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Form **99**0

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)

OMB No 1545 0047

Department of the Treasury

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

Open to Public Inspection

_															
	For the	2009 calen	dar year,	or tax y	ear begii	nning		, 200	09, and end	ing			, _		
В	Check if	applicable			ne of organi	zation					D Empl	oyer Ide	ntification	on Number	
	Add	ess change	Please use IRS label	El P	aso C	ommunity	Foun	dation			74	-183	9536		
2011	,	e change	or print or type.					ot delivered to stree	t addr) Roor	n/suite	E Telep				
		•	See		Box						· ·			4020	
(G)		al return	specific Instruc-		, town or co			Sta	te ZIP code		- 13.	13)	555	4020	
~		nination	tions	1		outing.									_
		nded return		El P				T	X /994.	3-0272				,310,87	
AUG	App	ication pending			ss of princi						his a group ret			₩'`'	
⋖_]			ills, Suite 52	20 El 1	Paso '	TX 7990		all affiliates in No," attach a lis			ons) Yes	No.
描		exempt statu	ıs X 50	(c) (3)•	(insert no		4947(a)(1) or	527						
COSTIGRACE DA	Webs	site: 🕨 ww	w.epci	.org						H(c) Gro	up exemption	number	•		
S≳K	Form o	f organization	X Corpor	ation	Trust	Association	Other •	•	L Year of Form	nation 19	75 M	State o	f legal d	omicile TX	ζ
	art I	Summ									·	•••			
	1 E	·		nanızatı	on's miss	sion or most s	ignificar	nt activities	To esta	blish	charit	able	e fui	nds	
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Ġ	3 1					rning body (P			poodu or ii	oro andri	20 /0 01 /13	3	15		
)				_			dy (Párt VI, lin	e 1b)			4	15		
	5 T	otal number	of emplo	yees (P	art V, lin	ie 2a)	•	-	,			5	15		
4 ZUII	6 1	otal number	of volunt	eers (es	stimate if	necessary)						6	119)	
⊣ ૅ	^t 7a⊺	otal gross u	nrelated b	ousiness	revenue	e from Part VI	II, Icolur	nn (C), ine 12				7 8	1	-31	,096.
⇒ _	b N	let unrelated	business	taxable	e income	from Form 99	90-T, line	e 34				7 t)		
-											Prior Yea	r		Current Y	ear
	8 Contributions and grants (Part VIII, line 1h)										5,248,		_	11,023	
MICHOL C	9 F											823.	+		,096.
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	10 1	-		ort VIII, column (A), lines 3, 4, and 7d)							-264,				,713.
Ž	11 (193,				,009.
7								l, column (A), l	ine 12)		5,176,			11,183	
SCAMPIECU UC!	7											,289,545.		3,522	
To											-,,			0,022	,
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)									1,537,	677	+-	1,538	049
ģ	160										1,00,,	0,,,	 	1,000	,045.
9 9 9 1		16a Professional fundraising fees (Part IX, column (A), line 11e)													
Š	} b 1	b Total fundraising expenses (Part IX, column (D), line 25) ► 432,692.												 	
		Other experises (Part X contum (A)) lines 1 a-11d, 11f-24f)									2,240,			2,342	<u>,124.</u>
		Total expenses Add lines 13-17 (must-equal Part IX, column (A), line 25)									8,067,	990.		7,402	<u>,372.</u>
					act line	18 fr@m line 1:	2				-2,891,	698.		3 , 781	,472.
8	80	otal assets	잃 AI	ქს 3 (2011	\.\footnote{\sigma}				Be	ginning of	Year	Ì	End of Ye	ear
ž.	[20 T	otal assets	(Part X, Iı	ne 16)_							35,149,			48,142	
Not Assets or	🖺 21 T	otal liabilitie	s (Part-X	ding 26	AL 117	r					14,470,		+	14,697	
ž	[≛] 22 N	let assets or	-fund-bala	ances S	Subtract	line 21 from lu	ne 20				20,678,		T	33,445	
P	art II		ure Blo							<u>'</u>	20,0,0,			33/113	, 013.
_					that I have	examined this reti	ırn includi	ing accompanying s	chedules and	statements	and to the hes	t of my l	- nowlode	no and ballef	ilie
		Under penaltie true correct	and control	. Deg alat	ion of prepa	arer (other than of	ficer) is ba	ing accompanying s ised on all informat	ion of which pr	eparer has a	any knowledge	it of fity i	(IIOMIE¢I	ge and bener	It IS
S	ign	>	100	N							8-	15-	201	1	
H	ere	Signature	of officer								Date	• •			
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			rint name an		.3011						erim bi	esi	<u>aenc</u>		
_									Date		l o	Т	Preparer	's identifying	number
P	aid										Check if self-	i i	(see inst	's identifying ructions)	a.ribei
	re-									employed					
p.	arer's			D 7 C C	00107	NITMY DO	110207	ON			 				
Ü	se	Firm's name (or EL PASO COMMUNITY FOUNDATION yours if self-													
0	nly	nly employed) ► PO BOX 272							_	EIN ►	_				
_		ZIP + 4		PASO			_		943-027	2	Phone no	-			
<u>M</u>	May the IRS discuss this return with the preparer shown above? (see instructions)												x	Yes	No

Form	990 (2009) El Paso Community Foundation	74-1839536	Page 2
Part	III Statement of Program Service Accomplishments		
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?		X No
	If 'Yes,' describe these new services on Schedule O		
	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s ⁷ Yes	X No
	If 'Yes,' describe these changes on Schedule O	3 <u> 103 </u>	<u></u>
	Describe the exempt purpose achievements for each of the organization's three largest program services by	evnences Section 501	(0)(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and all	ocations to others, the t	otal
	expenses, and revenue, if any, for each program service reported		
Дa	(Code) (Expenses \$ 1,796,006. including grants of \$ 3,126,555.) (Re	venue \$	0.)
74	The Foundation serves the general charitable, educational, and sci		
	of El Paso and surrounding areas.		
	CTATEMENTS 1 AND 2		
	STATEMENTS 1 AND 2		
			. – – – –
			- -
4b	(Code) (Expenses \$ 0. including grants of \$ 280,158.) (Re	venue \$	0.)
	Scholarship programs		
	STATEMENTS 1 AND 2		
			·
	/O-1-		
	(Code) (Expenses \$ 776,279. including grants of \$ 115,486.) (Re	venue \$	0.)
	Support to the El Paso Plaza Theatre Corporation, for the		
	restoration and preservation of the Plaza Theatre Performing Arts		
	Centre (a historical landmark).		
	STATEMENTS 1 AND 2		
	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 2,572,285.		

			Yes	No
			103	
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	х	
2	Is the organization required to complete Schedule-B, Schedule of Contributors?	2	Х	
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		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
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 similar funds or 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	Х	
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		<u>x</u>
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		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If Yes, 'complete Schedule D, Part X 			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
12/	A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		
	a Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the office States. Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14a		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	Х	
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G. Part III	19		Х
20		20		X

Form 990 (2009) El Paso Community Foundation

Part IV | Checklist of Required Schedules (continued)

			res	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	х	
24 a	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 lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25 a	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Χ
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If 'Yes,' complete Schedule R, Part I	33	Х	
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	Х	
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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> 'Yes,' <i>complete Schedule R, Part V, line 2</i>	36	х	
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
AA			990 (2009)

uı	t v Otatements regarding other into rinings and rex compliance		Yes	No
1 a	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 36			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
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 15			
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Х	
b	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3ь	<u>X</u>	ļ
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)?	4 a		х
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			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6 a		Х
	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	Х	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year			
e	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Dud the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
-	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business			
	holdings at any time during the year?	8		Х
	Sponsoring organizations maintaining donor advised funds.			ļ
	a Did the organization make any taxable distributions under section 4966?	9 a	X	
	b Did the organization make any distribution to a donor, donor advisor, or related person?	9 b		X
	Section 501(c)(7) organizations. Enter			
	a Initiation fees and capital contributions included on Part VIII, line 12			1
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	a Gross income from other members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
<u> </u>	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

BAA

Form **990** (2009)

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Schedule O. See instructions			
Sec	tion A. Governing Body and Management		-	
			Yes	No
1 a	Enter the number of voting members of the governing body 1a 15	-		
	Enter the number of voting members that are independent 1b 15	-		
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		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		X
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by			
	the following The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
	,		.	
9	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	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Interna	1		
Reve	enue Code)			
			Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?	10a		X
t	o 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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Χ	
11 /	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990			
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
t	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
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	Х	
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?			
ā	The organization's CEO, Executive Director, or top management official	15 a	Х	
ŀ	Other officers of key employees of the organization	15b	_X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)			
16 a	a 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
ì	o 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		
Sec	tion C. Disclosures	,		
	List the states with which a copy of this Form 990 is required to be filed ▶			
18				ıblıc
	Own website Another's website X Upon request			
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest polic statements available to the public	•		cial
	State the name, physical address, and telephone number of the person who possesses the books and records of the organ			
	Carmen M. Vargas 123 W. Mills, Ste. 520 El Paso TX 79901 (9	915)_5	33-	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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's_tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- 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) of 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

(A)	(B)			(1	:)			(D)	(E)	(F)
Name and Title	Average	Pos	ition (hat app	y)	Reportable		Estimated
	hours per week	adividual frastee of director	mshluhomel trustee	Offi ei	Key employee	High est coinnensated employee	そ (は、ロモ)	compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Roger G. Ortiz, D.D.S.			ì							
Chairman of the Board	2.00	Х		Х				0.	0.	0.
Richard H. Feuille										
Chairman Emeritus	2.00	Х						0.	0.	0.
Tom D. Porter										
Vice-Chairman	2.00	Х						0.	0.	0.
Carolyn R. Chambers			}			l				
Director	1.00	Х	<u> </u>					0.	0.	0.
Guillermo E. Avila										
Director	1.00	Х						0.	0.	0.
Frances Roderick Axelson										
Director	1.00	Х						0.	0.	0.
Patricia Saucedo Burdick					ŀ					
Director	1.00	Х			_			0.	0.	0.
Leigh V. Bloss	İ		ĺ							
Secretary/Treasurer	2.00	Х		Х	<u> </u>			0.	0.	0.
Joe Alcantar, Jr.										
Director	1.00	Х						0.	0.	0.
Sharon Smith Kidd										
Chairman Elect	2.00	Х		Х				0.	0.	0.
Margie Melby										
Director	1.00	Х						0.	0.	0.
Lillian Crouch										
Director	1.00	X	ļ			[0.	0.	0.
Steve Hoy										
Director	1.00	X						0.	0.	0.
John S. McKee, Jr.										
Director	1.00	Х						0.	0.	0.
Nestor A. Valencia										
Director	1.00	Х		<u></u>				0.	0.	0.
Virginia S. Martinez										
President	40.00			Х	Х	Х		177,301.	0.	66,964.
Janice W. Windle										
President Emeritus	40.00	<u> </u>	<u>L</u> _	_	Х	x		198,609.	0.	78,135.

