State of legal domicile: TX

SCANNED OCT 11 2011

Part I Summary

1 Briefly describe the organization's mission or most significant activities: To establish charitable funds
To provide a vehicle for donors' varied interests
To promote local philanthropy
To provide leadership and resources in addressing local challenges and opportunities

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of employees (Part V, line 2a)	5	16
6	Total number of volunteers (estimate if necessary)	6	120
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	-823.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-823.

Activities & Governance

AUG 26 2011

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,625,217.	5,248,520.
9	Program service revenue (Part VIII, line 2g)	-121.	-823.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,554,150.	-264,864.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	138,056.	193,459.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,317,302.	5,176,292.

ENVELOPE POSTMARK DAT

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,418,803.	4,289,545.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,414,491.	1,537,677.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 291,128.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,820,043.	2,240,768.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	11,653,337.	8,067,990.
19	Revenue less expenses Subtract line 18 from line 12	663,965.	-2,891,698.

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Net Assets or Fund Balances

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	48,204,660.	35,149,039.
21	Total liabilities (Part X, line 26)	13,594,332.	14,470,421.
22	Net assets or fund balances Subtract line 21 from line 20	34,610,328.	20,678,618.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

► Signature of officer — Date: 8/15/2011

► Richard E. Pearson — Interim President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► — Date — Check if self employed ► — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address and ZIP + 4 ► EL PASO COMMUNITY FOUNDATION
PO BOX 272
EL PASO TX 79943-0272

EIN ►

Phone no ►

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

G16 [redacted] 4

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

To establish charitable funds

To provide a vehicle for donors' varied interests

See Form 990, Page 2, Part III, Line 1 (continued)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses $ 6,767,429. including grants of $ 3,652,206.) (Revenue $ 0.)

The Foundation serves the general charitable, educational, and scientific needs of El Paso and surrounding areas.

SEE STATEMENT 1

4b (Code _____) (Expenses $ 0. including grants of $ 132,478.) (Revenue $ 0.)

Scholarship programs

4c (Code _____) (Expenses $ 0. including grants of $ 504,861.) (Revenue $ 0.)

Support to the El Paso Plaza Theatre Corporation, for the restoration and preservation of the Plaza Theatre Performing Arts Centre (a historical landmark).

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ► $ 6,767,429. *(Must equal Part IX, Line 25, column (B))*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations** Did the organization engage in lobbying activities? *If 'Yes,' complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If 'Yes,' complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I*	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If 'Yes,' complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If 'Yes,' complete Schedule F, Part II*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If 'Yes,' complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If 'Yes,' complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? *If 'Yes,' complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, and that was issued after December 31, 2002? *If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No,' go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If 'Yes,' complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If 'Yes,' complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If 'Yes,' complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If 'Yes,' complete Schedule L, Part IV*	**28a**		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If 'Yes,' complete Schedule L, Part IV*	**28b**	X	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If 'Yes,' complete Schedule L, Part IV*	**28c**		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	**29**	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	**30**		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	**31**		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	**32**		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If 'Yes,' complete Schedule R, Part I*	**33**	X	
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	**35**		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	**36**		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	**37**		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a 44		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 16		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a	X	
b	If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If 'Yes,' enter the name of the foreign country ►			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?	7a	X	
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a	X	
b	Did the organization make any distribution to a donor, donor advisor, or related person?	9b		X
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from other members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI **Governance, Management and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body	1a 16		
b	Enter the number of voting members that are independent	1b 16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers of key employees of the organization?	15b	X	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► _____

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► Carmen M. Castorena 123 W. Mills, Ste. 520 El Paso TX 79901 (915) 533-4020

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers; key employees; highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Roger G. Ortiz, D.D.S. Chairman of the Board	2.00	X						0.	0.	0.
Richard H. Feuille Chairman Emeritus	2.00	X						0.	0.	0.
Tom D. Porter Vice-Chairman	2.00	X						0.	0.	0.
Carolyn R. Chambers Director	1.00	X						0.	0.	0.
Guillermo E. Avila Director	1.00	X						0.	0.	0.
Frances Roderick Axelson Director	1.00	X						0.	0.	0.
Patricia Saucedo Burdick Director	1.00	X						0.	0.	0.
Leigh V. Bloss Secretary/Treasurer	2.00	X		X				0.	0.	0.
Joe Alcantar, Jr. Director	1.00	X						0.	0.	0.
Sharon Smith Kidd Vice-Chairman	2.00	X						0.	0.	0.
Margie Melby Director	1.00	X						0.	0.	0.
Barton Boling Director	1.00	X						0.	0.	0.
Lillian Crouch Director	1.00	X						0.	0.	0.
Steve Hoy Director	1.00	X						0.	0.	0.
John S. McKee, Jr. Director	1.00	X						0.	0.	0.
Nestor A. Valencia Director	1.00	X						0.	0.	0.
Janice W. Windle President	40.00			X	X	X		212,741.	0.	74,177.

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(cont.)*

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Virginia S. Martinez Exec. Vice-President	40.00			X	X			175,536.	0.	60,777.
Richard E. Pearson Vice-President	40.00			X	X			101,483.	0.	42,658.
Cathy A. Hill Vice-President	40.00			X				78,842.	0.	28,960.
Carmen M. Castorena Vice-President	40.00			X				66,857.	0.	33,084.
Dorothy A. Schatzman Director	0.25						X	0.	0.	0.
Susan G. Kisler Director	0.25						X	0.	0.	0.
1b Total ►								635,459.	0.	239,656.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ► 3

		Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	3	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If 'Yes' complete Schedule J for such individual	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of Services	(C) Compensation
Rodriguez Horii, Choi & 777 S. Figueroa St., Ste 2150 Los Angeles CA 90017	Legal	130,283.
UBS Financial Services 5065 Westheimer, Suite 1000 Houston TX 77056	Investment consultants	250,309.

