DLN: 93493304014160

OMB No. 1545-0047 **Return of Organization Exempt From Income Tax**

2019

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

 \blacktriangleright Go to $\underline{\textit{www.irs.gov/Form990}}$ for instructions and the latest information.

Open to Public Inspection

		2019 6	⊥ alendar year, or tax year begin	ning 01-01-2019 and end	ling 12-3	1-2010			
		oplicable:	C Name of organization	ning 01-01-2019 , and end	ing 12-3	1-2019	D Employer	· identifi	cation number
	dress c		EL PASO COMMUNITY FOUNDATION				74-18395		
	me cha	-	Doing business as					330	
	tial return	urn ı/terminated							
		return	Number and street (or P.O. box if ma	ail is not delivered to street address) Room/su	ite	E Telephone	number	
□ Ар	plicatio	n pending	PO BOX 272				(915) 53	3-4020	
			City or town, state or province, cour EL PASO, TX 79943	try, and ZIP or foreign postal code					
							G Gross rece	eipts \$ 41	,895,773
			F Name and address of principa Richard E Pearson	l officer:		H(a) Is	this a group retu	ırn for	
			333 N Oregon St 2nd Floor				ubordinates? re all subordinate	•	☐Yes ☑No
. T.			El Paso, TX 79901				cluded?	5	☐ Yes ☐No
<u> </u>	x-exem	npt status:	☑ 501(c)(3) ☐ 501(c)() ◄ (insert no.)	□ 527	1	"No," attach a lis	•	•
J W	ebsite	e:► WW	/W.EPCF.ORG			H(c) G	roup exemption r	iumber i	>
						L Year of (formation: 1975	M State o	of legal domicile: TX
K Forr	n of or	ganization:	: 🗹 Corporation 🗌 Trust 🔲 Asso	ciation ☐ Other ►		_ rear or r	ormadom. 1975	· · Otate c	r legal dofficie. 17
Pa	art I	Sum	mary						
			scribe the organization's mission o						
യ			o Community Foundation fosters p nd Ciudad Juarez region as a grant		que oppor	tunities ar	nd challenges of t	he El Pa	so, southern New
Activities & Governance	=	rexide y di	a Grada Jack C2 (Cgraft d3 a graft	THE COLUMN TO TH					
Ē	-								
o Ke	٦,	Chask thi	is box $ ightharpoonup \square$ if the organization dis	continued its enerations or dis-	accad of m	nara than	25% of its not as		
<u> </u>			of voting members of the governin					3	21
χ ο γ	4	Number o	of independent voting members of	the governing body (Part VI, lii	ne 1b) .			4	21
Œ.	5	Total nun	nber of individuals employed in cal	endar year 2019 (Part V, line 2	2a)			5	23
Ę	6	Total nun	nber of volunteers (estimate if nec	essary)				6	175
⋖	7a -	Total unr	elated business revenue from Part	VIII, column (C), line 12 .				7a	31,315
	b	Net unrel	ated business taxable income fron	n Form 990-T, line 39				7b	
							Prior Year		Current Year
Q,	8	Contribut	tions and grants (Part VIII, line 1h)				6,083,76	55	18,153,243
Ravenue	9	Program	service revenue (Part VIII, line 2g)		221,04	10	234,942		
₽. Ş	10	Investme	ent income (Part VIII, column (A), li		3,808,30)5	3,614,715		
_	11 (Other rev	enue (Part VIII, column (A), lines !	5, 6d, 8c, 9c, 10c, and 11e)			42,70		53,872
			enue—add lines 8 through 11 (mu		ine 12)		10,155,81		22,056,772
	l		nd similar amounts paid (Part IX, c		•		5,910,65	55	10,656,562
		·	paid to or for members (Part IX, co	, ,,					(
\$	l	•	other compensation, employee be	1,915,93	_	2,128,868			
ens	l		nal fundraising fees (Part IX, colur				45,00	00	45,815
Expenses	l		raising expenses (Part IX, column (D), I	· - ·					
			penses (Part IX, column (A), lines	·	•		3,015,12	_	4,391,059
			enses. Add lines 13–17 (must equ			-	10,886,71		17,222,304
, vo	19	Kevenue	less expenses. Subtract line 18 fro	om line 12	• •	Bogin	-730,89 ning of Current Ye		4,834,468 End of Year
Net Assets or Fund Balances						Begiiii	ing of current re-	a'	Lilu or real
ssel 3aa	20	Total ass	ets (Part X, line 16)				58,414,48	30	71,646,863
₹ B	21	Total liab	ilities (Part X, line 26)				15,801,40	07	16,538,613
žΞ	22	Net asset	s or fund balances. Subtract line 2	1 from line 20			42,613,07	73	55,108,250
	ırt II		ature Block						
			erjury, I declare that I have examing, it is true, correct, and complete.						
	nowle		in, it is true, correct, and complete	Decidration of preparer (other	chair onic		ca on an informat	.1011 01 11	men preparer nas
		******	*				2020 10 20		
Sign		Signati	ure of officer				2020-10-29 Date		
Here		Richard	d E Pearson President / CEO						
			r print name and title						
		P	rint/Type preparer's name	Preparer's signature	D	Date		IN	
Paid	t	L					self-employed	1361599	
Pre	pare	er 📑	irm's name FIBSON RUDDOCK PAT	TERSON LLC			Firm's EIN ► 26-1	159690	
	Onl	ı ⊢	irm's address ► 600 SUNLAND PARK BL	DG 6 STE 300			Phone no. (915) 35	56-3700	
			EL PASO, TX 79912						
Max. ±	ho IDC	S dissure:		un ahovo2 (coo instructions)			1		es 🗆 No
ıvıay t	ne IKS	o aiscuss	this return with the preparer show	viii above? (see instructions) .				Y Y∢	es ∟INO

Form	990 (2019)					Page 2					
Pa	Statement	of Program Servi	ce Accomplis	hments							
	Check if Sche	dule O contains a resp	onse or note to	any line in this Part III		🗆					
1	Briefly describe the o	rganization's mission:									
	stablish charitable fund essing local challenges		e for donors' var	ied interests. To promo	te local philanthropy. To provide le	eadership and resources in					
2	-	, -		- '	hich were not listed on						
	'	r 990-EZ?				☐ Yes 🗹 No					
	•	se new services on Sc									
3	Did the organization	cease conducting, or r	nake significant	changes in how it cond	ucts, any program						
	services?					☐ Yes 🗹 No					
	If "Yes," describe the	se changes on Schedu	ıle O.								
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.										
4a	(Code:) (Expenses \$	15.261.770	including grants of \$	10,432,287) (Revenue \$)					
	See Additional Data	, (,,	······	,,,,,	,					
	(2.1										
4b	(Code: See Additional Data) (Expenses \$	224,275	including grants of \$	224,275) (Revenue \$)					
	See Additional Data										
4c	(Code:) (Expenses \$	139,060	including grants of \$) (Revenue \$)					
	See Additional Data										
4d	Other program service	ces (Describe in Sched	ule O.)								
	(Expenses \$	inc	luding grants of	\$) (Revenue \$)					
4e	Total program serv	/ice expenses ▶	15,625,1	05							
						Form 990 (2019)					