(A)	(B)	1				·		(D)	(E)	(F)
Name and Title	Average hours per week		_	(checl	Хey	Highest co	pply) Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099-MISC)	Estimated amount of other compensation from the
	nours per week	dual trustee	Institutional trustee	7	employee	st compens yee	ų,			organization and related organizations
		_	e			ated				
Richard E. Pearson Exec. Vice-President	40.00			х	х			120,059.	0	. 50,642
Cathy A. Hill Vice-President	40.00			Х				78 , 397.	0	. 31,575
Carmen M. Vargas Vice-President	40.00			Х				77,597.	0	. 38,238
	-									
	1				-					
	-									
		_			_	i				
	-	_		-	-					
	-									
	-	-		_						
	-									
	-									
1 b Total					<u> </u>		>	651,963.	0	. 265,554
2 Total number of individuals (including but not limited	to thes	م ارد	tod	ahov	ر (۵)	who	race			
from the organization > 3							-			· · · · · · · · · · · · · · · · · · ·
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste	e, k	еу е	mpl	oye	e, or	hıg	hest compensated	employee	Yes No
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th individual	ortable	com	npen 0? <i>II</i>	isati f 'Ye	on a s' co	ind o	othe lete	r compensation fro Schedule J for suc	om ch	4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompensa edule J	ation for s	fro uch	m ai	ny u son	nrela	ated	l organization for s	services	5 X
Section B. Independent Contractors				•						
Complete this table for your five highest compensate compensation from the organization	ed indep	ende	ent o	cont	ract	ors t	hat	received more tha	n \$100,000 of	
(A) Name and business addres	s							Description of	of Services	(C) Compensation
	Paso			TX				Legal		120,988
UBS Financial Services 5065 Westheimer, Suite 1000 HC				TX				Investment c	onsultants	186,948.
	Paso			TX				Legal		162,196.
Spivey & Grigg, LLP 48 East Avenue Au	stin			TX		87	υŢ	Legal		164,456.
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		ımıte	ed to	o tho	se l	ısted	d ab	ove) who received	more than	

Га	I V VI	m Statement of Ne	-vellue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s	1 a	Federated campaigns		1 a					
NT:		Membership dues		1b		-			
S.P.		- · · · · · · · · · · · · · · · · · · ·	-			-			
S, (Fundraising events		1c		_			
AR AR	d	Related organizations	_	1d 1,792,2	<u> 283.</u>				
S, (е	Government grants (contribution	ons)	1 e					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS		All other contributions wife a							
E E	ī	All other contributions, gifts, g similar amounts not included a		1f 9,231,3	361				
TRI		Noncash contribns included in	_	\$ 5,996,8		-			
ANI	_		1113 14-11	7 3, 990, 0		- 11 000 644			
	п	Total. Add lines 1a-1f				11,023,644.			
NO	_			Business Co	oae	-			
EVE		<u>Administrative</u>				-653.	0.	-653.	0.
ER	b	Sale of Ad spo	<u>ts</u>	323110		-30,443.	0.	-30,443.	0.
ΝC	С								
SER	d	·			-				
W	е								
GR/	f	All other program service				<u> </u>			···········
PROGRAM SERVICE REVENUE		Total. Add lines 2a-2f	ic revenue			-31,096.			
				 		-31,090.			
	3	Investment income (incl other similar amounts)	luding divid	lends, interest and	i ▶	1 400 171			1 400 171
		,				1,488,171.	0.	0.	1,488,171.
	4	Income from investment	t of tax-exe	empt bond proceed					
	5	Royalties							
			(ı) Rea	II (II) Perso	nal		8		
	6a	Gross Rents							
	b	Less rental expenses				*	^		
	С	Rental income or (loss)				*			
		Net rental income or (lo	55)	<u>'</u>	•				
		` [(ı) Secur	ities (ii) Othe	ar .	•			<u> </u>
	7 a	Gross amount from sales of assets other than inventory				-			
		assets other trial inventory	17,580,	327.		-	1		
	b	Less cost or other basis						٠	
		ı	19,126,						
	С	Gain or (loss)	-1,545,	884.					
	d	Net gain or (loss)			•	-1,545,884.	0.	0.	-1,545,884.
NUE	8 a	Gross income from fund (not including \$	lraising eve	ents 0.					
EVE		of contributions reported	d on line 1	;)					
2		See Part IV, line 18		a 2,1	180.				
OTHER REVEN	b	Less direct expenses			524.	-			
5		Net income or (loss) from	m fundrais		<u> </u>	1,556.	0.	0.	1 556
		Gross income from gam See Part IV, line 19				1,300.	0.		1,556.
	b	Less direct expenses		b		-			
		Net income or (loss) from	m damind	~ [-		*	
		Gross sales of inventory	•						
	iva	and allowances	r, less retui	a					
	b	Less cost of goods sold	l	ь		-			
		Net income or (loss) from]		
		Miscellaneous Reveni		Business Co	ode			7	
	11 a	Administrative	fees	561000		44,742.	0.	أ ۾	44 740
		Miscellaneous		541800				0.	44,742.
				341800		202,711.	0.	0.	202,711.
	C C								!
		All other revenue	ı.			0.15			
		Total. Add lines 11a-11d			•	241,433.			····
	12	Total revenue. See instr	uctions			11,183,844.	<u> </u>	-31,096.	191,296.

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 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3,238,307.	3,238,307.		**
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	3,223,33			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	283,892.	283,892.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	450,671.	203,652.	148,387.	98,632.
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	586,957.	294,765.	169,094.	123,098.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	258,996.	124,450.	79,229.	55,317.
9	Other employee benefits	173,464.	82,580.	54,273.	36,611.
10	Payroll taxes	67,961.	33,895.	21,019.	13,047.
	Fees for services (non-employees)	<u> </u>	33,033.	21,013.	20,0111
	a Management				
	b Legal	533,212.	500,745.	19,367.	13,100.
	Accounting	30,639.	20,344.	6,141.	4,154.
	Lobbying		20/311.	0,111.	1/101.
	e Prof fundraising svcs See Part IV, In 17				
	Investment management fees	245,173.	0.	245,173.	0.
	1 Other	32,595.	24,698.	4,711.	3,186.
	Advertising and promotion	100,376.	48,802.	30,765.	20,809.
13	Office expenses	53,834.	27,197.	15,890.	10,747.
14	Information technology	24,699.	11,905.	7,632.	5,162.
15	Royalties	21,0331	22/3001	.,	0/2021
16	Occupancy	103,196.	49,953.	32,294.	20,949.
17	Travel	4,226.	2,285.	1,158.	783.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,023	2,2000	2,2001	
19	Conferences, conventions, and meetings	52 , 733.	28,411.	14,509.	9,813.
20	Interest	776,279.	776,279.	0.	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,686.	9,971.	6,392.	4,323.
	Insurance 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)	27,292.	15,981.	6,747.	4,564.
	Dues and Subscriptions	9,765.	4,893.	2,906.	1,966.
	Equipment Lease	4,748.	2,289.	1,467.	992.
	Telephone expense	18,975.	10,882.	4,828.	3,265.
	d Postage	10,984.	5,960.	2,997.	2,027.
	Project expenses	289,798.	289,798.	0.	0.
	All other expenses	2,914.	2,550.	217.	147.
	Total functional expenses Add lines 1 through 24f	7,402,372.	6,094,484.	875,196.	432,692.
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				
BAA	\				Form 990 (2009)

Page 11

34

34

Total liabilities and net assets/fund balances

Part X Balance Sheet (A) (B) End of year Beginning of year 246,724. 1 151,123. Cash - non-interest-bearing 2,702,289. 2 Savings and temporary cash investments 1,819,693. 3 Pledges and grants receivable, net 6,000. 3 4,000. 4 56,772. Accounts receivable, net 156,464. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 9,383 8 7,239. Inventories for sale or use 2,158. 9 5,297. Prepaid expenses and deferred charges 10 a 441,852 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 75,495. 10b 247,251 194,601. **b** Less accumulated depreciation 10 c 30,601,478. Investments - publicly-traded securities 11 42,335,371. Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 15 2,686,257. Other assets See Part IV, line 11 2,231,644 16 Total assets Add lines 1 through 15 (must equal line 34) 35,149,039. 16 48,142,949. Accounts payable and accrued expenses 150,386. 17 93,766. 17 18 40,000. 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Å 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 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 13,112,619. 23 13,000,000. Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 1,207,416. 25 1,563,564. 26 Total liabilities. Add lines 17 through 25 14,470,421 26 14,697,330. X and complete lines Organizations that follow SFAS 117, check here > 27 through 29 and lines 33 and 34. 27 27 Unrestricted net assets 5,216,854. 7,112,431. 22,876,189. 28 Temporarily restricted net assets 12,019,207. 28 29 3,442,557. Permanently restricted net assets 29 3,456,999. Q R 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 20,678,618. 33 33,445,619.