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ► 2

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,248,520.			
	g Noncash contribns included in lns 1a-1f	$	648,568.			
	h **Total.** Add lines 1a-1f		5,248,520.			
PROGRAM SERVICE REVENUE		Business Code				
	2a Administrative Services	561000	-823.	0.	-823.	0.
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		-823.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		1,709,847.	0.	0.	1,709,847.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	24,073,303.				
	b Less cost or other basis and sales expenses	26,048,014.				
	c Gain or (loss)	-1,974,711.				
	d Net gain or (loss)		-1,974,711.	0.	0.	-1,974,711.
	8a Gross income from fundraising events (not including $ 0. of contributions reported on line 1c) See Part IV, line 18	a 4,065.				
	b Less direct expenses	b 2,494.				
	c Net income or (loss) from fundraising events		1,571.	0.	0.	1,571.
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a 69.				
	b Less cost of goods sold	b 51.				
	c Net income or (loss) from sales of inventory		18.	0.	0.	18.
	Miscellaneous Revenue	Business Code				
	11a Administrative fees	561000	55,584.	0.	0.	55,584.
	b Miscellaneous	541800	136,286.	0.	0.	136,286.
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		191,870.			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		5,176,292.	0.	-823.	-71,405.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	3,666,934.	3,666,934.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	622,611.	622,611.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	663,262.	326,730.	191,478.	145,054.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	397,752.	244,375.	153,377.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	237,769.	128,393.	77,027.	32,349.
9 Other employee benefits	171,164.	92,902.	55,991.	22,271.
10 Payroll taxes	67,730.	37,286.	22,128.	8,316.
11 Fees for services (non-employees)				
a Management				
b Legal	315,121.	289,196.	18,429.	7,496.
c Accounting	23,325.	15,325.	5,687.	2,313.
d Lobbying				
e Prof fundraising svcs See Part IV, ln 17				
f Investment management fees	304,395.	0.	304,395.	0.
g Other	62,148.	52,388.	6,938.	2,822.
12 Advertising and promotion	169,963.	120,538.	35,135.	14,290.
13 Office expenses	46,265.	26,160.	14,292.	5,813.
14 Information technology	23,035.	12,439.	7,532.	3,064.
15 Royalties				
16 Occupancy	174,110.	94,304.	56,914.	22,892.
17 Travel	17,380.	10,192.	5,110.	2,078.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	80,534.	46,432.	24,242.	9,860.
20 Interest	577,324.	577,324.	0.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,322.	10,974.	6,645.	2,703.
23 Insurance	30,804.	19,244.	8,218.	3,342.
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Dues and Subscriptions	11,627.	6,352.	3,750.	1,525.
b Equipment Lease	7,120.	3,845.	2,328.	947.
c Telephone expense	16,918.	9,571.	5,223.	2,124.
d Postage	14,168.	8,704.	3,884.	1,580.
e Project expenses	341,354.	341,354.	0.	0.
f All other expenses	4,855.	3,856.	710.	289.
25 Total functional expenses Add lines 1 through 24f	8,067,990.	6,767,429.	1,009,433.	291,128.
26 **Joint Costs.** Check here ► ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
ASSETS	1	Cash – non-interest-bearing		2,201,196.	1	246,724.
	2	Savings and temporary cash investments		1,964,573.	2	1,819,693.
	3	Pledges and grants receivable, net		1,006,000.	3	6,000.
	4	Accounts receivable, net		249,872.	4	156,464.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		15,000.	7	0.
	8	Inventories for sale or use		9,652.	8	9,383.
	9	Prepaid expenses and deferred charges		3,905.	9	2,158.
	10a	Land, buildings, and equipment cost basis	10a 821,399.			
	b	Less accumulated depreciation Complete Part VI of Schedule D	10b 745,904.	44,782.	10c	75,495.
	11	Investments – publicly-traded securities		42,240,789.	11	30,601,478.
	12	Investments – other securities See Part IV, line 11			12	
	13	Investments – program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		468,891.	15	2,231,644.
	16	**Total assets** Add lines 1 through 15 (must equal line 34)		48,204,660.	16	35,149,039.
LIABILITIES	17	Accounts payable and accrued expenses		620,337.	17	150,386.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		12,858,872.	23	13,112,619.
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D		115,123.	25	1,207,416.
	26	**Total liabilities.** Add lines 17 through 25		13,594,332.	26	14,470,421.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**				
	27	Unrestricted net assets		15,942,999.	27	5,216,854.
	28	Temporarily restricted net assets		15,301,063.	28	12,019,207.
	29	Permanently restricted net assets		3,366,266.	29	3,442,557.
		Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, and equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	**Total net assets or fund balances.**		34,610,328.	33	20,678,618.
	34	Total liabilities and net assets/fund balances		48,204,660.	34	35,149,039.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If 'Yes,' did the organization undergo the required audit or audits?	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
El Paso Community Foundation	74-1839536

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III – Functionally integrated **d** ☐ Type III– Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii)	a family member of a person described in (i) above?		
(iii)	a 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule **A** (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	4,641,765.	4,515,105.	4,838,685.	7,625,217.	5,359,320.	26,980,092.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
4 **Total.** Add lines 1-3	4,641,765.	4,515,105.	4,838,685.	7,625,217.	5,359,320.	26,980,092.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						26,980,092.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	4,641,765.	4,515,105.	4,838,685.	7,625,217.	5,359,320.	26,980,092.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	1,532,536.	1,289,069.	1,472,815.	1,560,463.	1,704,436.	7,559,319.
9 Net income form unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
10 Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)	1,050,265.	137,133.	161,388.	128,914.	197,281.	1,674,981.
11 **Total support.** Add lines 7 through 10						36,214,392.

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)	**14**	74.50%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	**15**	45.53%

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include unusual grants)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (add lns 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Other Income Part II, Line 10

Description: Administrative fees

2004: 65014.

2005: 53298.

2006: 44969.

2007: 59684.

2008: 55584.

Description: Partnership distributions

2004: 9544.

2005: 1384.

2006: 4080.

2007: 5728.

2008: 5411.

Description: Miscellaneous

2004: 57707.

2005: 82451.

2006: 112339.

2007: 63502.

2008: 136286.

Description: Forgiveness of debt

2004: 918000.

2005: 0.

2006: 0.

2007: 0.

2008: 0.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization

El Paso Community Foundation

Employer Identification number

74-1839536

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	30.	
2	Aggregate contributions to (during year)	1,234,447.	
3	Aggregate grants from (during year)	1,242,701.	
4	Aggregate value at end of year	4,544,108.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? [X] Yes [ ] No

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

- [ ] Preservation of land for public use (e g , recreation or pleasure)
- [ ] Protection of natural habitat
- [ ] Preservation of open space
- [ ] Preservation of an historically important land area
- [ ] Preservation of certified historic structure

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? [ ] Yes [ ] No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? [ ] Yes [ ] No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► $ _____

(ii) Assets included in Form 990, Part X ► $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► $ _____

b Assets included in Form 990, Part X ► $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,577,941.				
b Contributions	76,291.				
c Investment earnings or losses	-1,120,156.				
d Grants or scholarships	166,147.				
e Other expenditures for facilities and programs	0.				
f Administrative expenses	57,740.				
g End of year balance	3,310,189.				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ► 0.00 %
- b Permanent endowment ► 100.00 %
- c Term endowment ► 0.00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? 3b

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements		476,672.	476,672.	0.
d Equipment		114,936.	57,780.	57,156.
e Other		229,791.	211,452.	18,339.
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c))*			►	75,495.