	Section of Provinced Calculation			rage 3
Pai	tiV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	110
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🔰	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6	Yes	
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; 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 2	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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 2	11b		No
	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? <i>If "Yes," complete Schedule D, Part VIII</i> 2	11c		No
	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 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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 (see instructions)	17	Yes	
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

20b

21

Yes

The organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, umn (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 23 24a 24b	Yes	No.
umn (A), line 2? If "Yes," complete Schedule I, Parts I and III	23 24a 24b		No
umn (A), line 2? If "Yes," complete Schedule I, Parts I and III	23 24a 24b	Yes	
If former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete nedule J	24a 24b	Yes	No
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and implete Schedule K. If "No," go to line 25a	24b		No
the organization maintain an escrow account other than a refunding escrow at any time during the year defease any tax-exempt bonds?		' 	-
defease any tax-exempt bonds?	24c	. '	
ction 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	24d		
	25a		N
the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete nedule L, Part I	25b		N.
the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former cer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family mber of any of these persons? If "Yes," complete Schedule L, Part II	26		N
the organization provide a grant or other assistance to any current or former officer, director, trustee, key ployee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to 5% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete nedule L,Part III	27		N
s the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV tructions for applicable filing thresholds, conditions, and exceptions):			
urrent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes,"</i> nplete Schedule L, Part IV	28a		l N
amily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			N
15% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i>			N
the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		Yes	
the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation attributions? If "Yes," complete Schedule M	30		N
the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N
the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete nedule N, Part II	32		N
the organization own 100% of an entity disregarded as separate from the organization under Regulations sections	33	Yes	
s the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and ty, line 1	34	Yes	
the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity hin the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
ction 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related anization? If "Yes," complete Schedule R, Part V, line 2	36		N
the organization conduct more than 5% of its activities through an entity that is not a related organization and that reated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N
the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note.	38	Yes	
Form 990 filers are required to complete Schedule O			_
Form 990 filers are required to complete Schedule O			
	. ;	 Yes	
	15% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," mplete Schedule L, Part IV	28b 15% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," 15% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," 15% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," 15% complete Schedule M	28b 28b 28c 28c

1c

OHH	250 (2013)			Page 5
Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	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)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a		No
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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 as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:			
	Gross income from 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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			N.
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No_
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•	onse to	lines V
Se	ection A. Governing Body and Management			
	and the second s		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	21		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	21		
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		No
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?	on 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	e		
	members of the governing body?	7a 7b		No No
_	persons other than the governing body?			110
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b the following:	<i>'</i>		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, 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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	-55		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			l
	taxable entity during the year?	16a		No
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participatic in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exemp status with respect to such arrangements?			
Se	ection C. Disclosure	200		l
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: Carmen M Vargas 333 N Oregon St 2nd Floor El Paso, TX 79901 (915) 533-4020			
	3 2		OO	0 /2010

 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. Isist all of the organization's current key employees, if any. See instructions for definition of "key employee." 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 organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 nor any related organization and any related organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Check this box if neither the organization nor any related organization of the organization from the organization from the organization is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Or of the organization of the organization of the organization of the organization from the organization from the organization from the organization and related organization shelow dotted line) 	Form 990 (2019)											Page 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ 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, if any. See instructions for definition of "key employee." ■ 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 organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than subject or the organization or any related organization or trustee) and the organization or			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,	
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. 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 furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) Average hours per beneficer and a director/trustee) List all of the organization or any related organization	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. 🗆
■ 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, if any. See instructions for definition of "key employee." ■ 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (A) Name and title ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee) ■ (D) Reportable compensation from the organization organization organization (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Set instructions for the organization organization organization organization organization organization organization organizations (W-2/1099-MISC) ■ (F) Set instructions for the organization organization organization organization organization organization organ	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees		
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ 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, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or 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. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organi	year.		•						, ,		-	n's tax
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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 from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any neither than the organization nor any neither the organization nor any neither the organization nor any neither than the organization n												
■ 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. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations.												
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·	
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations	organization, more than \$10,000 of reportab	le compensatio	n from t								е	
Name and title Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer Offic	☐ Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.		
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estim amount comper from	ated of other sation the
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rela	ted
	See Additional Data Table											

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (B) (F) Average Reportable Name and title Position (do not check more Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from related from the compensation any hours director/trustee) organization organizations from the (W-2/1099-(W-2/1099for related organization and Officer Highest compensatemployee Former Individual trustee or director organizations MISC) MISC) related nstitutional Trustee below dotted organizations employee line) See Additional Data Table 1b Sub-Total • c Total from continuation sheets to Part VII, Section A . d Total (add lines 1b and 1c) 677,631 296,811 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 3 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 No For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the 4 organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . 4 Yes 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . 5 Νo Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Description of services Name and business address Compensation **HB Stage Productions** Visual &sound production 196,175 6970 Market Ave El Paso, TX 79915 109,417 WestStar Bank Wealth Management Investment consultants 500 N Mesa St El Paso, TX 79901 194,736 **UBS Financial Svcs** Investment consultants 750 TownCountry Blvd Ste 400 Houston, TX 77056