35,149,039. 48,142,949. BAA Form 990 (2009)

n 990 (2009)	El Pas	so Community	Foundation	74-1839536

rai	(A) Financial Statements and Reporting						
			Yes	No			
1	Accounting method used to prepare the Form 990 Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O-						
2 8	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
t	Were the organization's financial statements audited by an independent accountant?	2b	Х				
(: If 'Yes' to line 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	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O						
C	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both						
	Separate basis X Consolidated basis Both consolidated and separate basis						
3 <i>a</i>	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			
t	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b					

BAA

Form 990 (2009)

Page **12**

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Open to Public

Schedule A (Form 990 or 990-EZ) 2009

Inspection

OMB No 1545 0047

Name o	of the	organization			_				Employe	r identifica	tion number		
El		so Community								839536			
Part	1	Reason for Pu	blic Charity Statu	is (All organizations	must (comple	ete this	part.)) See i	nstruct	ions		
The o	rgar	nization is not a priv	vate foundation becaus	se it is: (For lines 1 throu	gh 11, c	heck on	ly one b	ox)					
1		A church, convention	on of churches or asso	ociation of churches desc	ribed in	section	170(b)(1)(A)(i).					
2	П	A school described	in section 170(b)(1)(A	A)(ii). (Attach Schedule E	:)								
3	П	A hospital or coope	erative hospital service	organization described i	n sectio	n 170(b)	х1хАхіі	i).					
4	П			d in conjunction with a ho					ЪХ1ХА)	(iii) Ente	er the hosp	utal's	
		name, city, and sta		,						(,			
5			erated for the benefit	of a college or university	owned o	or operat	ted by a	governi	mental i	unit desci	ribed in se	ction	- - -
6 7	∇	An organization that		governmental unit describ substantial part of its su art II)					or from	the gene	ral public o	describ	ed
8				70(b)(1)(A)(vi). (Complete	e Part II)							
9		from activities relat investment income	ted to its exempt funct	(1) more than 33-1/3 % or tions — subject to certain ss taxable income (less s omplete Part III)	exception	ons, and	(2) no i	more tha	an 33-1/	3 % of its	s support f	rom ar	220
10		An organization org	ganized and operated	exclusively to test for put	olic safet	ty See s	section !	509(a)(4).				
11		more publicly support	orted organizations d	exclusively for the benefices or the benefices of the ben)(1) or s	ection 5	09(a)(2)	tions of,) See s e	or carry ection 5	y out the 09(a)(3).	purposes Check the	of one box t	or hat
		a Type I	b Type II	c ☐ Type II	I – Func	tionally	integrat	ed		d \square	Type III-	Other	
e		By checking this bothan foundation ma 509(a)(2)	ox, I certify that the organizers and other than	ganization is not controllent one or more publicly su	ed direct	lv or ind	irectly b	v one oi	r more c I in sect	lisqualifie ion 509(a	ed nersons	s other	
f		If the organization is check this box	received a written dete	ermination from the IRS t	hat is a	Type I,	Type II o	or Type	III suppo	orting org	janization,		
g		Since August 17, 2	006, has the organizat	tion accepted any gift or	contribu	ition froi	n any o	f the foll	lowing p	ersons?		V	
		(i) a person who below, the go	directly or indirectly overning body of the su	controls, either alone or to apported organization?	ogether	with pers	sons de:	scribed	ın (ıı) ar	nd (III)	11 g (i)	Yes	No
		(ii) a famıly mem	ber of a person desc	rıbed ın (ı) above?							11 g (ii)		
		(iii) a 35% contro	lled entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)		
h		Provide the following	ng information about th	he supported organization	าร								
	(1)	Name of Supported Organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) lister gove	Is the tion in cold in your erning ment?	the organ	rou notify nization in (i) of upport?	organizat	s the non in col zed in the S ?	(vii) Amoui	nt of Sup	port
					Yes	No	Yes	No	Yes	No			
_													
Total													-

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2009 E1 Paso Community Foundation 74-1839536

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

	(Complete only if you checke	ed the box on line	5, /, or 8 of Part	1)			
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year nning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	4,515,105.	4,838,685.	7,625,217.	5,359,320.	11,023,644.	33,361,971.
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-through 3	4,515,105.	4,838,685.	7,625,217.	5,359,320.	11,023,644.	33,361,971.
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	:					33,361,971.
Sec	tion B. Total Support						T
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	4,515,105.	4,838,685.	7,625,217.	5,359,320.	11,023,644.	33,361,971.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	1,289,069.	1,472,815.	1,560,463.	1,704,436.	1,467,390.	7,494,173.
9	Net income from 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 from the sale of capital assets (Explain in Part IV)	137,133.	161,388.	128,914.	197,281.	238,694.	863,410.
11	Total support. Add lines 7 through 10		**				41,719,554.
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12	
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, oi	r fifth tax year as	a section 501(c)(3) <u> </u>
	tion C. Computation of Pu			11 1 "		1	70.07
	Public support percentage for 20	•	,,	e II, column (f)		14	79.97%
	Public support percentage from 2	·	·			15	74.50%
16 a	33-1/3 support test — 2009. If the and stop here. The organization				the line 14 is 33-1	/3 % or more, che	eck this box
t	33-1/3 support test – 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box of licly supported org	on line 13, or 16a, ganization	and line 15 is 33	-1/3% or more, ch	eck this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	test, check this b	oox and stop here	. Explain in Part IV	√ how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and organization meets and organizati	meets the 'facts-a d-circumstances'	nd-circumstances test The organiz	' test, check this t ation qualifies as	oox and stop here a publicly support	Explain in Part IV ed organization	V how the ▶
	Private foundation. If the organiz	zation did not che	ck a box on line, 1	13, 16a, 16b, 17a,			
BAA					S	chedule A (Form 9	990 or 990-EZ) 2009

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) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 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 amount on line 13 for the c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(e)** 2009 **(b)** 2006 (c) 2007 (d) 2008 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, rovalties 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 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) 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 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19 a 33-1/3 support tests - 2009. 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 - 2008. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

		90 or 990-EZ)										39536	Page 4
Part IV	_ Suppl Part II	<mark>emental Inf</mark> , line 17a o	ormati r 17b;	i on. and	Comple Part III	ete this , line 1	part 12. Pro	to provide ovide any	the other	explanations re r additional info	quired by rmation	y Part II, I See insti	ructions.
Other	Income	Part II	. Lin	e 10)								
2007:_	<u>59684.</u>												
2008:_	<u>55584.</u>												
2009:_	44089.			·								. – – – –	
Descri	ption:	Partner	ship_	dis	tribut	ions							
2005:_	1384.			. _									
2006:_	4080.			. .	_ _		_ _		- - -		. _	- -	
2007:_	5728.												-
2008:_	5411.										. _	- -	
2005:_	. 0												
2006:_	<u> </u>								- - -		· -		
2007:_	0	- -							-		. 		
2008:	<u>0.</u>								· -		· – – – –		
2009:	0										· -		
	-	- -									. – – – -		
	-	- -											

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions Open to Public

OMB No 1545 0047

Name of the organization

Inspection
Employer Identification number

El	Paso Community Foundation			74-1839536	
Par		Advised Funds or Other Similar F	unds or Acc	<u> </u>	e if
	the organization answered 'Yes' to	o Form 990, Part IV, line 6.		ounts complete	· · ·
		(a) Donor advised funds	(b) F	unds and other acc	counts
1	Total number at end of year	3(o.	<u></u>	
2	Aggregate contributions to (during year)	662,200	0.		
3	Aggregate grants from (during year)	816,984	4.		
4	Aggregate value at end of year	5,451,623	3.		
5	Did the organization inform all donors and don funds are the organization's property, subject t		donor advised	X Yes	No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private benefits	ne benefit of the donor or donor advisor or fo	inds may be or any other	X Yes	□No
Par	t II Conservation Easements Comple	 -	s' to Form 90		
	Purpose(s) of conservation easements held by		.5 to 1 OIIII 93	zo, i diciv, iiile	
•	Preservation of land for public use (e.g., re	`	on of an historica	ally important land	area
	Protection of natural habitat		on of certified his	•	a. 0a
	Preservation of open space				
2	Complete lines 2a through 2d if the organization last day of the tax year	n held a qualified conservation contribution i	in the form of a d	conservation easen	nent on the
				Held at the End o	f the Year
ā	Total number of conservation easements		2a		
t	Total acreage restricted by conservation easen	nents	2b		
	: Number of conservation easements on a certifi	` ,	2c		
	Number of conservation easements included in		2d		
3	Number of conservation easements modified, t	ransferred, released, extinguished, or termin	ated by the orga	inization during the	tax
4	Number of states where property subject to cor	nservation easement is located			
5	Does the organization have a written policy regard enforcement of the conservation easemen		andling of violat	ions, Yes	No
6	Staff and volunteer hours devoted to monitoring during the year ▶	-			
7	Amount of expenses incurred in monitoring, induring the year ►	specting, and enforcing conservation easemi	ents \$ _		<u> </u>
8	Does each conservation easement reported on $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)^2$	line 2(d) above satisfy the requirements of s	section	Yes	No No
9	In Part XIV, describe how the organization reprinclude, if applicable, the text of the footnote to conservation easements	orts conservation easements in its revenue a the organization's financial statements that	and expense stat describes the or	ement, and balance ganization's accou	e sheet, and nting for
Pai	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures, wered 'Yes' to Form 990, Part IV, III	or Other Sin	nilar Assets	
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statemen	c exhibition, education, or research in furthe	ment and balanc rance of public s	e sheet works of an service, provide, in	rt, historical Part XIV,
ŀ	b If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items	SFAS 116, to report in its revenue statemen c exhibition, education, or research in furthe	it and balance sh rance of public s	neet works of art, his service, provide the	istorical following
	(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 ar amounts required to be reported under SFAS 1	t, historical treasures, or other similar assets 16 relating to these items	s for financial ga	in, provide the follo	wing
á	Revenues included in Form 990, Part VIII, line	1		► \$	
ŀ	Assets included in Form 990, Part X			► \$	