Part VII Investments—Other Securities See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total *(Column (b) should equal Form 990 Part X, col (B) line 12)* ►		

Part VIII Investments—Program Related (See Form 990, Part X, line 13)

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total *Column (b)(should equal Form 990, Part X, Col (B) line 13)* ►		

Part IX Other Assets (See Form 990, Part X, line 15)

(a) Description	(b) Book value
Accrued dividends receivable	151,160.
Accrued interest receivable	27,008.
Security deposits	11,900.
Cash surrender value of insurance	74,526.
Art Collection	4,700.
Assets Held in Charitable Remainder Trust	1,735,157.
Partnership units - Yerby Investments	50,000.
Partnership units - E.S.R. Pinehurst Part.	13,418.
Partnership units - Richard Bills	6,282.
See Part IX Investments - Other Assets	
Total. *Column (b) Total (should equal Form 990, Part X, col (B), line 15)* ►	2,231,644.

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Sales tax payable	67.
Payroll taxes payable	-263.
Annuity obligation	1,646.
Deferred compensation	89,177.
Accrued trustee fees payable	3,950.
Flex plan payable	3,621.
Liability under Unitrust agreement	1,109,218.
Total *Column (b) Total (should equal Form 990, Part X, col (B) line 25)* ►	1,207,416.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII,column (A), line 12)	5,176,292.
2	Total expenses (Form 990, Part IX, column (A), line 25)	8,067,990.
3	Excess or (deficit) for the year Subtract line 2 from line 1	-2,891,698.
4	Net unrealized gains (losses) on investments	-11,040,011.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	1.
9	Total adjustments (net) Add lines 4-8	-11,040,010.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	-13,931,708.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	-6,162,224.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-11,040,011.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	5,890.		
e	Add lines **2a** through **2d**			2e	-11,034,121.
3	Subtract line **2e** from line **1**			3	4,871,897.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	304,395.		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	304,395.
5	Total revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	5,176,292.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	7,774,535.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	10,940.		
e	Add lines **2a** through **2d**			2e	10,940.
3	Subtract line **2e** from line **1**			3	7,763,595.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	304,395.		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	304,395.
5	Total expenses Add lines **3** and **4c** (This should equal Form 990, Part I, line 18)			5	8,067,990.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Pt V Line 4 The El Paso Community Foundation is aware that human needs in a large metropolitan area are always changing. That is why the Foundation hopes to stimulate creative responses to changing needs in these general fields: Health and Disabilities, Human Services, Arts and Humanities, Education, Environment and Civic Affairs/ Public Benefit.

Pt XI Line 8 Rounding adjustment

Pt XII Line 2d Special event expenses and unrelated administrative expenses

Part XIV Supplemental Information *(continued)*

Pt XIII Line 2d Special event expenses and unrelated administrative expenses

Pt XIII Line 2d Grant to disregarded entity-Love P.A.R.K., LLC

Pt X The Foundation and its affiliates qualify as tax-exempt organizations under Section 501(c)(3) of the Internal Reveue Code and, therefore, have no provision for federal income taxes.

The Foundation and its affiliates have elected to defer the adoption of Financial Accounting Standards Board Interpretation Number (FIN) 48, "Accounting for Uncertainty in Income Taxes" until 2009 under Financial Accounting Standards Board Staff Position I(FSP) 48-3, "Effective Date of FASB Interpretation No. 48 for Certain Nonpublic Enterprises." The Foundation's policy will be to evaluate any uncertain tax positions as they arise, provided that FIN 48 has been adopted.

Pt II Line 9 The Foundation holds no Conservation Easements.

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► **Attach to Form 990. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, line 15, or line 16.**

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization

El Paso Community Foundation

Employer identification number

74-1839536

Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees or agents in region	**(d)** Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures in region
Totals ►					

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule **F** (Form 990) (2008)

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 ► ☐
Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Statement 2	75,000.	Check			-
		North America	Statement 2	46,574.	Check			
		North America	Statement 2	9,118.	Check			
		North America	Statement 2	37,858.	Check			
		North America	Statement 2	22,045.	Check			
		North America	Statement 2	18,888.	Check			
		North America	Statement 2	9,780.	Check			
		North America	Statement 2	22,400.	Electronic transf			
		North America	Statement 2	17,092.	Electronic transf			
		North America	Statement 2	42,138.	Check			
		North America	Statement 2	237,080.	Electronic transf			
		North America	Statement 2	35,000.	Check			
		North America	Statement 2	17,025.	Electronic Transf			
		North America	Statement 2	5,080.	Electronic transf			
		North America	Statement 2	16,416.	Check			

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► 14

3 Enter total number of other organizations or entities ► 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of non-cash assistance	**(g)** Description of non-cash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

► Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
► Attatch to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

El Paso Community Foundation

Employer identification number

74-1839536

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ► [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alzheimer's Association o 4400 N. Mesa, Ste. 9 El Paso TX 79902	13-3039601	501(c)(3)	11,800.				Statement 1
American Red Cross-EP P.O. Box 972236 El Paso TX 79997	53-0196605	501(c)(3)	23,767.				Statement 1
Angelo Catholic School 19 S. Oakes St. San Angelo TX 76903	Statement 6	501(c)(3)	10,000.				Statement 1
Archdiocese of Galveston- 1700 San Jacinto Blvd. Houston TX 77002	Statement 6	501(c)(3)	400,000.				Statement 1
Assistance League of El P P.O. Box 3735 El Paso TX 79923	23-7021166	501(c)(3)	23,374.				Statement 1
Autism Works P.O. Box 6159 Bellevue WA 98008	91-1727777	501(c)(3)	8,115.				Statement 1
Baja Christian Ministries 6201 Fruitvale Ave. Bakersfield CA 93308	33-0530890	501(c)(3)	10,679.				Statement 1
Blessed Sacrament School 9001 Diana Drive El Paso TX 79904	Statement 6	501(c)(3)	15,000.				Statement 1

2 Enter total number of section 501(c)(3) and government organizations ► 111

3 Enter total number of other organizations ►

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization

El Paso Community Foundation

Employer identification number

74-1839536

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Border AIDS Partnership P.O. Box 272 El Paso TX 79943	20-5385547	501(c)(3)	95,766.				Statement 1
Border Art Residency P.O. Box 272 El Paso TX 79943	74-2840847	501(c)(3)	9,287.				Statement 1
Candlelighters of El Paso 1900 N. Oregon St., Ste. El Paso TX 79902	74-2243283	501(c)(3)	13,367.				Statement 1
C.A.S.A. of El Paso 500 E. San Antonio St, #3 El Paso TX 79901	74-1950407	501(c)(3)	17,050.				Statement 1
Casas por Cristo P.O. Box 971070 El Paso TX 79997	74-2679881	501(c)(3)	10,000.				Statement 1
Cathedral School of St. M 910 San Jacinto Blvd. Austin TX 78701	Statement 6	501(c)(3)	12,000.				Statement 1
Center Against Family Vio P.O. Box 26219 El Paso TX 79926	74-1945924	501(c)(3)	48,331.				Statement 1
Animal Rescue League of E P.O. Box 13055 El Paso TX 79913	74-2729189	501(c)(3)	5,639.				Statement 1
Centro de Salud Familiar 608 S. St. Vrain El Paso TX 79901	74-1842169	501(c)(3)	6,473.				Statement 1