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 3

		(2019)								Page 9
Part	VIII						l: : II: B ()/III			
		Check If Sched	dule	O contains a	respo	nse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10	12	a Federated campa	igns	5	1a			revenue		312 317
tributions, Gifts, Grants Other Similar Amounts	ı	b Membership dues	s .	· [1 b					
Gra mo	,	c Fundraising even	ts .	[1c	271,982				
fš. _Z A	•	d Related organiza	tion	s [1d	2,021,374				
nie Gi	•	e Government grants	(con	tributions)	1e					
Sin	1	f All other contribution	ns, g	gifts, grants,	ĺ					
uti her		above		L	1f	15,859,887				
를 E	1 '	g Noncash contributio lines 1a - 1f:\$	ns ir	icluded in	1g	752,198				
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines :	1a-1	.f		•	18,153,243			
						Business Code	10,133,243			
	2a	Administrative Servic	es			561000	137,051	119,649	17,402	
Же		Down Syndrome Bud	ا ١٨٠	t=11.			7,209	7,209		
ever	b	Down Syndrome Bud	uy vv	dik		713990	.,	,		
Program Service Revenue	c	International 10K Rui	n			713990	32,440	32,440		
	А	Jewel Box Theater					10,311	10,311		
ى ك	u	, 30,70, 20,7,1,0400				711110				
gra	е	Plaza Film Festival				711110	25,472	25,472		
ĕ							22,459	22,459		
		All other program								
		Total. Add lines 2 Investment income				234,942	1	T	T	Τ
		similar amounts) .				nterest, and other	1,405,48			1,405,484
		Income from invest	mer	nt of tax-exer	mpt bo			0		20
	5 Royalties					(ii) Personal	9	9		99
					11	(II) Personal	_			
		Gross rents					0			
	b	Less: rental expenses 6b			31,46	0				
	c	Rental income or (loss)	6с			-16,36				
	d	Net rental income				10,30	-16,36	o	-16,360)
				(i) Securi	ties	(ii) Other				
	7a	7a Gross amount from sales of assets other than inventory								
	b	Less: cost or other basis and sales expenses	7b	19,6	88,562					
	С	Gain or (loss)	7c	2,2	09,231					
	d	Net gain or (loss)	•			· · · •	2,209,23	1		2,209,231
Other Revenue	8a	Gross income from fu (not including \$ contributions reported See Part IV, line 18	d on	271,981 of line 1c).		26.022				
Re	h	Less: direct expen			8a 8b	36,923 118,979	_			
er		Net income or (los				,		6		-83,042
	9a	Gross income from See Part IV, line 19			9a					
	b	Less: direct expen	ses		9b		1			
	c	Net income or (los	s) fi	rom gaming a	activiti	es >		0		
	10a	aGross sales of inve returns and allowa			10a					
	b	Less: cost of good	s so	ld	10 b					
	C	Net income or (los			invent	,	1	0		_
	11	Miscellaneo •aCatering Services		evenue		Business Code 72232	0 30,27	3	30,273	3
		easering betvices								
	b	Companeros A.C.	Proi	iect		90009	9 29,92	5 29,925	5	
			•)	,						
	c	Fed. US Probate C	Conti	ract		90009	9 79,12	4 79,124	1	
	d	All other revenue					12,86	7 12,867	7	
	e	Total. Add lines 1	1a-:	11d		•	152,18	9		
	12	Total revenue. S	ee ii	nstructions .			22,056,77		31,315	3,531,772
								1 335,430	. 31,313	Form 990 (2019)

Section 501(c)(3) and 501(c)(4) organizations must complete al columns. All other organizations must complete column (A). Chock of Schodule (o Control Fort VIII. Do not include amounts reported on lines 6b, 70 (10) (10) (10) (10) (10) (10) (10) (10	P	Statement of Functional Expenses		All		(4)
Do not include amounts reported on lines 6b, 78, 89, 89, and 10 of Part VIII. Total expenses Program services Program s				_		ımn (A).
1 Grants and other assistance to domestic organizations and domestic governments. See Part V, line 21 2 3 4 4 4 4 4 4 4 4 4		not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	Fundraising
Part IV, Ine 22 355,479 355,479 355,479 356,479 356,479 356,479 356,479 356,479 356,479 356,479 356,479 364,807 364,807 372,341 239,457 33,300 364,807 372,341 239,457 33,300 364,807 372,341 239,457 33,300 364,807 372,341 239,457 33,300 364,807 372,341 239,457 33,300 364,807 372,341 328,457 33,300 364,807 372,341 328,457 38,300 364,807 372,341 328,457 38,300 364,807 372,341 372,342 372,	1		10,300,083	· · · · · · · · · · · · · · · · · · ·		<u> </u>
governments, and foreign individuals. See Part IV, lines 15 and 16.	2		0			
S Compensation of current officers, directors, trustees, and key employees 238,809 372,341 238,437 83,809 6 Compensation not included above, to disqualified persons (as defined undersection 4958(c)(3)(8) 9 132,600 549,132 247,332 126,176 132,617 132,	3	governments, and foreign individuals. See Part IV, lines 15	356,479	356,479		
key employees	4	Benefits paid to or for members	0			
Carried under section 4958(f)(1) and persons described in section 4958(f)(3)(8) 9.13,660 540,132 247,332 126,176 126,176 132,637 58,631 30,386 30,386 30,3	5		694,607	372,341	238,457	83,809
Pension plan accruais and contributions (include section 401 (k) and 493(b) employer contributions) 221,816 132,617 58,611 30,588 (k) and 493(b) employer contributions 200,751 115,751 60,005 24,975 10 Payroll taxes 98,034 57,440 29,264 11,330 11 Fees for services (non-employees):	6	defined under section 4958(f)(1)) and persons described in	0			
(k) and 403(b) employer contributions) . 9 Other employee benefits . 20,751 1115,751 60,025 24,975 10 Payroll taxes . 90,034 57,40 29,264 11,330 11 Fees for services (non-employees):	7	Other salaries and wages	913,660	540,132	247,352	126,176
10 Payroll taxes	8	'	221,816	132,617	58,611	30,588
11 Fees for services (ron-employees): a Management . 0 0	9	Other employee benefits	200,751	115,751	60,025	24,975
Menagement 0 299,515 283,551 11,115 4,849 C Accounting 43,800 29,805 3,744 4,275 d Lobbying 0 e Professional fundraising services. See Part IV, line 17 45,815 344,350 e Professional fundraising services. See Part IV, line 17 45,815 344,350 g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) 171,1224 167,260 2,760 1,204 13 Office expenses 147,633 119,295 19,731 8,607 14 Information technology 163,528 114,551 34,101 14,876 15 Royalties 0 16 Occupancy 252,060 195,729 39,221 17,110 17 Travel 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19,000 19,000 19 Conference, conventions, and meetings 259,678 219,862 27,722 12,094 10 Interest 463,229 463,229 22,722 12,094 10 Interest 463,229 463,229 22,732 12,094 10 Interest 47,431 39,556 5,561 2,426 10 Professional Training 76,762 62,710 9,784 4,288 11 Other expenses 10 Interest 9 1,222,304 15,625,105 1,196,830 400,369 10 Professional Training 76,762 782,757 13,987 11 Other expenses 10 Interest 1,222,304 15,625,105 1,196,830 400,369 15 Other expenses 10 Interest 1,222,304 15,625,105 1,196,830 400,369 17 Other expenses 10 Interest 1,222,304 1,22	10	Payroll taxes	98,034	57,440	29,264	11,330
b Legal	11	Fees for services (non-employees):				
c Accounting 43,600 29,605 9,744 4,251 d Lobbying 0 0	a	Management	0			
d Lobbying	Ŀ	Legal	299,515	283,551	11,115	4,849
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 25 Depreciation, depletion, and amortization 21 Agryantes 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount, exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 25 Total functional expenses. Add lines 1 through 24e 25 Intercats Const. Complete this line only if the organization reported in column (B) joint costs. From a combined education and campaign and fundraining solicitation. Check here ▶ If following SOP 98-2 (ASC 958-720).	c	: Accounting	43,600	29,605	9,744	4,251
File Investment management fees 344,350 344,350 Gibber (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 171,224 167,260 2,760 1,204 12 Advertising and promotion 171,224 167,260 2,760 1,204 13 Office expenses 147,633 119,295 19,731 8,607 14 Information technology 163,528 114,551 34,101 14,876 15 Royalties 0 16 Occupancy 252,060 195,729 39,221 17,110 17 Travel 0 18 Payments of travel or entertainment expenses for any rederal, state, or local public officials 19 Conferences, conventions, and meetings 259,678 219,862 27,722 12,094 19 Interest 463,229 463,229 10 Interest 47,543 39,556 5,561 2,426 21 Payments to affiliates 0 22 Depreciation, depletion, and amortization 102,161 75,851 18,319 7,991 23 Insurance 47,543 39,556 5,561 2,426 4 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Project Expenses 792,757 792,757 b Professional Training 76,762 62,710 9,784 4,268 c Miscellaneous 31,260 4,534 26,726 d Catering COGS 13,987 13,987 e All other expenses. Add lines 1 through 24e 17,222,304 15,625,105 1,196,830 400,369 5 Total functional expenses. Add lines 1 through 24e 17,222,304 15,625,105 1,196,830 400,369 5 Total functional expenses and nonly if the organization reported in column (B) joint costs from a combined educational campalgian and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720).	c	l Lobbying	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 171,1274 167,660 2,760 1,204 18 Office expenses	e	Professional fundraising services. See Part IV, line 17	45,815			45,815
(A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion	f	Investment management fees	344,350		344,350	_
13 Office expenses	g		1,181,772	1,181,772		
14 Information technology 163,528 114,551 34,101 14,876 15 Royalties 0 0 1 16 Occupancy 252,060 195,729 39,221 17,110 17 Travel 0 0 1 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 259,678 219,862 27,722 12,094 19 Conferences, conventions, and meetings 259,678 219,862 27,722 12,094 20 Interest 463,229 463,229 2 1 21 Payments to affiliates 0 0 0 1 22 Depreciation, depletion, and amortization 102,161 75,851 19,319 7,991 23 Insurance 47,543 39,556 5,561 2,426 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 792,757 792,757 a Project Expenses 792,757 792,757 9,784 4,268 c Miscellaneous 31,260 4,534 26,726 d Catering COGS 13,987	12	Advertising and promotion	171,224	167,260	2,760	1,204
15 Royalties	13	Office expenses	147,633	119,295	19,731	8,607
16 Occupancy	14	Information technology	163,528	114,551	34,101	14,876
17 Travel	15	Royalties	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	16	Occupancy	252,060	195,729	39,221	17,110
Federal, state, or local public officials 259,678 219,862 27,722 12,094	17	Travel	0			
20 Interest	18		0			
21 Payments to affiliates	19	Conferences, conventions, and meetings	259,678	219,862	27,722	12,094
22 Depreciation, depletion, and amortization . 102,161 75,851 18,319 7,991 23 Insurance	20	Interest	463,229	463,229		
23 Insurance	21	Payments to affiliates	0			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Project Expenses 792,757 792,757 b Professional Training 76,762 62,710 9,784 4,268 c Miscellaneous 31,260 4,534 26,726 d Catering COGS 13,987 13,987 25 Total functional expenses. Add lines 1 through 24e 17,222,304 15,625,105 1,196,830 400,369 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).	22	Depreciation, depletion, and amortization	102,161	75,851	18,319	7,991
miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Project Expenses 792,757 b Professional Training 76,762 c Miscellaneous 31,260 4,534 26,726 d Catering COGS 13,987 213,987 e All other expenses 0 25 Total functional expenses. Add lines 1 through 24e 17,222,304 15,625,105 1,196,830 400,369 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).	23	Insurance	47,543	39,556	5,561	2,426
a Project Expenses 792,757 792,757 b Professional Training 76,762 62,710 9,784 4,268 c Miscellaneous 31,260 4,534 26,726 d Catering COGS 13,987 e All other expenses 0 25 Total functional expenses. Add lines 1 through 24e 17,222,304 15,625,105 1,196,830 400,369 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).	24	miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				
c Miscellaneous 31,260 4,534 26,726 d Catering COGS 13,987 13,987 e All other expenses 0 Total functional expenses. Add lines 1 through 24e 17,222,304 15,625,105 1,196,830 400,369 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).		a Project Expenses	792,757	792,757		
d Catering COGS e All other expenses O Total functional expenses. Add lines 1 through 24e 17,222,304 15,625,105 1,196,830 400,369 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).		b Professional Training	76,762	62,710	9,784	4,268
e All other expenses 0 Total functional expenses. Add lines 1 through 24e 17,222,304 15,625,105 1,196,830 400,369 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).		c Miscellaneous	31,260	4,534	26,726	
25 Total functional expenses. Add lines 1 through 24e 17,222,304 15,625,105 1,196,830 400,369 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).		d Catering COGS	13,987		13,987	
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720).		e All other expenses	0			
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).	25	Total functional expenses. Add lines 1 through 24e	17,222,304	15,625,105	1,196,830	400,369
	26	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
		Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