Schedule D (Form 990) 2009 E1 Pa Part III Organizations Maintai					Treasures of	74-183			Page 2
		_							
3 Using the organization's acquisition items (check all that apply)	on accession an	na otnei	r recoras, cnec	к any	of the following th	at are a significant use	or its coi	ection	
a Public exhibition			d Loan	or exc	hange programs				
b Scholarly research			e 🔲 Other						
c Preservation for future genera	ations								
4 Provide a description of the organ Part XIV	ization's collect	tions ar	nd explain how	they	further the organiz	ation's exempt purpose	e in		
5 During the year, did the organization assets to be sold to raise funds ra	ion solicit or rec other than to be	ceive de mainta	onations of art, ained as part of	histo the c	rical treasures, or organization's colle	other similar ection?	Yes		No
Part IV Escrow and Custodial 9, or reported an amount	l <mark>Arrangeme</mark> unt on Form	nts C 990,	omplete if o Part X, line	rgar 21.	ization answe	red 'Yes' to Form 9	990, Par	t IV,	line
1a Is the organization an agent, trust included on Form 990, Part X?	tee, custodian, d	or othe	r intermediary	for co	ntributions or othe	r assets not	□ v		
							∐ Yes	L	No
b If 'Yes,' explain the arrangement i	III Fait Aiv ailu	Compi	ete the followin	iy tabi	е		Amount		
c Beginning balance						1 c	Amount		
5 5						1 d			
d Additions during the year						1 e			
e Distributions during the year						16			
f Ending balance		000 D				1 11;	□ v		TN 2
2a Did the organization include an ar		990, P	art X, line 217				∐ Yes	L	No
b If 'Yes,' explain the arrangement i			1	1 1	/!	20 David IV June 10	`		
Part V Endowment Funds Cor					i				
	(a) Current ye		(b) Prior yea		(c) Two years bac	k (d) Three years back	(e) F	our years	s back
1 a Beginning of year balance	3,310,1		4,577,9		٧٦				
b Contributions	35,8	343.	76,2	291.	* *				
c Net Investment earnings, gains, and losses	837,7	750.	-1,120,1	.56.	,				
d Grants or scholarships	180,8	327.	166,1	47.					
e Other expenditures for facilities and programs		0.		0.					
f Administrative expenses	55,6	556.	57,7	40.					
g End of year balance	3,947,2	299.	3,310,1	89.					
2 Provide the estimated percentage	of the year end	d balan	ce held as						
a Board designated or quasi-endow	ment ►	0	.00%						
b Permanent endowment ►	100.00%	,							
c Term endowment ► 0	.00%								
3a Are there endowment funds not in organization by	the possession	n of the	e organization t	hat ar	e held and admin	stered for the	Γ	Yes	No
(i) unrelated organizations							3a(i)	163	X
(ii) related organizations							3a(ii)		X
• •			reasured on Cal	مارياه	. D2		3b	-	
b If 'Yes' to 3a(II), are the related of							30	!	
4 Describe in Part XIV the intended						line 10			
Part VI Investments-Land, B							1 (85	1 11	. 1
Description of investment	· (a		or other basis vestment)) Cost or other basis (other)	(c) Accumulated Depreciation	(d) B	ook Va	ilue
1 a Land			95,000.			2001001011	<u> </u>	95	000.
b Buildings	-						 		
c Leasehold improvements	<u> </u>				45,000.	0 -		45	.000

84,323. **d** Equipment 44,965. 39,358. 217,529. 202,286. 15,243. Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) 194,601.

Schedule **D** (Form 990) 2009

(a) Description of Liability

Federal Income Taxes

Sales tax payable

Payroll taxes payable

Annuity obligation

Deferred compensation

Accrued trustee fees payable

Flex plan payable

Liability under Unitrust agreement

Tax Deferred Annuity payable

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

1,563,564.

^{2.} FIN 48 Footnote 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

Sched		aso Community Foundation		<u>-1839</u>	536	Page 4
Part	XI Reconciliation of Ch	ange in Net Assets from Form 990	to Financial Statements			
1	Total revenue (Form 990, Part V	III,column (A), line 12)			11,183	,844.
	Total expenses (Form 990, Part			L	7,402	<u>,372.</u>
3	Excess or (deficit) for the year	Subtract line 2 from line 1			3,781	
4 1	Net unrealized gains (losses) on	investments		L	8,985	<u>,528.</u>
5	Donated services and use of faci	lities		<u> </u>		
6	Investment expenses			L		·····
7	Prior period adjustments			<u> </u>		
8	Other (Describe in Part XIV)			<u> </u>		
9	Total adjustments (net) Add line	es 4 through 8		L	8,985	,528.
		er audited financial statements. Combine lir			12,767	,000.
		venue per Audited Financial State	ments With Revenue per R	eturn		
1	Total revenue, gains, and other s	support per audited financial statements		1	20,020	<u>,952.</u>
2	Amounts included on line 1 but r	not on Form 990, Part VIII, line 12	1 1			
а	Net unrealized gains on investme	ents	2a 8,985,528.			
b	Donated services and use of faci	lities	2b	_		
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIV)		2d 96,752.	_		
е	Add lines 2a through 2d			2e	9,082	,280.
3	Subtract line 2e from line 1			3	10,938	,672.
4	Amounts included on Form 990,	Part VIII, line 12, but not on line 1			-	
а	Investments expenses not include	led on Form 990, Part VIII, line 7b	4a 245,173.	.		
	Other (Describe in Part XIV)		4b -1.	_		
	Add lines 4a and 4b		·	4c	245	,172.
		c. (This must equal Form 990, Part I, line 1	2)	5	11,183	
		penses per Audited Financial Sta		Retur		·
	Total expenses and losses per a			1		,951.
	Amounts included on line 1 but r					·
	Donated services and use of fac		2 a			
	Prior year adjustments		2b	1		
	Other losses		2c	1 1		
	Other (Describe in Part XIV)		2d 96,753.	1		
	Add lines 2a through 2d		307,300	2e	96	753.
	Subtract line 2e from line 1			3		,198.
		Part IX, line 25, but not on line 1:			7,137	, 100.
		led on Form 990, Part VIII, line 7b	4a 245,173.	1		
	Other (Describe in Part XIV)	aed off 1 offit 550, 1 art viii, line 75		-1 1		
	Add lines 4a and 4b		4b 1.	-()	245	174
		4c (This must equal Form 990, Part I, line	10 \	4c		,174.
	XIV Supplemental Infor	•	18)	3		,312.
Comp	plete this part to provide the desc	riptions required for Part II, lines 3, 5, and 9 art XII, lines 2d and 4b, and Part XIII, lines	9, Part III, lines 1a and 4, Part IV, I 2d and 4b Also complete this par	ines 1b t to provi	and 2b, Part ide any additi	V, onal
		pecial events and unrelate	d administrative reve	nues_	and expe	nses_
<u>Pt _</u>	XIII Line 4b Round	ing_adjustment				-
<u>Pt _</u>	XIII Line 2d Net s	pecial events and unrelate	d administrative reve	nues	and expe	nses_
Pt_	V Line 4 The e	ndowment_funds_serve_diffe	rent areas such as ed	<u>ucati</u>	<u>on</u>	
		_services, health and disa				
		nvironment, civic and publ	ic affairs, art and			
	cultu					
	XII Line 4b Round	ing adjustment				
BAA		TEEA3304 02/02/10	l e e e e e e e e e e e e e e e e e e e	Sched	ule D (Form 9	90) 2009

Schedule D (Form 990) 2009 El Paso Community Foundation	74-1839536	Page 5
Part XIV Supplemental Information (continued)		
	· - -	
		-
	· 	

Schedule F (Form 990)

Totals

Statement of Activities Outside the United States

2009

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

Open to Public Inspection

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

E 1	Paso Community Fo	undation =			74-18395	36
Par	t I General Informati to Form 990, Part	on on Activitie	es Outside the	e United States. Complet	e if the organization	n answered 'Yes'
1	For grantmakers. Does the grantees' eligibility for the g	organization mair irants or assistanc	ntain records to su ce, and the selecti	ubstantiate the amount of the groon criteria used to award the gr	rants or assistance, the ants or assistance?	Yes No
	-			lures for monitoring the use of	grant funds outside the l	United States
3	Activities per Region (Use (a) Region	Schedule F-1 (For (b) Number of offices in the region	m 990) if addition (c) Number of employees or agents in region	al space is needed) (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
		 -				
-						
						
		I		l	1	

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) (2009)

Page 2

Schedule F (Form 990) 2009 E1 Paso Community Foundation

| 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.

(i) Method of valuation (book, FMV, appraisal, other)													
(h) Description of non-cash assistance													
(g) Amount of non-cash assistance													
(f) Manner of cash disbursement	Check	Check	Check	Check	Check	126, 498. Electronic Transf	Check	Check					
(e) Amount of cash grant	16,695. Check	12,342. Check	13,260. Check	11,230. Check	42,154. Check	126,498.	23,300. Check	21,080.Check					
(d) Purpose of grant	Statement 2	h America Statement 2	h America Statement 2	-									
(c) Region	North America Statement 2	North America	North America	North America									
(b) IRS code section and EIN (if applicable)													
1 (a) Name of organization													

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 7

Schedule **F** (Form 990) 2009

3 Enter total number of other organizations or entities BAA

Page 3

Schedule F (Form 990) 2009 E1 Paso Community Foundation

| 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.

(h) Method of valuation (book, FMV, appraisal, other) Schedule **F** (Form 990) 2009 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance BAA

Schedule F	(Form 990) 2009 El Paso Community Foundation Supplemental Information	74-1839536	Page 4
Part IV	Supplemental Information		
	Complete this part to provide the information required in Part I, line 2, and any additional inform	nation	
	Complete this part to provide the information required in rart i, line 2, and any additional inform	nation	
			_
		 	
			
		-	
	***	- <i></i>	

TEEA3504 07/06/09

Schedule F (Form 990) 2009

BAA

SCHEDULE I

Governments and Individuals in the United States Grants and Other Assistance to Organizations,

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

OMB No 1545-0047 2009

Open to Public Inspection

ջ □

X Yes

Employer identification number

74-1839536

El Paso Community Foundation
Part | General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization

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?