2 Enter total number of Section 501(c)(3) and government organizations ►

3 Enter total number of other organizations ►

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545 0047

2008

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Name of the organization

El Paso Community Foundation

Employer identification number

74-1839536

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Child Crisis Center of El 2100 N. Stevens St. El Paso TX 79930	74-2055761	501(c)(3)	24,744.				Statement 1
Ciudad Nueva Community Ou 810 N. Campbell St. El Paso TX 79902	20-0806957	501(c)(3)	6,000.				Statement 1
Companeros International 505 Granada Ave. El Paso TX 79912	30-0126901	501(c)(3)	10,000.				Statement 1
Cornudas Mountain Fdn. 1016 E. Rio Grande Dr. El Paso TX 79912	74-2571541	501(c)(3)	52,802.				Statement 1
Council on Foundations 1828 L. St, NW #300 Washington DC 20036	13-6068327	501(c)(3)	10,820.				Statement 1
Creative Kids, Inc 504 San Francisco St. El Paso TX 79901	74-2910251	501(c)(3)	59,377.				Statement 1
Cristo Rey Centro Luteran 1010 E. Yandell Dr. El Paso TX 79902	74-2581929	501(c)(3)	9,000.				Statement 1
Desert View United Church 218 Fresno Dr. El Paso TX 79915	74-2156469	501(c)(3)	8,000.				Statement 1
Diocese of Beaumont P.O. Box 3948 Beaumont TX 77704	Statement 6	501(c)(3)	100,000.				Statement 1

2 Enter total number of Section 501(c)(3) and government organizations ►

3 Enter total number of other organizations ►

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

El Paso Community Foundation

Employer identification number

74-1839536

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Diocese of El Paso 499 St. Matthews St. El Paso TX 79907	Statement 6	501(c)(3)	15,000.				Statement 1
Diocese of Lubbock P.O. Box 98700 Lubbock TX 79499	75-1889213	501(c)(3)	10,000.				Statement 1
El Paso Area Christian Co 6044 Gateway Blvd. East # El Paso TX 79905	20-8957129	501(c)(3)	6,863.				Statement 1
El Paso Assoc. for the Pe P.O. Box 31340 El Paso TX 79931	74-2436642	501(c)(3)	7,500.				Statement 1
El Paso Baptist Clinic 8308 Echo St. El Paso TX 79901	20-3046801	501(c)(3)	30,152.				Statement 1
El Paso Bridges Academy 901 Arizona Ave El Paso TX 79902	74-2046084	501(c)(3)	32,600.				Statement 1
El Paso Center for Childr 2200 N. Stevens St. El Paso TX 79930	74-1695944	501(C)(3)	10,000.				Statement 1
El Paso Child Guidance Ce 2701 E. Yandell Dr. El Paso TX 79902	74-1204335	501(c)(3)	134,677.				Statement 1
El Paso Community College P.O. Box 20500 El Paso TX 79924	74-1690850	501(c)(3)	5,200.				Statement 1

2 Enter total number of Section 501(c)(3) and government organizations ►

3 Enter total number of other organizations ►

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

El Paso Community Foundation

Employer identification number

74-1839536

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
El Paso Diabetes Assoc., 2101 N. Oregon St. El Paso TX 79902	74-1759410	501(c)(3)	45,500.				Statement 1
El Paso Foster Parent Ass 1208 Myrtle Ave. El Paso TX 79901	74-2021174	501(c)(3)	5,677.				Statement 1
El Paso Holocaust Museum 715 N. Oregon St. El Paso TX 79902	74-2667556	501(c)(3)	27,297.				Statement 1
El Paso Lighthouse for th 200 Washington St. El Paso TX 79905	74-1255622	501(c)(3)	14,000.				Statement 1
El Paso Plaza Theatre Cor P.O. Box 272 El Paso TX 79943	74-2487830	501(c)(3)	504,863.				Statement 1
El Paso Pro-Musica 6557 N. Mesa St. El Paso TX 79912	23-7382605	501(c)(3)	7,100.				Statement 1
El Paso Rehabilitation Ce 1101 E. Schuster Ave. El Paso TX 79902	74-1312313	501(c)(3)	42,500.				Statement 1
El Paso Symphony Guild Yo P.O. Box 180 El Paso TX 79942	74-6600772	501(c)(3)	6,848.				Statement 1
El Paso Symphony Orchestr P.O. Box 180 El Paso TX 79942	74-2664716	501(c)(3)	43,716.				Statement 1

2 Enter total number of Section 501(c)(3) and government organizations ►

3 Enter total number of other organizations ►

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

El Paso Community Foundation

Employer identification number

74-1839536

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Father Yermo School 250 Washington St. El Paso TX 79905	Statement 6	501(c)(3)	15,000.				Statement 1
FEMAP Foundation 415 E. Yandell Dr. El Paso TX 79902	74-2646952	501(c)(3)	7,128.	7,866.	Book value	Statement 1	Statement 1
Franciscan Education Proj 2400 Marr St. El Paso TX 79903	20-2590753	501(c)(3)	8,000.				Statement 1
Global Village Exchange P.O. Box 599 Charles Town WV 25414	58-2085326	501(c)(3)	7,692.				Statement 1
Hillside Elementary Schoo 4500 Clifton St. El Paso TX 79903	74-6000769	170 (c)(1)	7,000.				Statement 1
Houchen Community Center 609 S. Tays Street El Paso TX 79901	74-1117337	501(c)(3)	8,000.				Statement 1
Humane Society of El Paso 4991 Fred Wilson Ave. El Paso TX 79906	74-1156430	501(c)(3)	14,287.				Statement 1
Incarnate Word Academy 2920 S. Alameda St. Corpus Christi TX 78404	Statement 6	501(c)(3)	8,000.				Statement 1
Incarnate Word Academy 609 Crawford St. Houston TX 77002	Statement 6	501(c)(3)	12,000.				Statement 1