990	(2019)					Page 11
t X	Balance Sheet					
	Check if Schedule O contains a response or not	e to an	y line in this Part IX			🗆
				(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing			284,346	1	111,045
2	Savings and temporary cash investments .			2,623,633	2	3,442,874
3	Pledges and grants receivable, net			821,513	3	785,464
4	Accounts receivable, net			13,786	4	946,198
5	key employee, creator or founder, substantial co	ontribu	tor, or 35% controlled		5	0
6				6	0	
7	Notes and loans receivable, net		7	0		
8	Inventories for sale or use		17,720	8	9,720	
9	Prepaid expenses and deferred charges			33,027	9	19,915
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,713,769			
b	Less: accumulated depreciation	10b	1,077,927	751,553	10 c	635,842
11	Investments—publicly traded securities .			51,458,961	11	62,971,471
12	Investments—other securities. See Part IV, line	11 .			12	0
13	Investments—program-related. See Part IV, line	11 .			13	0
14	Intangible assets		[14	0
15	Other assets. See Part IV, line 11		[2,409,941	15	2,724,334
16	Total assets. Add lines 1 through 15 (must equ	ual line	34)	58,414,480	16	71,646,863
17	Accounts payable and accrued expenses			159,041	17	221,599
18	Grants payable			1,396,396	18	1,654,918
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
22	employee, creator or founder, substantial contri	butor,	or 35% controlled entity		22	
23	Secured mortgages and notes payable to unrela	ited thi	rd parties	11,040,127	23	11,008,316
24	Unsecured notes and loans payable to unrelated		-		24	
	1 2 3 4 5 6 7 8 9 10 a b 11 12 13 14 15 16 17 18 19 20 21 22 23	Check if Schedule O contains a response or not state of the contains and there payables to any current or form key employee, creator or founder, substantial centity or family member of any of these persons. Loans and other receivables from other disquality section 4958(f)(1)), and persons described in section 4958(f)(1), and persons desc	Check if Schedule O contains a response or note to an Savings and temporary cash investments	Check if Schedule O contains a response or note to any line in this Part IX Check if Schedule O contains a response or note to any line in this Part IX Cash—non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments—publicly traded securities Investments—other securities. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses Farst payable Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties	Check if Schedule O contains a response or note to any line in this Part IX Check if Schedule O contains a response or note to any line in this Part IX (A) Beginning of year 284,346 2 Savings and temporary cash investments	Balance Sheet Check if Schedule O contains a response or note to any line in this Part IX Cash—non-interest-bearing 284,346 1