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

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 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 Part II

tiail 40,000. 036	(g) Description of non-cash assistance or assistance	Statement 1	Statement 1	Statement 1	Statement 1	Statement 1 Statement 1	Statement 1	Statement 1 Statement 1	Statement 1 Statement 1
	(f) Method of valuation (g) E (book FMV, appraisal non-c other)					Statement 1		Statement 1	1,065. Statement 1 Stat
	(e) Amount of non-cash assistance					40.		2,497.	1,065.
needed	(d) Amount of cash grant	5,485.	20,941.	11,000.	11,870.	27,650.	7,000.	78,731.	21,700.
Itional space is	(c) IRC section if applicable	501(c)(3)	501(c)(3)	501(c)(3)	501(c)(3)	501(c)(3)	501(c)(3)	501(c)(3)	501(c)(3)
Form 990) if add	(b) EIN	13-3039601	53-0196605	Statement 6	74-2729189	23-7021166	Statement 6	20-5385547	74-2840847
Part IV, fille 21 for any recipient trial feceived from \$5,000. Order trip box if no one recipient received from \$5,000. Ose Part IV and Schedule 1-1 (Form 990) if additional space is needed	1 (a) Name and address of organization or government	Alzheimer's Association o 4400 N. Mesa, Ste. 9 El Paso TX 79902	American Red Cross-EP P.O. Box 972236 El Paso TX 79997	വിധ	Animal Rescue League of E. P.O. Box 13055 E. El Paso TX 79913	Assistance League of El_P P.O. Box 3735 El Paso TX 79923	Bishop_Dunne_Catholic_Sch_3900_Rugged_DriveDallas_TX_75224	<u>tnership</u>	Border_Art_Residency P.O. Box 272 El Paso TX 79943

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

TEEA3901 02/10/10

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

104

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2009

Open to Public Inspection

Internal Revenue Service							
Name of the organization						Employer identification number	number .
El Paso Community Foundation	ion	:				74-1839536	
č T	nd Other Assistan	ce to Governments	and Organization	s in the United Sta		(Form 990), Part	t II.)
(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
Candlelighters of El Paso 1900 N. Oregon St., Ste. El Paso TX 79902	74-2243283	501(c)(3)	14,242.				Statement 1
Cardwell Foundation P-0. Box 272 El Paso TX 79943	74-2690444	501(c)(3)		136,878.	Statement 1	Statement 1	Statement 1
Cathedral High School 1309 N. Stanton St El Paso TX 79902	Statement 6	501(c)(3)	11,200.				Statement 1
thedr Osan stin	Statement 6	501(c)(3)	13,000.				Statement 1
Center_Against_Family_Vio P.O. Box_26219 El Paso TX 79926	74-1945924	501(c)(3)	26,999.	400.	Statement 1	Statement 1	Statement 1
Centro_de_Salud_Familiar_ 608_SStVrain_ El Paso TX 79901	74-1842169	501(c)(3)	5,924.				Statement 1
Centro Santa Catalina 1207 Alabama St El Paso TX 79930	74-2996070	501.(c) (3)	11,000.				Statement 1
Child Crisis Center of El 2100 N. Stevens St. El El Paso TX 79930	74-2055761	501(c)(3)	11,607.				Statement 1
City of El Paso	74-6000749	170(c)(1)	10,418.	2,275.	2,275. Statement 1	Statement 1	Statement 1

Department of the Treasury Internal Revenue Service Name of the organization

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047 2009

Open to Public Inspection Employer identification number

Name of the organization						Employer identification number	n number
El Paso Community Foundation	ion					74-1839536	
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule	nd Other Assistan	ice to Governments	s and Organizations	in the United State	es (Schedule I	(Form 990), Part	t II.)
(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
Cornudas Mountain Fdn	74-2571541	501(c)(3)	306,800.				Statement 1
Corpus_Christi_Catholic_S 4005_Cheena_Dr. Houston_TX_77025	Statement 6	501(c)(3)	6,000.				Statement 1
Council on Foundations P.O. Box 0021 Mashington DC 20055	13-6068327	501(c)(3)	10,900.				Statement 1
Court_Appointed_Special_A 500 E. San_Antonio, Ste El Paso TX 79901	74-1950407	501(c)(3)	14,950.				Statement 1
Creative Kids, Inc 504 San Francisco St El Paso TX 79901	74-2910251	501(c)(3)	64,700.				Statement 1
Cristo Rey Centro Luteran 1010 E. Yandell Dr El Paso TX 79902	74-2581929	501(c)(3)	7,000.				Statement 1
Dame La Mano Crisis Cente 1014 S. Virginia St	74-2844061	501(c)(3)	10,000.				Statement 1
Diocese of El Paso 499 St. Matthews St. El Paso TX 79907	Statement 6	501(c)(3)	234,000.				Statement 1
El_Paso_Association_of_Bu_6046_Surety_Drive El_Paso_Tx_79905	74-1534470	501 (c) (6)	5,252.				Statement 1

Schedule I-1 (Form 990) 2009

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545 0047 2009

Open to Public Inspection

Statement 1 14,224.|Statement 1|Statement 1|Statement 1 (h) Purpose of Statement Statement Statement 1 Statement Statement Statement Statement Statement assistance grant or Employer identification number (Form 990), Part II.) (g) Description of non-cash assistance 74-1839536 Statement 1 valuation (book, FMV, appraisal, other) Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (f) Method of 7,120. (e) Amount of non-cash assistance 23,878. 25,500. 9,000. 95,440. 15,000. 7,940. (d) Amount of cash grant 24,394 (c) IRC section if applicable 501(c)(3) 501(c)(3) 501(c)(3) 501(C)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3)74-2667556 74-1204335 74-6063983 74-1759410 74-2796160 74-2046084 20-3046801 74-1695944 74-2021174 (b) EIN El Paso Community Foundation (a) Name and address of organization or government El Paso Center for Childr 2200 N. Stevens St. El Paso Child Guidance Ce Paso Collaborative For El_Paso_County_Historical_ P.O. Box 28 El Paso TX 79940 Paso Foster Parent Ass El_Paso_Holocaust_Museum 715_N._Oregon_St.____ Paso Diabetes Assoc. El_Paso_Bridges_Academy 901_Arizona_Ave_____ El Paso_TX_79902 Paso Baptist Clinic <u> 2701 E. Yandell Dr. . . </u> 1359 Lomaland Dr. El Paso TX 79935 8308 Echo St. _ _ _ El Paso TX 79904 El Paso TX 79902 1208 Myrtle Ave. -El Paso TX 79901 1220 Montana Ave. El Paso TX 79930 El Paso TX 79902 Paso TX 79902 Name of the organization

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

2009

OMB No 1545-0047

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Internal Revenue Service		•	;				inspection
Name of the organization						Employer identification number	n number
El Paso Community Foundation	ion					74-1839536	
F C	nd Other Assistan	ce to Governments	overnments and Organizations in the United States (Schedule	s in the United Stat	I — I	(Form 990), Part	t II.)
ΪĔ	(p) 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
El Paso Lighthouse for the 200 Washington St	74-1255622	501(c)(3)	15,000				Statement 1
El Paso Lions for Vision- 8888 Dyer Street, Ste. 31 El Paso TX 79904	23-7283270	501(c)(3)	°000'8				Statement 1
El Paso Mental Health and 1600 Montana Ave	74-1391103	501(c)(3)	7,500.				Statement 1
El_Paso_Museum_of_Art One_Arts_Festival_Plaza El Paso TX 79901	74-2889827	501(c)(3)	6, 121.			į	Statement 1
El Paso Museum of History 510 N. Santa Fe St El Paso TX 79901	74-6000749	501(c)(3)	5,050.	12,024.	Statement1	Statement 1	Statement 1
El Paso Plaza Theatre Cor P.O. Box 272 El Paso TX 79943	74-2487830	501(c)(3)	115,486.				Statement 1
El Paso Pro-Musica P.O. Box 13328 El Paso TX 79913	23-7382605	501(c)(3)	5,615.				Statement 1
El Paso Symphony Guild Yo P.O. Box 180 El Paso TX 79942	74-6600772	501(c)(3)	6,180.				Statement 1
El_Paso_Symphony_Orchestr P.O. Box_180 El_Paso_Tx_79942	74-2664716	501(c)(3)	80,775.				Statement 1

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

2009 OMB No 1545-0047

200

Open to Public Inspection

Internal Revenue Service						-	
Name of the organization						Employer Identification number	number
El Paso Community Foundation	ion					74-1839536	
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule	nd Other Assistan	ice to Governments	and Organization	s in the United Stat	_[(Form 990), Part	t II.)
(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
El Paso Villa Maria, Inc. 920 S. Oregon St	Statement 6	501(c)(3)	10,000.				Statement 1
Father Yermo School 220 Washington St El Paso TX 79905	Statement 6	501(c)(3)	18,000.				Statement 1
<u>Franklin High School 900 N. Ressler Dr El Paso TX 79912</u>	74-6007697	170(c)(1)	30,246.				Statement 1
Guadalupe Regional Middle 1214 E. Lincoln Street Brownsville TX 78521	13-4103746	501(c)(3)	11,000.				Statement 1
Habitat for Humanity of E 9210 Dyer Street El Paso TX 79924	74-2226271	501(c)(3)	7,800.				Statement 1
Hillside Elementary Schoo 4500 Clifton St El Paso TX 79903	74-6000769	170 (c) (1)	.000				Statement 1
Humane_Society_of_El_Paso 4991_Fred_Wilson_Ave El Paso TX 79906	74-1156430	501(c)(3)	19,921.				Statement 1
IMPACT: Programs of Excell 444 E. Robinson Ave. Ste El Paso TX 79902	74-2427129	501(c)(3)	20,758.				Statement 1
Incarnate_Word_Academy 609_Crawford_St Houston_TX_77002	Statement 6	501(c)(3)	12,000.				Statement 1