2 Enter total number of Section 501(c)(3) and government organizations ►

3 Enter total number of other organizations ►

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

El Paso Community Foundation

Employer identification number

74-1839536

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jesuit Volunteers Corps S P.O. Box 3126 Houston TX 77253	Statement 6	501(c)(3)	8,500.				Statement 1
Junior League of El Paso, 520 Thunderbird Dr. El Paso TX 79912	74-1469506	501(c)(3)	10,438.				Statement 1
Juvenile Diabetes Researc 2501 San Pedro, NE #116 Albuquerque NM 87110	23-1907729	501(c)(3)	7,692.				Statement 1
Kids Excel El Paso, Inc. P.O. Box 920144 El Paso TX 79902	20-1783383	501(c)(3)	16,457.				Statement 1
La Clinica Guadalupana, I 901 Ascencion Street El Paso TX 79928	Statement 6	501(c)(3)	40,700.				Statement 1
La Fe Community Developme 616 E. Father Rahm El Paso TX 79901	74-2991952	501(c)(3)	11,512.				Statement 1
Las Americas Immigrant Ad 1500 E. Yandell Dr. El Paso TX 79902	74-2472774	501(c)(3)	10,000.				Statement 1
Lee and Beulah Moor Child 1100 Cliff Dr. El Paso TX 79902	74-1329373	501(c)(3)	15,000.				Statement 1
Lincoln Middle School 500 Mulberry Ave. El Paso TX 79932	74-6000769	170(c)(1)	27,500.				Statement 1

2 Enter total number of Section 501(c)(3) and government organizations ►

3 Enter total number of other organizations ►

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization

El Paso Community Foundation

Employer identification number

74-1839536

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Living Hope Christian Cou 6044 Gateway East, #506 El Paso TX 79905	20-8957129	501(c)(3)	5,685.				Statement 1
Loretto Academy 1300 Hardaway St. El Paso TX 79903	Statement 6	501(c)(3)	10,242.				Statement 1
Lubbock Christian Univers 5601 W 19th St. Lubbock TN 79407	75-0950119	501(c)(3)	250,000.				Statement 1
Mary L. Peyton Foundation 310 N. Mesa St., #318 El Paso TX 79901	74-1276102	501(c)(3)	17,000.				Statement 1
Most Holy Trinity School 10000 Pheasant Road El Paso TX 79924	Statement 6	501(c)(3)	16,000.				Statement 1
Mpowered Youth Foundation 11129 Weathenwood Ter San Diego CA 92131	26-1440559	501(c)(3)	16,202.				Statement 1
Muscular Dystrophy Associ 5400 Suncrest Dr, A-5 El Paso TX 79902	13-1665552	501(c)(3)	20,000.				Statement 1
National Jewish Center Im 1400 Jackson St, Denver CO 80206	74-2044647	501(c)(3)	8,552.				Statement 1
New Mexico State Universi P.O. Box 30001 MSC 5100 Las Cruces NM 88003	85-0170157	501(c)(3)	5,400.				Statement 1

2 Enter total number of Section 501(c)(3) and government organizations ►

3 Enter total number of other organizations ►

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization

El Paso Community Foundation

Employer identification number

74-1839536

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Nonprofit Enterprise Cent 1812 Hunter Dr. El Paso TX 79915	38-3681881	501(c)(3)	17,700.				Statement 1
Notre Dame Catholic Schoo 907 Main St. Kerrville TX 78028	Statement 6	501(c)(3)	8,000.				Statement 1
Operation Noel P.O. Box 981021 El Paso TX 79998	20-4147027	501(c)(3)	10,100.				Statement 1
Opportunity Center for th 1208 Myrtle Ave. El Paso TX 79901	74-2634199	501(c)(3)	23,000.				Statement 1
Our Lady of Assumption Sc 4805 Byron St. El Paso TX 79930	Statement 6	501(c)(3)	15,000.				Statement 1
Our Lady of Guadalupe Sch 2405 Navigation Blvd. Houston TX 77003	Statement 6	501(c)(3)	13,000.				Statement 1
Our Lady of the Valley Sc 8600 Winchester St. El Paso TX 79907	Statement 6	501(c)(3)	16,000.				Statement 1
Our Mother of Mercy Catho 703 Archie Ave. Beaumont TX 77701	Statement 6	501(c)(3)	7,000.				Statement 1
Planned Parenthood Center 1801 Wyoming Ave., #202 El Paso TX 79902	74-1157987	501(c)(3)	16,909.				Statement 1

2 Enter total number of Section 501(c)(3) and government organizations ►

3 Enter total number of other organizations ►

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Prevent Blindness of Texa 6044 Gateway East, #220 El Paso TX 79905	74-6075105	501(c)(3)	10,000.				Statement 1
Project Arriba 1155 Westmoreland, #235 El Paso TX 79925	74-2920358	501(c)(3)	12,000.				Statement 1
Project Vida Health Cente 3607 Rivera St. El Paso TX 79905	68-0541648	501(c)(3)	8,000.				Statement 1
Queen of Peace Catholic S 2320 Oakcliff St. Houston TX 77023	Statement 6	501 (c)(3)	9,000.				Statement 1
Radford School 2001 Radford St. El Paso TX 79903	74-1180152	501(c)(3)	81,445.				Statement 1
Rio Grande Cancer Foundat 10460 Vista del Sol Dr. # El Paso TX 79925	23-7105159	501(c)(3)	38,379.				Statement 1
Rotary Foundation P.O. Box 220217 El Paso TX 79913	74-2554314	501(c)(3)	15,360.				Statement 1
Sacred Heart Parish 602 S. Oregon St. El Paso TX 79901	Statement 6	501(c)(3)	6,000.				Statement 1
Salvation Army of El Paso 4300 E. Paisano Dr. El Paso TX 79901	94-1156347	501(c)(3)	17,772.				Statement 1

2 Enter total number of Section 501(c)(3) and government organizations ►

3 Enter total number of other organizations ►

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

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74-1839536

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
San Jose Clinic 301 Hamilton St. Houston TX 77002	Statement 6	501(c)(3)	10,000.				Statement 1
San Martin de Porres Hous 4100 Rio Bravo St. # 309 El Paso TX 79902	Statement 6	501(c)(3)	7,000.				Statement 1
St. Agnes Academy 9000 Bellaire Blvd. Houston TX 77036	Statement 6	501(c)(3)	10,000.				Statement 1
St. Christopher Catholic 8134 Park Place Blvd. Houston TX 77017	Statement 6	501(c)(3)	10,000.				Statement 1
St. Clement's Episcopal P 600 Montana Ave. El Paso TX 79902	74-6023826	501(c)(3)	77,109.				Statement 1
St. Louis Catholic School 610 Madrid St. Castroville TX 78009	Statement 6	501(c)(3)	6,000.				Statement 1
St. Mary's Catholic Schoo 1300 Los Ebanos Blvd. Brownsville TX 78520	Statement 6	501(c)(3)	10,000.				Statement 1
St. Mary's Central Cathol 1703 Adams Ave. Odessa TX 79761	Statement 6	501(c)(3)	15,000.				Statement 1
St. Pius X Catholic Schoo 1007 Geronimo Dr. El Paso TX 79905	Statement 6	501(c)(3)	12,000.				Statement 1