				· '		· · · · · · · · · · · · · · · · · · ·
1	1 Investments—publicly traded securities .			51,458,961	11	62,971,471
1	2 Investments—other securities. See Part IV, line	11			12	0
13	3 Investments—program-related. See Part IV, line	11 .			13	0
1.	4 Intangible assets				14	0
1	5 Other assets. See Part IV, line 11			2,409,941	15	2,724,334
1.	6 Total assets. Add lines 1 through 15 (must equ	ual line 3	(4)	58,414,480	16	71,646,863
1	7 Accounts payable and accrued expenses		•	159,041	17	221,599
18	3 Grants payable			1,396,396	18	1,654,918
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	

3,205,843 **25** 3,653,780 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 . . 15,801,407 26 16,538,613

-1,497,829

44,110,902

42,613,073

58,414,480

27

28

29

30 31

32

33

3,475,733

51,632,517

55,108,250

71,646,863

Form 990 (2019)

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

Capital stock or trust principal, or current funds

complete lines 29 through 33.

Total net assets or fund balances .

Total liabilities and net assets/fund balances

Net Assets or Fund Balances

27

28

29

30

31

32

33

b If "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.

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Nο

Form 990 (2019)

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 19009920
Software Version: 2019v5.0

EIN: 74-1839536

Name: EL PASO COMMUNITY FOUNDATION

Farm 000 (2010)

Form 990 (2019)

Form 990, Part III, Line 4a:

FORM 990, Part 111, Line 4a:
The Foundation serves the general charitable, educational, and scientific needs of El Paso and surrounding areas.

Form 990, Part III, Line 4b: Scholarship Programs

Form 990, Part III, Line 4c:

for their classrooms at their own cost.

Las Cruces area to private or public schools. The purpose of the fund is to directly support the efforts of teachers, who on a limited salary often buy basic supplies and extras

The Classroom Fund supports innovation, program enhancement, and supplies for the classroom. Requested materials are delivered directly to teachers in the El Paso and

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	6,							(11, 2,4,000	(14) 2/4 200		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Janice W Windle	40.00							201,709	0	89,140	
Senior Advisor	0.00							,,			
Richard E Pearson	40.00			x				205,459	0	70,467	
President / CEO	0.00							,			
Carmen M Vargas	40.00			х				101,285	0	41,835	

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77,811

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Richard E Pearson	40.00
President / CEO	0.00
Carmen M Vargas	40.00
CFO	0.00
Kathrin Berg	40.00

Vice President

Vice President

Joe Alcantar Jr

LaNelle Boling

G Paul Porras

Manuel Pacillas

Chairman

Vice Chair

Treasurer

Secretary

Director

Leigh V Bloss

Stephanie L Otero

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours and a director/trustee)							organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Lillian W Crouch	1.00								-		
		Х						0	0	0	
Director	0.00										
Chris A Cummings	1.00										
		Χ						0	0	0	
Director	0.00										
David W Dick	1.00										
		X						0	0	0	
Director	0.00										
Teresa Gallardo	1.00										
		X						0	0	0	
Director	0.00										
Mimi Gladstein	1.00										

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Mimi Gladstein Director

Ruth Gillett

Ann Hallmark

Sally Hurt-Deitch

Tom Hussmann

Margarita Kimmel

Director

Director

Director

Director

Director

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Isha Rogers

Director

Jim Ward

Director

Director

Director

Robert V Wingo

Helen Yancey

	any hours					ustee		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Chris Lane	1.00							_	_	_
Director	0.00	Х						0	0	0
James Magee	1.00	Х						0	0	0
Director	0.00								0	Ü
John S McKee DVM	1.00							0	0	
Director	0.00	Х						0	U	0
Rebeca Ramos	1.00									

James Magee	1.00	_					0	0	
Director	0.00	^	^				0	0	
John S McKee DVM	1.00								
		X					0	0	
Director	0.00								
Rebeca Ramos	1.00								
		Х					0	0	
Director	0.00								
Isha Rogers	1.00								

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efile GRAPHIC print - DO NOT PROCESS				DLN: 9	DLN: 93493304014160				
SC	HED	ULE A	Dub	lic C	harity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047
	m 99		Complete if t	he or	ganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) e empt charitable 990 or Form 99	organization or trust. 10-EZ.	r a section	2019
		the Treasury	► Go to <u>ww</u>	w.irs.	<i>gov/Form990</i> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	h e organiza IMUNITY FOUN						Employer identific	ation number
								74-1839536	
	rt I		for Public Charity a private foundation be					See instructions.	
1	n gannz		onvention of churches,		•	•		(Δ)(i).	
2		·	scribed in section 170						
3			or a cooperative hospita			,			
4		·	esearch organization o		-			•	nter the hospital's
•	Ш	name, city,		perate	a in conjunction with	a nospital descri	bed iii sectioii .	170(b)(1)(A)(III). L	inter the hospital's
5			ation operated for the k (iv). (Complete Part II		of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local governme	ent or	governmental unit de	scribed in sectio	on 170(b)(1)(A	l)(v).	
7	✓		ation that normally recording that normally recording (b)(1)(A)(vi). (Con			s support from a	governmental u	ınit or from the gener	al public described in
8			ty trust described in s e		•	(Complete Part I	I.)		
9			ural research organizat ant college of agricultu						ege or university or a
10		An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after Ju 30, 1975. See section 509(a)(2). (Complete Part III.)						ipport from gross	
11		An organiza	ation organized and ope	erated	exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
12		more public	ation organized and operly Sly supported organizate through 12d that desc	ions de	escribed in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	
а		organizatio	supporting organization n(s) the power to regu Part IV, Sections A a	larly ap					
b		Type II. A manageme	supporting organization or the supporting or plete Part IV, Section	n supe ganizal	tion vested in the sar				
С		Type III f	unctionally integrate organization(s) (see ins	d. A su	upporting organizatio				ted with, its
d		Type III n	on-functionally integrated. The organ). You must complet	grated ization	. A supporting organi generally must satis	ization operated fy a distribution	in connection wi	th its supported orgar	
e		Check this	box if the organization or Type III non-function	receive	ed a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organiza			-			
g	Provi	de the follow	ing information about	the sup	pported organization(s).			
	(i) N	Name of supp organizatior		N	(iii) Type of organization (described on lines 1- 10 above (see instructions))	in your governing document? monetary s nes ee (see instruc		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota			tion Act Notice, see t		-tti	Cat. No. 11285		 	 90 or 990-EZ) 2019