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047 2009

Open to Public Inspection

illerial Neverture Service						- -	
Name of the organization						Employer identification number	number .
El Paso Community Foundation	ion					74-1839536	
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule	nd Other Assistan	ce to Governments	and Organizations	in the United Star	les (Schedule I	(Form 990), Part	t II.)
(a) Name and address of organization or government	(a) 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
Jesuit_Volunteers_Corps_S P.O. Box_3126 Houston TX 77253	Statement 6	501(c)(3)	.000,7				Statement 1
Jewish Family and Childre 401 Wallenberg Dr	74-1168038	501(c)(3)	17,500.	,			Statement 1
Junior League of El Paso. 520 Thunderbird Dr. El Paso IX 79912	74-1469506	501(c)(3)	15,000.				Statement 1
Juvenile Diabetes Researd 2501 San Pedro, NE #116- Albuquerque NM 87110	23-1907729	501(c)(3)	7,692.				Statement 1
KTEP Public Radio 500 W. University Ave El Paso TX 79968	74-6000813	501(c)(3)	5,948.				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 608_Saint_Vrain_St El Paso TX 79901	74-2991952	501(c)(3)	10,000.				Statement 1
La Mujer Obrera 2000 Texas Ave. El Paso TX 79901	74-2219654	501 (c) (3)		7,200.	Statement 1	Statement 1	Statement 1
Lee and Beulah Moor Child 1100 Cliff Dr. El Paso TX 79902	74-1329373	501(c)(3)	15,000.				Statement 1

Schedule I-1 (Form 990) 2009

<u>-</u>	
SCHEDULE	(Form 990)

Department of the Treasury Internal Revenue Service

OMB No 1545 0047 2009

Open to Public Inspection

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

Continuation Sheet for Schedule I (Form 990)

Name of the organization						Employer identification number	on number .
El Paso Community Foundation	ion	:				74-1839536	
Part Continuation of Grants a	nd Other Assistan	ce to Governments	s and Organizations	s in the United Sta	tes (Schedule I	(Form 990), Part	rt II.)
(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
Loretto Academy 1300 Hardaway St El Paso TX 79903	Statement 6	501(c)(3)	12,166.				Statement 1
Lubbock Christian Univers 5601 W 19th St. Lubbock TN 79407	75-0950119	501(c)(3)	250,000.	,			Statement 1
Lutheran Social Services. 9640 Montwood Dr. El Paso TX 79925	74-2212660	501(c)(3)	12,775.				Statement 1
Mary L. Peyton Foundation 310 N. Mesa St. #318 El Paso TX 79901	74-1276102	501(c)(3)	5,700.				Statement 1
Miracle League of El Paso 1312 Morgan Marie St El Paso TX 79936	20-2275859	501(c)(3)	6,440.				Statement 1
Muscular Dystrophy Associ 5400 Suncrest Dr. A-5 El Paso TX 79902	13-1665552	501(c)(3)	15,000.				Statement 1
National Jewish Center Im 1400 Jackson St.	74-2044647	501(c)(3)	7,894.			:	Statement 1
New Mexico State Universi P.O. Box 30001 MSC 5100 - Las Cruces NM 88003	85-0170157	501(c)(3)	5,900.				Statement 1
Nonprofit Enterprise Cent 1359 Lomaland Dr., Ste. 5 El Paso TX 79935	38-3681881	501(c)(3)	15,000.	1,965.	1,965. Statement 1	Statement 1	Statement 1

SCHEDULE 1-1	(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

OMB No 1545 0047

Continuation Sheet for Schedule I (Form 990)

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

2009

Open to Public Inspection

Name of the organization						Employer identification number	n number
El Paso Community Foundation	ion					74-1839536	
Part Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule	nd Other Assistar	ice to Governments	s and Organizations	in the United Stat	les (Schedule I	(Form 990), Part	t II)
(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
Operation Noel P.O. Box 981021 El Paso TX 79998	20-4147027	501(c)(3)	25,050.				Statement 1
Opportunity Center for the 1208 Myrtle Ave	74-2634199	501(c)(3)	17,940.				Statement 1
Paso del Norte Children's 1101 E. Schuster Ave El Paso TX 79902	74-1312313	501(c)(3)	36,000.				Statement 1
Project Vida Health Cente 3607 Rivera St. El Paso TX 79905	74-2481679	501(c)(3)	15,000.				Statement 1
Proyecto Desarrollo Human P.O. Box 1017 Penitas TX 78576	20-5709276	501(c)(3)	7,000.				Statement 1
Queen_of_Peace_Catholic_S 2320_Oakcliff_St Houston TX 77023	Statement 6	501 (c) (3)	6,000.				Statement 1
Radford School 2001 Radford St El Paso TX 79903	74-1180152	501(c)(3)	75,538.				Statement 1
Railroad & Transportation 400 W. San Antonio Ave. El Paso TX 79901	74-2193953	501(c)(3)		5,660.	Statement 1	Statement 1	Statement 1
Reynolds House 8023 San Jose Road El Paso TX 79915	74-2649847	501(c)(3)	6,350.				Statement 1

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545 0047

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Statement 1 (h) Purpose of Statement grant or assistance Statement Statement Statement Statement Statement Statement Statement Employer identification number (Form 990), Part II.) (g) Description of non-cash assistance 74-1839536 (f) Method of valuation (book, FMV, appraisal, other) Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (e) Amount of non-cash assistance 10,720. 5,600. 7,000. 11,000. 8,000. 12,000. (d) Amount of cash grant 34,294 10,000 15,579 (c) IRC section if applicable 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3)501(c)(3)501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3)9 9 9 ဖ Statement 6 23-7105159 74-2257357 94-1156347 Statement Statement Statement Statement Statement (b) EIN El Paso Community Foundation (a) Name and address of organization or government Rio Grande Cancer Foundat Saint Paul Catholic Schoo Salvation_Army_of_E1_Paso Ronald McDonald House Cha Saint_Christopher Catholi 10460 Vista del Sol Dr. 1 El Paso TX 79925 300 E. California Street Saint_Pius_X_High_School 811_W._Donovan_Street___ Houston_TX_77091 <u>602 S. Oregon St. ---</u> El Paso TX 79901 8134 Park Place Blvd. 307 John Adams Drive San Antonio TX 78228 101 St. Joseph Drive Saint Joseph Academy Brownsville TX 78520 4300 E. Paisano Dr. San Antonio TX 78210 Sacred Heart Parish Setton Home El Paso TX 79902 El Paso TX 79901 Houston TX 77017 Name of the organization

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SCHEDULE	(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 Schedule I (Form 990), Part II and Part III.

OMB No 1545-0047 2009

Open to Public Inspection

Name of the organization						Employer identification number	n number -
El Paso Community Foundation	on					74-1839536	
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II.)	d Other Assistar	ice to Governments	and Organizations	in the United Stat	es (Schedule I	(Form 990), Par	t III.)
(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
Southside Consortium of C							
a_riace o_TX_78214	81-0572165	501(c)(3)	7,000.				Statement 1
Clement Montand							
aso TX 79902	74-6023826	501(c)(3)	70,936.				Statement 1
St. Mary Magdalen School-							
San Antonio TX 78201	Statement 6	501(c)(3)	6,000.				Statement 1
Texas_Tech_University							
4800 Alberta Ave.	75-6043842	501 (2) (3)	12 000				1 + 4 0 4 0 4 0 4 0 4 0 4 0 4 0 4 0 4 0 4
0 f E		1	.000/71				
1 1	85-0311185	501(c)(3)	5,300.				Statement 1
Horsemanship							
l I	74-2497573	501(c)(3)	27,300.				Statement 1
United_Services_Organizat							
P.O. Box 6413 El Paso TX 79906	13-1610457	501(c)(3)	57,500.				Statement 1
United Way of El Paso Cou							
F.O. Box 3488	74-1291051	501(c)(3)	6.303.				Statement 1
University Medical Center							
El Paso TX 79903	74-6000756	501(c)(3)	13,000.				Statement 1

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 Schedule I (Form 990), Part II and Part III.

OMB No 1545-0047 -2009

Open to Public Inspection

Statement 1 (h) Purpose of grant or assistance Statement Statement Statement Statement Statement Employer identification number (Form 990), Part II.) (g) Description of non-cash assistance 74-1839536 (f) Method of valuation (book, FMV, appraisal, other) Part I | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (e) Amount of non-cash assistance 217,850. 12,000. 6,000. (d) Amount of cash grant 15,590. 40,892 5,511 (c) IRC section if applicable 170 (c)(1) 170(c)(1)501(c)(3)501(c)(3) 501(c)(3) 501(c)(3) 74-6000813 74-1109650 74-6000203 30-0176957 85-6004061 74-6087587 (**b**) EIN El Paso Community Foundation (a) Name and address of organization or government University of Texas at El University_of Texas_Medic 301_University_Blvd.____ Regio Walter_H._Hightower_Found 500 W. University Ave. El Paso TX 79968 YWCA Paso del Norte Village of Tularosa. Galveston TX 77555 1050 Bookout Road Tularosa NM 88352 1918 Texas Ave. El Paso TX 79901 El Paso TX 79943 P.O. Box 272 Name of the organization 1 Page 2 (f) Description of non-cash assistance (Form 990) 2009 E1 Paso Community Foundation | 74-1839536 | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information Annual reports are required from each grantee. Site visits are performed (e) Method of valuation (book, FMV, appraisal, other) - by Foundation's staff and information is garnered from other funding (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients _agencies. (a) Type of grant or assistance Schedule I (Form 990) 2009 Pt_I_Line_2 Pt_I_Line_2 Pt_I Line_2 Part III

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I (Form 990) 2009

SCHEDULE J (Form 990)

Compensation Information

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

OMB No 1545-0047 2009

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► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23. Department of the Treasury Internal Revenue Service ► Attach to Form 990. ► See separate instructions.