2 Enter total number of Section 501(c)(3) and government organizations ►

3 Enter total number of other organizations ►

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

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Name of the organization

El Paso Community Foundation

Employer identification number

74-1839536

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St. Pius X High School 811 W. Donovan St. Houston TX 77091	74-1292008	501(c)(3)	12,000.				Statement 1
Texas Tech University 4800 Alberta Ave. El Paso TX 79905	75-6043842	501(c)(3)	10,100.				Statement 1
Therapet Eldercare of El P.O. Box 13697 El Paso TX 79903	85-0311185	501(c)(3)	10,400.				Statement 1
Therapeutic Horsemanship 7120 Canyon Run Dr. El Paso TX 79912	74-2497573	501(c)(3)	22,900.				Statement 1
U.S./Mexico Border Health 5400 Suncrest Dr., C-5 El Paso TX 79902	74-2294294	501(c)(3)	24,800.				Statement 1
University of Texas at El 500 W. University Ave. El Paso TX 79968	74-6000813	170 (c)(1)	198,007.				Statement 1
University of Texas Medic 301 University Blvd. Galveston TX 77555	74-6000203	170(c)(1)	15,500.				Statement 1
Venture Beyond 23462 Via Codorniz Coto de Casa CA 92679	20-0841989	501(c)(3)	57,550.				Statement 1
Village of Tularosa 1050 Bookout Road Tularosa NM 88352	85-6004061	501(c)(3)	6,000.				Statement 1

2 Enter total number of Section 501(c)(3) and government organizations ►

3 Enter total number of other organizations ►

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization

El Paso Community Foundation

Employer identification number

74-1839536

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Visiting Nurse Assoc. of 4171 N. Mesa St. D-500 El Paso TX 79902	74-6087587	501(c)(3)	11,793.				Statement 1
Walter H. Hightower Found P.O. Box 272 El Paso TX 79943	30-0176957	501(c)(3)	7,134.				Statement 1
Youth Life Skills for Gre P.O. Box 222061 El Paso TX 79913	26-0399030	501(c)(3)	7,500.				Statement 1
YWCA Paso del Norte Regio 1918 Texas Ave. El Paso TX 79901	74-1109650	501(c)(3)	8,294.				Statement 1

2 Enter total number of Section 501(c)(3) and government organizations ►

3 Enter total number of other organizations ►

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 22 Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book FMV appraisal, other)	(f) Description of non cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Pt I Line 2 Annual reports are required from each grantee.Site visits are performed

Pt I Line 2 by Foundation's staff and information is garnered from other funding

Pt I Line 2 agencies.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, line 23.

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2008

Open to Public Inspection

Name of the organization

El Paso Community Foundation

Employer identification number

74-1839536

Part I Questions Regarding Compensation

		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1b		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3 Indicate which, if any, of the following organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
☒ Compensation committee	☒ Written employment contract		
☐ Independent compensation consultant	☒ Compensation survey or study		
☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a Receive a severance payment or change of control payment?	4a		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
If 'Yes' to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III			
Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a The organization?	5a		X
b Any related organization?	5b		X
If 'Yes' to line 5a or 5b, describe in Part III			
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a The organization?	6a		X
b Any related organization?	6b		X
If 'Yes' to line 6a or 6b, describe in Part III			
7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7		X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If 'Yes,' describe in Part III	8		X

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other compensation				
	(i)	187,610.	20,954.	4,177.	5,000.	74,177.	291,918.	283,047.
Janice W. Windle	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	158,429.	15,911.	1,196.	9,114.	60,777.	245,427.	220,578.
Virginia S. Martinez	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
Dorothy A. Schatzman	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
Susan G. Kisler	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ.
► To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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2008

Open to Public Inspection

Name of the organization
El Paso Community Foundation

Employer identification number
74-1839536

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► $

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total			► $							

Part III Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction $	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) No
Oscar J. Martinez	Exec. VP spouse	18,000.	Project Consultant		X

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

► To be completed by organizations that answered 'Yes' on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: El Paso Community Foundation

Employer identification number: 74-1839536

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	1	625,939.	FMV on contribution date
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (Forgivness of debt)	X	1	7,866.	
26	Other ► (Office furniture)	X	1	4,950.	
27	Other ► (Professional services)	X	2	1,131.	
28	Other ► (Supplies & miscellaneous for proj)	X	3	8,682.	

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If 'Yes,' describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If 'Yes,' describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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2008

Open to Public Inspection

Name of the organization

El Paso Community Foundation

Employer identification number

74-1839536

Pt VI-A, Line 10 A copy for form 990 is provided to each member of the Board of Directors at least one week prior to the scheduled meeting. In such meeting the form 990 is presented by the internal accountant of the Foundation for approval or modifications if sugested by the Board of Directors, if no changes are necessary a motion by such Board is requested to approve the signature by an officer of the Foundation and for the form to be filed.

Pt XI, Line 2c The audit committee was formed in the fall of 2007. Duties of audit committee include: Review auditor candidates and recommends appointment of independent auditors to Board. Review all Foundation accounting and financial reporting policies, procedures and disclosures and makes recommendations for change to Board. Conducts post-audit review with auditor and recommends acceptance and/or changes to the Board.

Pt XI, Line 3b During 2008 the Foundation did not received any Federal or State funding.

Pt VI-B, Line 12c At the Foundation's annual meeting each Board of Directors'and committee member is provided with a biographical form to fill and disclose all relationships and activities that might cause conflict.

Pt VI-C, Line 18 The Foundation makes available its Audited Financial Statements through its website. Governing documents and Conflict of Interest Policy are made available upon written or verbal request.

Pt VI-C, Line 19 Form 990 and Form 990-T are made available upon written or verbal request.

Pt VI-B, Line 15 The Executive Review Committee of the El Paso Community Foundation evaluates the President's performance annually. Reviews President's job description with her. Uses comparable data to recommend a compensation package to the full board.

Name of the organization: El Paso Community Foundation

Employer identification number: 74-1839536

Pt VI-C, Line 18 The Foundation makes available its Audited Financial Statements through its website. Governing documents and Conflict of Interest Policy are made available upon written or verbal request.

Pt VI-C, Line 19 Form 990 and Form 990-T are made available upon written or verbal request.