Р	Part III Support Schedule for Organizations Described in Section 509(a)(2)							
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)							
S	tne organization falls to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)			
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)	
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not include any "unusual grants.").							
2	Gross receipts from admissions,							
	merchandise sold or services							
	performed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are							
	not an unrelated trade or business							
4	under section 513 Tax revenues levied for the							
•	organization's benefit and either paid							
_	to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and							
L	3 received from disqualified persons Amounts included on lines 2 and 3							
D	received from other than disqualified							
	persons that exceed the greater of							
	\$5,000 or 1% of the amount on line 13 for the year.							
c	Add lines 7a and 7b							
8	Public support. (Subtract line 7c							
	from line 6.)							
Se	ection B. Total Support		1				Г	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
9	Amounts from line 6							
10a	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources.							
b	Unrelated business taxable income							
	(less section 511 taxes) from							
	businesses acquired after June 30, 1975.							
С	Add lines 10a and 10b.							
11	Net income from unrelated business							
	activities not included in line 10b,							
	whether or not the business is regularly carried on.							
12	Other income. Do not include gain or							
	loss from the sale of capital assets							
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,							
13	11, and 12.).							
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>	
	check this box and stop here						▶ ⊔	
	ection C. Computation of Public S			! (6))		1 1		
15	Public support percentage for 2019 (lin		•			15		
16	Public support percentage from 2018 S	-	<u> </u>			16		
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17		
17 10	Investment income percentage for 201	-		-		17		
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not	
	more than 33 1/3%, check this box and s							
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the							
ט	not more than 33 1/3%, check this box	-			•		_	
20	Private foundation. If the organization	-	-					
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖	

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations			
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

7 Total annual distributions. Add lines 1 through 6.							
8 Distributions to attentive supported organizations to who details in Part VI). See instructions	sive (provide						
9 Distributable amount for 2019 from Section C, line 6							
10 Line 8 amount divided by Line 9 amount	10 Line 8 amount divided by Line 9 amount						
Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2019						
1 Distributable amount for 2019 from Section C, line 6							
2 Underdistributions if any for years prior to 2019							

7 Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to who details in Part VI). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
 Carryover from 2014 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	The state of the s	·	

c From 2016		
d From 2017		
e From 2018		
Total of lines 3a through e		
g Applied to underdistributions of prior years		
n Applied to 2019 distributable amount		
Carryover from 2014 not applied (see instructions)		
Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
Applied to 2019 distributable amount		
Remainder. Subtract lines 4a and 4b from 4.		

instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		

C Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7 Excess distributions carryover to 2020. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
b Excess from 2016		
c Excess from 2017		

Schedule A (Form 990 or 990-EZ) (2019)

d Excess from 2018.

e Excess from 2019.

Additional Data

Software ID: 19009920 **Software Version:** 2019v5.0

EIN: 74-1839536

Name: EL PASO COMMUNITY FOUNDATION

Schedule A ((Form 990 or 990-EZ) 2019	Pag
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (Sinstructions).	c, line 1; t V

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493304014160

SCHEDULE D

(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Department of the Treasury Internal Revenue Service

Name of the organization

EL PASO COMMUNITY FOUNDATION

OMB No. 1545-0047 2019 Open to Public ► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection **Employer identification number** 74-1839536 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts

•	Total number at end of year	27			35
2	Aggregate value of contributions to (during year)	5,243,323			5,494
3	Aggregate value of grants from (during year)	399,511			36,746
Ļ	Aggregate value at end of year	13,189,765			1,915,011
;	Did the organization inform all donors and donor advis organization's property, subject to the organization's e	3		ınds are the	☑ Yes ☐ No
5	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the dono private benefit?	or or donor advisor, or for any other purpose c			☑ Yes ☐ No
2.5	rt II Conservation Easements.				✓ Yes ☐ No
٠	Complete if the organization answered "Y	es" on Form 990, Part IV, line 7.			
	Purpose(s) of conservation easements held by the org	anization (check all that apply).			
	Preservation of land for public use (e.g., recreation	on or education) \square Preservation of an	historic	ally important la	nd area
	Protection of natural habitat	☐ Preservation of a c	ertified	historic structure	<u> </u>
	☐ Preservation of open space				
<u>,</u>	Complete lines 2a through 2d if the organization held	a qualified conservation contribution in the for	m of a o	conservation	
	easement on the last day of the tax year.	a quantica conservation contribution in the following	Ē	Held at the En	d of the Year
а	Total number of conservation easements		2a 🗍		
b	Total acreage restricted by conservation easements .		2b		
C	Number of conservation easements on a certified histo	ric structure included in (a)	2c		
d	Number of conservation easements included in (c) acq structure listed in the National Register	uired after 7/25/06, and not on a historic	2d		
3	Number of conservation easements modified, transfer tax year ►	red, released, extinguished, or terminated by t	the orga	anization during t	he
Ļ	Number of states where property subject to conservat	ion easement is located >			
5	Does the organization have a written policy regarding and enforcement of the conservation easements it hold		of violat	ions,	; □ No
j	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcing co	onservat	tion easements d	uring the year
,	Amount of expenses incurred in monitoring, inspecting \$	g, handling of violations, and enforcing conserv	vation e	asements during	the year
3	Does each conservation easement reported on line 2(c and section 170(h)(4)(B)(ii)?		70(h)(4))(B)(i)	i □ No
)	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of th	e footnote to the organization's financial state			
201	the organization's accounting for conservation easeme t III Organizations Maintaining Collections		ar Sim	nilar Assets	
C. I	Complete if the organization answered "Y		CI JIIII	iliai Assets.	
.a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held fo provide, in Part XIII, the text of the footnote to its final	or public exhibition, education, or research in fu			
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pu following amounts relating to these items:				
((i) Revenue included on Form 990, Part VIII, line 1			▶ \$	
	ii)Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical following amounts required to be reported under SFAS	rical treasures, or other similar assets for finar		•	
а	Revenue included on Form 990, Part VIII, line 1			▶ \$	
b	Assets included in Form 990, Part X				
					<u></u>

d Equipment .