Name of the organization

Part I Questions Regarding Compensation

Employer identification number 74-1839536 El Paso Community Foundation

			Yes	No
1 a	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)			
ŀ	o If any of the boxes on line 1a are 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	1 b		
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 the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		Х
ŀ	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
(Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
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			
ā	The organization?	5a		Х
t	Any related organization?	5b		Х
	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			
ā	The organization?	6a		Х
ŀ	Any related organization?	6b		Х
	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		Х
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		Х
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

74-1839536

Page 2

Schedule J (Form 990) 2009 El Paso Community Foundation

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

	amobyleog (a)	ON Displaying of W 2 applier 1000 MIS	MISC compensation	C) Doctoromont	North Market	Total of columns	(F) Compensation
(A) Name	() Base compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(l)·(D)	reported in prior Form 990 or Form 990-EZ
	175,000	1	2,301.	43,750.	23,214.	244,265.	245,427.
Virginia S. Martinez	0	0	0	0.0	1		
	(0) 196,931	-0	1,678.	49,000.	29,135.	276,744.	283,047.
Janice W. Windle	0	0	0.	0.	0.	- 1	0.
	0 - 120,000	-0	.65	30,000.	20,642.	170,701.	144,141.
Richard E. Pearson	0	0	0.	0.	0.	0.	0.
	(0)			1 1 1 1 1 1 1 1 1	1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(3)						
	()	 	 	 	, 	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	()		 	 		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		,					
	0	1				 	
		 		1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1
		_					
	()	1 1 1	 	 	 		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(1)						
	(0)	 	 	1 1 1 1 1	 		1 1 1 1 1 1 1 1 1
	(ii)						
	()	 	 	1 1 1 1 1 1 1 1	1 1 1 1 1 1		
	(1)						
	()	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(E)						
	()			1 1 1 1 1 1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(ii)		ļ				
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(E)						
	()	 	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1		
	(3)						
			1 1 1 1 1 1 1	1 1 1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(ii)						
ВАА			TEEA4102 02/0	02/02/10		Sched	Schedule J (Form 990) 2009

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See instructions for Form 990.

OMB No 1545 0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization Employler Identification number Paso Community Foundation 74-1839536 Part I Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated **Employees** (A) (B) (C) (D) **(F)** Position (check all that apply) Reportable compensation from related organizations (W 2/1099 MISC) Name and Title Reportable compensation from the organization (W 2/1099 MISC) Estimated amount of other compensation Average hours per week Officer Highest compensated employee Individual Institutional Key employee director from the organization and related organizations trustee trustee

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
 ► Attach to Form 990.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

<u>E</u> 1	Paso Community Foundation			74-	1839	536		
Par	t I Types of Property				-			
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Me	thod of	d) determir nues	ning
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	Х	1	5,981,653.	FMV or	contr	ibutio	n 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 ► (Advertising-TV Spots)	Х	1	15,000.	Reta	i 1		
26	Other ► (Horn for Wurlitzer Organ)	X	1		Reta		·	
27	Other ► ()				11000		-	
28	Other ► (
29	Number of Forms 8283 received by the organizati	on during the	tay year for contribution	ns for which the				
	Number of Forms 8283 received by the organization completed Form 8283, Part IV, Done	e Acknowledg	gement	ns for which the	29			
							Yes	No
			_	_				
30 a	During the year, did the organization receive by control for at least three years from the date of the inpurposes for the entire holding period?	ontribution an nitial contribut	y property reported in F tion, and which is not re	Part I, lines 1-28 that it equired to be used for e	must exempt	30 a		Х
b	If 'Yes,' describe the arrangement in Part II							
31	Does the organization have a gift acceptance poli	cy that require	es the review of any no	n-standard contribution	s ⁷	31	Х	
32 a	Does the organization hire or use third parties or noncash contributions?	related organi	zations to solicit, proce	ess, or sell		32a	Х	
b	If 'Yes,' describe in Part II							
33	If the organization did not report revenues in colu	mn (c) for a ty	pe of property for which	h column (a) is checke	d,			
	describe in Part II	_	-					

Schedule	M (Form 990) 2009	El Paso	Community Fou	ndation	74-1839536	Page 2
Part II	Supplemental and 33. Also co	Information omplete this	Complete this pa part for any addit	rt to provide the informa ional information.	tion required by Part I, lines 30b,	
Pt_I	Line 32b	An inves	tment_manager	_was_requested_by_t	the donor so that	
		_all_equi	ties_could_be	_sold_or_distribute	ed to the different	
		managers	to conform t	o the investment po	olicy_of_the_Foundation.	
						- -
		- 				
						
						
						 -
	~					 -
		-				-

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Name of the organization		Employer identification number
El Paso Community	Foundation	74-1839536
Pt_VI-B, Line 11A	The audited financial statements and Form 990 a	re_reviewed
	in detail by the El Paso Community Foundation (EPCF	') audit committee. A copy
	of Form 990 is then provided to each Director a	t_least
	one week prior to the scheduled Board meeting.	
	At such meeting, the Form 990 is presented by the audit	or and internal accountant
	of EPCF for review and discussion.	
Pt VI-B, Line 12c	At the EPCF's annual meeting, each Director and	committee
	member is provided with a form to complete and	disclose
	all_relationships_and_activities_that_might_cau	se_conflict
Pt_VI-B, Line 15	The Executive Review Committee of EPCF evaluate	s_the
	President's performance annually.	
	It also reviews the President's job description	with the President.
	The committee uses comparable data to recommend	a compensation
	package to the Board of Directors.	
Pt VI-C, Line 19	EPCF makes available its Audited Financial Stat	ements
	through its website. Governing documents, Confl	ict of Interest
	Policy, Form 990 and Form 990-T are made availa	ble upon
	written or verbal request.	
Sched. D, Part V	A portion of the funds held by EPCF have been r	eclassified in
	accordance with the Texas enactment of UPMIFA,	FAS 117-1
	and the instructions for this Form 990. The rec	lassification of
	these funds is applicable to the prior year cal	culations
	and the current year calculations. The amounts	shown are the

Sche	edule O .	(Form 990) 2009		Page 2
	of the orga			Employer identification number
El	Paso	Community	Foundation	74-1839536
			<pre>Internal Revenue Code.</pre>	
		_ _		
_				
			·	

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)	Beg of Year Book value	(b) End of Year
Description	(990-EZ ONLY)	Book value
Partnership units - Brown Family	25,000.	25,000.
Partnership units - Madera Canyon Partners, LP		0.
Digital Freedom LLC	0.	20,000.
Investment in annuity	89,177.	91,924.
Partnership units - Dipp	43,478.	57,417.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

El Paso Community Foundation

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990.

2009

OMB No 1545 0047

Open to Public Inspection

Employer identification number 74-1839536

(F)
Direct controlling
entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had N/A 3,835. (E) End-of-year assets Part I Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) 0 (**0)** Total income (C)
Legal domicile (state or foreign country) Ϋ́ (B) Primary activity STATEMENT SUITE 520, EL PASO 79901 (A) Name, address, and EIN of disregarded entity Love P.A.R.K., LLC 20-1338056 123 W. MILLS, Part

(F)
Direct controlling
entity 509 (a) (3) -Type II N/A 509 (a) (3)-Type I N/A 509 (a) (3)-Type I N/S 509 (a) (3) -Type I N/A 509 (a) (3) -Type III-I N/A (E)
Public charity status (if section 501(c)(3)) **(D)** Exempt Code section (3) (3) (3) (3) (3) 501 (c) 501 (c) 501 (c) 501 (c) 501 (c) (C)
Legal domicile (state or foreign country) TXΫ́ Ϋ́ Ϋ́L ΣX (B) Primary activity one or more related tax-exempt organizations during the tax year.) S S S S __STATEMENT STATEMTNT El Paso Plaza Theatre Corporation 74-2487830 STATEMENT STATEMENT STATEMENT Walter H. Hightower Foundation 30-0176957 123 W. Mills, Suite 520, El Paso TN 79901 79901 Paso TN 79901 123 W. Mills, Ste. 520, El Paso TX 79901 TX 79901 Name, address, and EIN of related organization The Burkitt Foundation 74-6053270 123 W. Mills, Suite 520, El Paso El Paso Border_Art_Residency_74-2840847 Cardwell Foundation 74-2690488 E.1 520, 520, 123 W. Mills, Ste. 123 W. Mills,

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

See Continuation Sheet for Schedule R-1, Part II

El Paso TX 79901

Companeros_International_30-0126901

Suite 520,

123 W. Mills,

TEEA5001 02/05/10

Schedule R (Form 990) (2009)

509 (a) (3)-Type I N/A

(3)

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STATEMENT

lation	empt Organizations	į
aso Community Found	ication of Related Tax-Exe	
Schedule R-1 (Form 990) 2009 El Paso Community Foundation	Part II Continuation of Identification of Related Tax-Exempt Organizations	

Name, address, and EIN of related organization J. Edward & Helen M.C. Stern Foundation 74-2652851 123 W. Mills, Suite 520, El Paso TX 79901 La Frontera Conservation Fund 30-0197688 123 W. Mills, Suite 520, El Paso TX 79901	(B) Primary activity STATEMENT 5 STATEMENT 5	Legal domicile (state or foreign country) TX TX	Exempt Code section 501 (c) (3)	(if section 501(c)(3)) 509 (a) (3) -Type III-I N/A 509 (a) (3) -Type I IN/A	Direct controlling entity N/A N/A
Suite 520, El Paso IX		TV.		309 (a) (3) - 1ype 1	
					_
	TEEA5102 02/02/10	2/02/10		Schedu	Schedule R.1 (Form 990) 2009