Pg 5, Pt V, Line 9a Form 990 has been amended to reflect the corrective action taken in connection with a fund held by El Paso Community Foundation (EPCF). The Luis Jimenez Memorial Art Scholarship Fund (the Fund) was originally established by the Burkitt Foundation on July 15, 2006, before the passing of the Pension Protection Act restricting distributions from donor advised funds. The scholarship distributions were made from the Fund in 2007, 2008 and 2009. As soon as EPCF determinded that the distributions for scholarships from the Fund were no longer allowed under Section 4966 of the Internal Revenue Code because of the composition of the scholarship committee, all scholarship distributions from the Fund immediately ceased. EPCF the worked with then worked with the original to the Fund, the Burkitt Foundation, to remedy the issue. The Burkitt Foundation amended the original Instrument of Transfer creating the Fund on May 19, 2011, renaming the Fund as the Luis Jimenez Fund and converting its purpose from a scholarship fund to a general charitable purpose fund, as evidenced by the Amended Instrument of Transfer, attached to Form 4720 as Exhibit I. Forms 4720 are being filed for the years 2007, 2008 and 2009 (the years in which the scholarship distributions were made) and the

Name of the organization: El Paso Community Foundation

Employer identification number: 74-1839536

excise tax is being paid pursuant to Section 4966 of the Internal Revenue Code.

Sched. D, Pts I, V A portion of the funds held by EPCF have been reclassified in accordance with the Texas enactment of UPMIFA, FAS 117-1 and the instructions for this Form 990. The reclassifaction of these funds is applicable to the prior year calculations and the current year calculations. The information provided in Schedule D applies to permanent endowments only.

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission
To promote local philanthropy
To provide leadership and resources in addressing local challenges and opportunities

Schedule D, Supplemental Financial Statements
Part IX Investments - Other Assets

(a) Description	Beg of Year Book value (990-EZ ONLY)	(b) End of Year Book value
Partnership units - Brown Family	27,250.	25,000.
Partnership units - Madera Canyon Partners, LP	-138.	-162.
Investment in annuity	105,107.	89,177.
Partnership units - Dipp	43,566.	43,478.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
► See separate instructions.

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization
El Paso Community Foundation

Employer identification number
74-1839536

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Love P.A.R.K., LLC 20-1338056 123 W. MILLS, SUITE 520, EL PASO 79901	STATEMENT 4	TX	5,050.	8,640.	N/A

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Walter H. Hightower Foundation 30-0176957 123 W. Mills, Ste. 520, El Paso TN 79901	STATEMENT 5	TX	501 (c) (3)	509 (a) (3)-Type II	N/A
El Paso Plaza Theatre Corporation 74-2487830 123 W. Mills, Ste. 520, El Paso TX 79901	STATEMENT 5	TX	501 (c) (3)	509 (a) (3)-Type I	N/A
Cardwell Foundation 74-2690488 123 W. Mills, Ste. 520, El Paso TX 79901	STATEMTNT 5	TX	501 (c) (3)	509 (a) (3)-Type II	N/S
Border Art Residency 74-2840847 123 W. Mills, Suite 520, El Paso TX 79901	STATEMENT 5	TX	501 (c) (3)	509 (a) (3)-Type I	N/A
The Burkitt Foundation 74-6053270 123 W. Mills, Suite 520, El Paso TN 79901	STATEMENT 5	TX	501 (c) (3)	509 (a) (3)-Type III-I	N/A
Companeros International 30-0126901 123 W. Mills, Suite 520, El Paso TX 79901	STATEMENT 5	TX	501 (c) (3)	509 (a) (3)-Type I	N/A
See Continuation Sheet for Schedule R-1, Part II					

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct controlling Entity
J. Edward & Helen M.C. Stern Foundation 74-2652851 123 W. Mills, Suite 520, El Paso TX 79901	STATEMENT 5	TX	501 (c) (3)	509 (a) (3)-Type III-I	N/A
La Frontera Conservation Fund 30-0197688 123 W. Mills, Suite 520, El Paso TX 79901	STATEMENT 5	TX	501 (c) (3)	509 (a) (3)-Type I	N/A

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) Disproportionate allocations? No	(I) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) General or managing partner? No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations

		Yes	No
Note Complete line 1 if any entity is listed in Parts II, III, or IV			
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b	X	
c Gift, grant, or capital contribution from other organization(s)	1c	X	
d Loans or loan guarantees to or for other organization(s)	1d		X
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n Sharing of paid employees	1n		X
o Reimbursement paid to other organization for expenses	1o		X
p Reimbursement paid by other organization for expenses	1p	X	
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization See Instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in Box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Form **2848**
(Rev June 2008)
Department of the Treasury
Internal Revenue Service

Power of Attorney and Declaration of Representative

▶ Type or print. ▶ See the separate instructions.

OMB No 1545-0150

For IRS Use Only
Received by
Name
Telephone
Function
Date

Part I Power of Attorney

Caution: *Form 2848 will not be honored for any purpose other than representation before the IRS.*

1 Taxpayer information. Taxpayer(s) must sign and date this form on page 2, line 9.

Taxpayer name(s) and address	Social security number(s)	Employer identification number
EL PASO COMMUNITY FOUNDATION 123 W. MILLS, SUITE 520 EL PASO, TX 79901		74-1839536
	Daytime telephone number 915-533-4020	Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II

Name and address	CAF No / Telephone No / Fax No.	Check if new: Address / Telephone No. / FAX No
DONA SCURRY 4487 N. MESA, SUITE 110 EL PASO, TX 79902	CAF No 7800-50198R Telephone No 915-566-9305 Fax No. 915-566-4308	☐ ☐ ☐
JAMES BEALE 4487 N. MESA, SUITE 110 EL PASO, TX 79902	CAF No. 0302-58922R Telephone No. 915-566-9305 Fax No 915-566-4308	☐ ☐ ☐
Name and address	CAF No Telephone No. Fax No.	☐ ☐ ☐

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters.

3 Tax matters

Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s) (see the instructions for line 3)
EXCISE TAX	4720	2007,2008,2009,2010

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for **Line 4. Specific uses not recorded on CAF** . . . . . ▶ ☐

5 Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative or add additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.

Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See **Unenrolled Return Preparer** on page 1 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan administrator may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (levels k and l) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney. _____

6 Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here _____ and list the name of that representative below.

Name of representative to receive refund check(s) ▶

7 **Notices and communications.** Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2

a If you also want the second representative listed to receive a copy of notices and communications, check this box . . . . . ▶ ☐

b If you do not want any notices or communications sent to your representative(s), check this box . . . . . ▶ ☐

8 **Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document If you **do not** want to revoke a prior power of attorney, check here . . . . . ▶ ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

9 **Signature of taxpayer(s).** If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

▶ **IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.**

Signature	Date	Title (if applicable)
		INTERM PRESIDENT

Print Name	PIN Number	Print name of taxpayer from line 1 if other than individual
ERIC PEARSON	☐☐☐☐☐	EL PASO COMMUNITY FOUNDATION

Signature	Date	Title (if applicable)

Print Name	PIN Number
	☐☐☐☐☐

Part II Declaration of Representative

Caution: *Students with a special order to represent taxpayers in qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program (levels k and l), see the instructions for Part II*

Under penalties of perjury, I declare that.