Sche	dule D (Form 990) 2019									Page 2
Par	t IIII Organizations Maint	taining Collections o	f Art, Histo	rical Trea	sures, o	r Other Si	milar Asse	ts (contii	าued)	
3	Using the organization's acquisit items (check all that apply):									
а	Public exhibition		d	☐ Lo	an or exch	ange progra	ms			
b	Scholarly research		е	Ot	her					
С	Preservation for future ger	nerations								
4	Provide a description of the orga Part XIII.	anization's collections and	explain how t	they further	the organiz	zation's exer	mpt purpose i	n		
5	During the year, did the organize assets to be sold to raise funds r							Yes)
Pa	rt IV Escrow and Custodia Complete if the organi X, line 21.		on Form 99	90, Part IV,	, line 9, o	r reported	an amount	on Form	990, 1	Part
1 a	Is the organization an agent, truincluded on Form 990, Part X? .						_	Yes	□No)
L	If "Vac " ovalain the arrangemen	nt in Daut VIII and comple	to the fallowing	t-blo:			Amo	unt		-
b c	If "Yes," explain the arrangemer	·		-		1c	Aillo	unc		-
d	Beginning balance					1d				-
e	Distributions during the year					1e				-
f	Ending balance					1f				- -
2a	Did the organization include an a	amount on Form 990, Par	t X, line 21, fo	or escrow or	custodial a	ccount liabi	lity? 🗆	Yes	□ ма)
b	If "Yes," explain the arrangemen	nt in Part XIII. Check here	if the explan	ation has be	en provide	d in Part XII	ı 🗆]		
Pa	rt V Endowment Funds.									
	Complete if the organi									
	Danissis and Santa halana	(a) Currer		Prior year			1) Three years b		our year	
	Beginning of year balance		,693,995	6,186,13		4,491,296	4,356			30,641
	Contributions	1	33,273 ,165,059	-356,40		1,261,488 777,402	267	,424		97,079
	Net investment earnings, gains, a		· ·							
	Grants or scholarships		136,202	176,629	9	157,958	135,	,043	1	16,504
е	Other expenditures for facilities and programs		17,680	1,10	9	109,903		988		418
f	Administrative expenses		74,875	92,120		76,188		,799		67,049
g	End of year balance		,663,570	5,693,99	5	6,186,137	4,491	,296	4,3	56,135
2	Provide the estimated percentag	ge of the current year end	balance (line	1g, column	(a)) held a	s:				
а	Board designated or quasi-endo	wment >	***							
b	Permanent endowment > 10	0.000 %								
c	Temporarily restricted endowme	ent 🕨								
	The percentages on lines 2a, 2b,	, and 2c should equal 100)%.							
3а	Are there endowment funds not organization by:	in the possession of the o	organization tl	nat are held	and admin	istered for t	he		Yes	No
	(i) unrelated organizations .							3a(i)		No
	(ii) related organizations							3a(ii)		No
b	If "Yes" on 3a(ii), are the related	=	•					3b		No_
4	Describe in Part XIII the intende		n's endowmer	it funds.						
Pa	rt VI Land, Buildings, and Complete if the organi		' on Form 99	90 Part IV	line 11a	See Form	990 Part \	(line 10)	
	Description of property	(a) Cost or other basis (investment)	(b) Cost or oth			umulated dep			ook value	
	Land			17,0	00					17,000
	Buildings									
_	Leasehold improvements	l		1 225 3	09 I		667 640			557 669

471,460

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

61,173

410,287

Schedule D (Form 990) 2019 Part VII Investments—Other Securities.			Page 3
Complete if the organization answered "Yes" on Form 990,			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of c Cost or end-of-year	
(1) Financial derivatives	value		
(2) Closely-held equity interests			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments—Program Related.	•		
Complete if the organization answered 'Yes' on Form 990,	Part IV, line		
(a) Description of investment			c) Method of valuation: st or end-of-year market
(1)			value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		•	
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990,	Part IV, line	11d. See Form 990, Part X,	line 15.
(a) Description	,		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			•
Part X Other Liabilities.	Doub TV Gran		•
Complete if the organization answered 'Yes' on Form 990, (a) Description of liability	Part IV, line	Tie or Tir.See Form 990	(b) Book value
(1) Federal income taxes (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)		•	3,653,780
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnotes	ote to the orga	nization's financial statement	

Schedule D (Form 990) 2019

	Complete if the organize	zation answered 'Yes' on Form 990, Part	t IV, li	ne 12a.		
1	Total revenue, gains, and other su	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on in	nvestments	2a			
b	Donated services and use of facilit	ties	2b			
c	Recoveries of prior year grants .		2c			
d	Other (Describe in Part XIII.) .		2d			
e	Add lines 2a through 2d		٠		2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, P	art VIII, line 12, but not on line 1:				
а	Investment expenses not included	on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.) .		4b			
c	Add lines 4a and 4b		٠		4c	
5	Total revenue. Add lines 3 and 4c	. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem		•	Retur	n.
	•	zation answered 'Yes' on Form 990, Part			1 .	
1	•	lited financial statements			1	
2	Amounts included on line 1 but no	, , ,		1		
а		cies	2a			
b	Prior year adjustments		2b		_	
С	Other losses		2c			
d	Other (Describe in Part XIII.) .		2d]	
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, P	art IX, line 25, but not on line 1:				
а	Investment expenses not included	l on Form 990, Part VIII, line 7b 🔒 🔒	4a			
b	Other (Describe in Part XIII.) .		4b			
C	Add lines 4a and 4b				4c	
5	Total expenses. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 18.	.) .		5	
Pai	t XIII Supplemental Info	rmation				
		art II, lines 3, 5, and 9; Part III, lines 1a and a 2d and 4b. Also complete this part to provide			t V, line	4; Part X, line 2; Part
	Return Reference		Ex	olanation		
See A	Additional Data Table					

Page 4

chedule D (Forn	n 990) 2019	Page 5
Part XIII	Supplemental Info	rmation (continued)
Retur	n Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: 19009920 Software Version: 2019v5.0

EIN: 74-1839536

Name: EL PASO COMMUNITY FOUNDATION

Supplemental Information

Return Reference Explanation Part V, Line 4: Intended uses of the endowment funds will be used to support the Foundation's charitable mission and purposes and to fulfill the donors' intentions. The information provided in Part V applies to permanent endowments only.

efile GRAPHIC print - DO NOT PROCESS DLN: 93493304014160 As Filed Data -OMB No. 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2019 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** FL PASO COMMUNITY FOUNDATION 74-1839536 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States. Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (such as, program service, describe for and investments region and independent fundraising, program specific type of in the region contractors in the services, investments, grants service(s) in the region region to recipients located in the region) 3a Sub-total . b Total from continuation sheets to Part I . . . c Totals (add lines 3a and 3b)

					es Outside the Uni t ,000. Part II can be				on Form 990,
(a) Name	e of (b) IRS	code	(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount	(h) Description	(i) Method of

organization	section and EIN (if applicable)	(c) region	grant	cash grant	cash disbursement	of noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
See Add'l Data								

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Schedule F (Form 990) 2019

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

Type of grant or assistance	uplicated if addit (b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash	(g) Description of noncash	(h) Method of valuation
		recipients	Cash grant	aispui sement	assistance	assistance	(book, FMV, appraisal, other

Schedule F (Form 990) 2019			Page 4
Par	Toreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations. (see Instructions for Form 5471)	☐Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships		
	(see Instructions for Form 8865)	☐Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713; don't file with Form 990)	☐Yes	✓ No

	Page	Schedu	
ation required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting m vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting olumn (c) (estimated number of recipients), as applicable. Also complete this part to pr on. See instructions.	ditures per region); Part II, line 1 (accounting method); Part III (accounting (estimated number of recipients), as applicable. Also complete this part to provide	Part	
Explanation	Explanation	ReturnReference	
		_	

Additional Data

section

and EIN(if

applicable)