Page 2

Schedule R (Form 990) 2009 El Paso Community Foundation

Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) 74-1839536 Part III

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-	(G) Share of end-of-year	•														
	(F) Share of total income															
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3																
5	(E) Predominant	ted,	luded Jer	514)												
3	(E)	(relat	a, excl	sections 512-514)												
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occase it had one of those related organizations treated as a partitle sind during the tay year.			<u>₽</u> (8	о О												
2	tivity.															
	(9)															
اد	(B) Primary Activity															
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3	nd EIN	zation					i I		1		! !		 		; ! !	
3	()	rgani]]]		I 	 	 	
1	addre	ated c				 	1 1 1		 	 	1		 	1 1	 	
	(A) Name, address, and EIN of	ē			i 		 		i 	1	1		! !		 	
1	_			١	i	i	l		1	1	1		1	 	1	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answers) line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)	axable as a Co l	is a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, zations treated as a corporation or trust during the tax year)	Complete	f the organizations the	ation answered 'Ye tax year)	s' to Form 990, Pa	t I<,
(A) Name, address, and EIN of related organization	(B) Primary Activity	Activity Legal domicile Direct (C corp, S corp, country) (C) (B) (C) (C) (C) (C) (C) (C	(D) Direct olling entity (Type of entity C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
			_				
			_	•			
		_					

Schedule R (Form 990) (2009)

TEEA5002 02/05/10

BAA

74-1839536

[Part V] Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		X	Yes No
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	×
b Gift, grant, or capital contribution to other organization(s)		1 b	×
c Gift, grant, or capital contribution from other organization(s)		ر د	×
d Loans or loan guarantees to or for other organization(s)		14	×
e Loans or loan guarantees by other organization(s)		1e	×
		•	:
Sale of assets to other organization(s)		<u>-</u>	<
g Purchase of assets from other organization(s)		1g	×
h Exchange of assets		۔	×
i Lease of facilities, equipment, or other assets to other organization(s)		=	×
J Lease of facilities, equipment, or other assets from other organization(s)		;	×
k Performance of services or membership or fundraising solicitations for other organization(s)		<u>+</u>	×
l Performance of services or membership or fundraising solicitations by other organization(s)		=	×
m Sharing of facilities, equipment, mailing lists, or other assets		m	×
n Sharing of paid employees		1n	×
		•	;
o Kelmbursement paid to other organization for expenses		4	×
p Reimbursement paid by other organization for expenses		<u>م</u>	×
a Other transfer of cash or property to other organization(s)		-	×
r Other transfer of cash or property from other organization(s)		<u>-</u>	×
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	nd transaction thresholds	- - : -	-
(A)	á	٤	
Name of other organization	(b) Transaction type (a-r)	(C) Amount involved	olved
(1) Border Art Residency	Ω	22.	.765.
T			
(2) Burkitt Foundation	U	595	595,000.
(3) Burkitt Foundation	×	20	20,000.
(4) Burkitt Foundation	0		870.
(5) Burkitt Foundation	۵		987.
(6) See Continuation Sheet for Schedule R-1, Part V			
BAA TEEA5003 02/05/10	Schedule F	Schedule R (Form 990) (2009)	(2009)

	ons (Schedule R (Form 990), Part V, line 2)
Foundation	ted Organizatic
Community	ons With Rela
El Paso	ransactio
8-1 (Form 990) 2009 E	Continuation of T
Schedule F	Part V

Páge 5

74-1839536

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
Cardwell Foundation	q	136,878.
Cardwell Foundation	U	501,500.
Companeros International	U	12,025.
Walter H. Hightower Foundation	q	40,892.
Walter H. Hightower Foundation	v	367,772.
Walter H. Hightower Foundation	, k	15,000.
Walter H. Hightower Foundation	d	9,270.
El Paso Plaza Theatre Corporation	q	115,486.
El Paso Plaza Theatre Corporation	v	84.
J. Edward Stern and Helen M.C. Stern Charitable Foundation	q	200,500.
J. Edward Stern and Helen M.C. Stern Charitable Foundation	Ω	1,395.
		-
BAA TEEA5105 07/06/09	Schedu	Schedule R-1 (Form 990) 2009

74-1839536

Schedule R (Form 990) 2009 El Paso Community Foundation

Part VI Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.)

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

revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships	ding exclusion for ce	rtain investment parti	nerships			ţ	•	
(A) Name. address, and EIN of entity	(B) Primary activity	(C) Legal domicile	(D) Are all partners	(E) Share of end-of-year	(F) Dispropor-	(G) Code V-UBI amount	Genera	al or
	`	(state or foreign country)	section 501(c)(3) organizations?	assets	tionate allocations?	In box 20 of Schedule K-1 Form (1065)	managing partner?	ging er?
			Yes No		Yes No		Yes	S.
							-	
1								
	,							
				-				
	_							
			-					
ВАА		TEEA5004 02/05/10	-		-	Schedule R (Form 990) (2009)) (066 u	(5005)

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

Description	Amount
Board of Directors members	15
Committees	24
Starkeepers members	80
Total	119

Supporting Statement of:

Form 990 p 7/Column F Est Comp Other-16

Description	Amount
Medical and disability insurance Contributions to tax deferred annuity plan Parking	22,504. 43,750. 710.
Total	66,964.

Supporting Statement of:

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

Description	Amount
Medical and disability insurance Contributions to tax deferred annuity plan Parking	28,375. 49,000. 760.
Total	78,135.

Supporting Statement of:

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

Description	Amount
Medical & disability insurance	20,028.
Contributions to tax deferred annuity plan	30,000.
Parking	614.

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

Description	Amount
Medical & disability insurance Contributions to tax deferred annuity plan Parking	11,421. 19,540. 614.
Total	31,575.

Supporting Statement of:

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

_	
Medical & disability insurance	18,246.
Contribution to tax deferred annuity plan	19,378.
Parking	614.

Supporting Statement of:

Form 990 p 9/Related Organizations

Description	Amount
Cardwell Foundation	501,500.
Walter H. Hightower Foundation	367,772.
Burkitt Foundation	595,000.
J. Edward Stern & Helen M.C. Stern Charitable Foundation	200,500.
Companeros International	12,025.
El Paso Plaza Theatre Corporation	115,486.
Total	1,792,283.

Supporting Statement of:

Form 990 p 9/Total Revenue Investment

Description	Amount
Interest	312,392.
Dividends	1,154,998.

Total 1,467,390.

Form 990 p 9/Line 3 Column D

Description	Amount
Interest	312,392.
Dividends	1,154,998.
Partnership interests	20,781.
Total	1,488,171.

Supporting Statement of:

Form 990 p 9/Line 11 Rev Excl from Tax-2

Description	Amount
Proceeds from legal settlement-Burkitt Foundation	23,397.
Proceeds from legal settlement-Carl E. Ryan	219.
Recovery of previous year expenses	49,775.
Sale of old computer equipment to employees	650.
Sale of booklets	182.
Revenues from seminars	9,450.
Project revenues	105,183.
Grant recoveries	13,855.
Total	202,711.

Supporting Statement of:

Form 990 p 10/Line 5 col (B)

Description	Amount
CATHY A. HILL	46,896.
VIRGINIA S. MARTINEZ	70,000.
ERIC PEARSON	48,000.
CARMEN M. VARGAS	38,756.
Total	203,652.

Supporting Statement of:

Form 990 p 10/Line 5 col (C)

Description	Amount
CATHY A. HILL	15,632.
VIRGINIA S. MARTINEZ	70,000.
ERIC PEARSON	24,000.
CARMEN M. VARGAS	38,755.

Continued

Supporting Statement of:

Form 990 p 10/Line 5 col (C)

	Description	Amount
Total		148,387.

Supporting Statement of:

Form 990 p 10/Line 5 col (D)

Description	Amount
CATHY A. HILL	15,632.
VIRGINIA S. MARTINEZ	35,000.
RICHARD E. PEARSON	48,000.
Total	98,632.

Supporting Statement of:

Form 990 p 10/Line 11c col (B)

Description	Amount
ACCOUNTING AUDIT AUDIT	3,072. 11,923. 5,349.
Total	20,344.

Supporting Statement of:

Form 990 p 10/Line 11c col (C)

Description	Amount
ACCOUNTING AUDIT	649. 5,492.
Total	6,141.

Supporting Statement of:

Form 990 p 10/Line 11c col D)

	Description	Amount
ACCOUNTING		439.

Continued

Supporting Statement of:

Form 990 p 10/Line 11c col D)

	Description	Amount
AUDIT		3,715.
Total		4,154.

Supporting Statement of:

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

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.
Bank of the West Investments	4,598.
Love PARK-Bank of the West	8,640.

Supporting Statement of:

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

Description	Amount
Operating account-Compass Bank	179,237.
Special account-Compass Bank	16,087.
Petty cash account-Wells Fargo Bank	648.
Payroll account-Wells Fargo Bank	33,063.
Merrill Lynch	2,146.
UBS Financial Services	-83,893.
L.O.V.E. Park-Bank of the West	3,835.
Total	151,123.

Supporting Statement of:

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

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.

Continued

Supporting Statement of:

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

	Description	Amount
Total		1,819,693.

74-1839536

Supporting Statement of:

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

Description	Amount
Grants account-Bank of the West	36,151.
Merrill Lynch	1,429,421.
Bank of the West Investments	52,560.
UBS Financial Services	1,184,157.
Total	2,702,289.

Supporting Statement of:

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

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

Supporting Statement of:

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

Description	Amount
Marketable_U.S. Treasury Notes & Bonds	6,404,045.
Domestick stock	21,751,646.
International stock	6,563,108.
Mutual Funds	7,616,572.

Total

42,335,371.

Sch D, page 2/Other col (b)

Description	Amount
Software	9,091.
Office furniture and fixtures	208,438.
Total	217,529.

Supporting Statement of:

Sch D, page 2/Other col (c)

Description	Amount	
Software Office furniture and fixtures	6,496. 195,790.	
Total	202,286.	

Supporting Statement of:

Schedule I/Smart Wks Cash Grant Amt-27

	Description	Amount	
			15,000. 9,394.
Total		24,394.	