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there, and
- I am one of the following:
  - a Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c Enrolled Agent - enrolled as an agent under the requirements of Circular 230.
  - d Officer - a bona fide officer of the taxpayer's organization.
  - e Full-Time Employee - a full-time employee of the taxpayer
  - f Family Member - a member of the taxpayer's immediate family (for example, spouse, parent, child, brother, or sister)
  - g Enrolled Actuary - enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U S C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10 3(d) of Circular 230)
  - h Unenrolled Return Preparer - the authority to practice before the Internal Revenue Service is limited by Circular 230, section 10 7(c)(1)(viii) You must have prepared the return in question and the return must be under examination by the IRS See **Unenrolled Return Preparer** on page 1 of the instructions
  - k Student Attorney - student who receives permission to practice before the IRS by virtue of their status as a law student under section 10 7(d) of Circular 230.
  - l Student CPA - student who receives permission to practice before the IRS by virtue of their status as a CPA student under section 10 7(d) of Circular 230
  - r Enrolled Retirement Plan Agent - enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e))

▶ **IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.** See the Part II Instructions.

Designation - Insert above letter (a-r)	Jurisdiction (state) or identification	Signature	Date
b	TX		8.23.11
b	TX		08-24-2011

Supporting Statement of:

Form 990 p 1/Pt I, Ln 6, # Volunteers

Description	Amount
Board of Directors members	16
Committees	24
Starkeepers members	80
Total	120

Supporting Statement of:

Form 990 p 7/Column F Est Comp Other-17

Description	Amount
Contributions to pension plan	46,000.
Medical & disability insurance	27,697.
Parking allowance	480.
Total	74,177.

Supporting Statement of:

Form 990 p 8/Column F Est Comp Other-1

Description	Amount
Contributions to pension plan	41,886.
Medical & disability insurance	18,411.
Parking allowance	480.
Total	60,777.

Supporting Statement of:

Form 990 p 8/Column F Est Comp Other-2

Description	Amount
Contributions to pension plan	25,000.
Medical & disability insurance	17,178.
Parking allowance	480.
Total	42,658.

Supporting Statement of:

Form 990 p 8/Column F Est Comp Other-3

Description	Amount
Contributions to pension plan	18,701.
Medical & disability insurance	9,779.
Parking allowance	480.
Total	28,960.

Supporting Statement of:

Form 990 p 8/Column F Est Comp Other-4

Description	Amount
Contributions to pension plan	18,543.
Medical & disability insurance	14,061.
Parking allowance	480.
Total	33,084.

Supporting Statement of:

Form 990 p 9/Other amt. not included

Description	Amount
Contributions - Unrestricted	3,342,781.
Contributions - Temporarily Restricted	1,052,545.
Contributions - Permanently Restricted	204,626.
Non-cash contributions - Unrestricted	639,912.
Non-cash contributions - Temporarily Restricted	8,656.
Total	5,248,520.

Supporting Statement of:

Form 990 p 9/Noncash

Description	Amount
Unrestricted	639,912.
Temporarily Restricted	8,656.
Total	648,568.

Supporting Statement of:

Form 990 p 10/Line 5 col (B)

Description	Amount
Janice W. Windle, President	107,532.
Virginia S. Martinez, Exec. Vice-President	73,382.
Richard E. Pearson, Vice-President	60,104.
Cathy A. Hill, Vice-President	47,883.
Carmen M. Castorena, Vice-President	37,829.
Total	326,730.

Supporting Statement of:

Form 990 p 10/Line 5 col (C)

Description	Amount
Janice W. Windle, President	43,013.
Virginia S. Martinez, Executive Vice-President	91,727.
Richard E. Pearson, Vice-President	10,928.
Cathy A. Hill, Vice-President	7,981.
Carmen M. Castorena, Vice-President	37,829.
Total	191,478.

Supporting Statement of:

Form 990 p 10/Line 5 col (D)

Description	Amount
Janice W. Windle, President	64,519.
Virginia S. Martinez, Exec. Vice-President	18,345.
Richard E. Pearson, Vice-President	38,248.
Cathy A. HIll, Vice-President	23,942.
Carmen M. Castorena, Vice-President	0.
Total	145,054.

Supporting Statement of:

Form 990 p 11/Line 1, column (B)

Description	Amount
Operating account-Compass Bank	202,669.
Special account-Compass Bank	13,460.
Petty cash account-Wells Fargo Bank	922.
Payroll account-Wells Fargo Bank	16,163.
UBS Financial Services	272.

Continued

Supporting Statement of:

Form 990 p 11/Line 1, column (B)

Description	Amount
Bank of the West Investments	4,598.
Love PARK-Bank of the West	8,640.
Total	246,724.

Supporting Statement of:

Form 990 p 11/Line 2, column (B)

Description	Amount
Grant account-Bank of the West	38,874.
Merrill Lynch-Money Market	25,970.
Bank of the West Investments-Money Market	172,114.
UBS Financial Services-Money Market	1,582,735.
Total	1,819,693.

Supporting Statement of:

Form 990 p 11/Line 11, column (B)

Description	Amount
U.S. Treasury Notes, Bonds and Govmt. Obligations	7,565,785.
Domestick Stock	11,141,250.
International Stock	4,805,075.
Mutual Funds	7,089,368.
Total	30,601,478.

Supporting Statement of:

Sch D, page 2/Other col (b)

Description	Amount
Software	6,496.
Office furniture and fixtures	223,295.
Total	229,791.

Supporting Statement of:

Sch D, page 2/Other col (c)

Description	Amount
Accumulated depreciation-Software	4,742.
Accumulated depreciation-furniture & fixtures	206,710.
Total	211,452.

Supporting Statement of:

Sch D, page 4/Part XII, Line 1

Description	Amount
Unrestricted Revenues	-2,217,127.
Temporarily Restricted Revenues	-1,418,815.
Permanently Restricted Revenues	-2,526,282.
Total	-6,162,224.

Supporting Statement of:

Sch J, page 2/SW Column f i-1

Description	Amount
2007 Form 990, Page 5, Part V A-Column C	207,321.
2007 Form 990, Page 5, Part V A-Column D	45,000.
2007 Form 990, Page 5, Part V A-Column E	30,726.
Total	283,047.

Supporting Statement of:

Sch J, page 2/SW Column f i-2

Description	Amount
2007 Form 990, Page 5, Part V A-Column C	160,595.
2007 Form 990, Page 5, Part V A-Column D	39,778.
2007 Form 990, Page 5, Part V A-Column E	20,205.
Total	220,578.