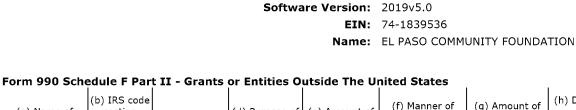
(c) Region

North America | See part V

North America | See part V

(a) Name of

organization



grant

(d) Purpose of (e) Amount of

Software ID:

cash grant

19009920

cash

disbursement

181,294 Wiretransfer
25,000 Wiretransfer

(i) Method of

valuation

(book, FMV,

appraisal,

other)

(h) Description

οf

non-cash

assistance

non-cash

assistance

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of i (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) North America | See part V 48,028 Wiretransfer

North America | See Part V 8,016 Check

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, cash non-cash organization and EIN(if grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) North America | See Part V 89,932 |Check

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding

Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

74-1839536

Open to Public

DLN: 93493304014160 OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

EL PASO COMMUNITY FOUNDATION

► Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

Part I Fundraising Activi Form 990-EZ filers a	•	_			ered "Yes" on Fo	orm 990, Part IV, line 1	17.
Indicate whether the organiza	ation raised funds thr	ough any	of the fo	ollowing	activities. Check	all that apply.	
a Mail solicitations			е	· 🗸	Solicitation of non	-government grants	
b 🔽 Internet and email solicita	ations		f		Solicitation of gov	ernment grants	
c Phone solicitations			g	V	Special fundraising	g events	
d In-person solicitations							
2a Did the organization have a workey employees listed in Fo						· · · · · · · · · · · · · · · · · · ·	es 🗆 No
b If "Yes," list the 10 highest pa to be compensated at least \$!			draisers)	pursua	nt to agreements		
) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont	Did ser have ody or rol of outions?		Gross receipts om activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Hueston Consulting Group Wellesley Drive	Donor development	Yes	No No			45,815	
Conway, AR 72034						.5,525	
Conway, Alt 72004							
otal						45,815	
List all states in which the organ licensing.	nization is registered	or licens	ed to soli	icit con	ributions or has b	een notified it is exempt f	rom registration or

	t III Fundraising Events. Comple				
	than \$15,000 of fundraising e gross receipts greater than \$5		gross income on Form	990-EZ, lines 1 and 6	b. List events with
	groos roscipto groater than ye	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		The Whole Hog (event type)	EP Forever Concert (event type)	(total number)	col. (c))
Reverue		(5.3 1, 1, 2, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		(
	1. Grace receipts	222,896	45,251	38,007	306,154
	1 Gross receipts	·			
	2 Less: Contributions	206,796	36,012	29,173	271,981
	line 2)	16,100	9,239	8,834	34,173
	4 Cash prizes				
ş	5 Noncash prizes				
ense	6 Rent/facility costs	8,714		3,086	11,800
ង្គ័	7 Food and beverages	12,240		6,881	19,121
	8 Entertainment		16,700	1,085	17,785
ಭ					
Direct	9 Other direct expenses	42,666	15,144	9,743	67,553
Direct Expenses	9 Other direct expenses 10 Direct expense summary. Add lines 4 t	,	15,144	9,743 >	67,553 116,259
	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10	through 9 in column (d)			116,259 -82,086
	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 t III Gaming. Complete if the organization	through 9 in column (d)			116,259 -82,086
Par	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10	through 9 in column (d)			116,259 -82,086
Par	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 till Gaming. Complete if the orga on Form 990-EZ, line 6a.	through 9 in column (d) from line 3, column (d) anization answered "Ye	us" on Form 990, Part I'	▶ V, line 19, or reported	116,259 -82,086 more than \$15,000 (d) Total gaming (add
s Revenue	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 t III Gaming. Complete if the organization	through 9 in column (d) from line 3, column (d) anization answered "Ye	us" on Form 990, Part I'	▶ V, line 19, or reported	116,259 -82,086 more than \$15,000 (d) Total gaming (add
s Revenue	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 till Gaming. Complete if the orga on Form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye	us" on Form 990, Part I'	▶ V, line 19, or reported	116,259 -82,086 more than \$15,000 (d) Total gaming (add
s Revenue	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 till Gaming. Complete if the orga on Form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye	us" on Form 990, Part I'	▶ V, line 19, or reported	116,259 -82,086 more than \$15,000 (d) Total gaming (add
Par	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 till Gaming. Complete if the orgation form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye	us" on Form 990, Part I'	▶ V, line 19, or reported	116,259 -82,086 more than \$15,000 (d) Total gaming (add
s Revenue	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 till Gaming. Complete if the orgation form 990-EZ, line 6a. 1 Gross revenue	chrough 9 in column (d) from line 3, column (d) anization answered "Ye (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	V, line 19, or reported	116,259 -82,086 more than \$15,000 (d) Total gaming (add
s Revenue	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 till Gaming. Complete if the orgation form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye	us" on Form 990, Part I'	▶ V, line 19, or reported	116,259 -82,086 more than \$15,000 (d) Total gaming (add
s Revenue	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	hrough 9 in column (d) from line 3, column (d) anization answered "Ye (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	V, line 19, or reported (c) Other gaming	116,259 -82,086 more than \$15,000 (d) Total gaming (add
s Revenue	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d)	(b) Pull tabs/Instant bingo/progressive bingo Yes	V, line 19, or reported (c) Other gaming Yes % No	116,259 -82,086 more than \$15,000 (d) Total gaming (add
s Revenue	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organism on Form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye (a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo Yes	V, line 19, or reported (c) Other gaming Yes	-82,086 more than \$15,000 (d) Total gaming (add col.(a) through col.(c))

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age 3
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ing activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		·∏yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the org ained by the third party > \$	anization ▶ \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address ►						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$					
	Description of services provided	d ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	•		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spen	Ī	□ 1es		
		pt activities during the tax year 🕨	•				
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I | Content of the select landscape mode (21" x 8.5") when printing.

(Form 990)

Department of the

Internal Revenue Service

Treasury

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

lacktriangle Go to $\underline{www.irs.gov/Form990}$ for the latest information.

OMB No. 1545-0047

DLN: 93493304014160

Open to Public Inspection

lame of the organization	TON					Employer identific	cation number
EL PASO COMMUNITY FOUNDAT	ION					74-1839536	
Part I General Inform	nation on Grants	and Assistance					
Does the organization ma the selection criteria used					for the grants or assistant	ce, and	☑ Yes ☐ No
2 Describe in Part IV the org		_	_				
Part II Grants and Other that received more	Assistance to Don than \$5,000. Part I	nestic Organizations a I can be duplicated if ad	ind Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes'	on Form 990, Part IV, line	e 21, for any recipient
(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 noncash assistance	(h) Purpose of grant or assistance
1) See Additional Data							1
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
	. , . ,	-					93
or Paperwork Reduction Act Noti	ice, see the Instructio	ons for Form 990.		Cat No. 5005	אר	Sch	hedule I (Form 990) 2019

Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Number of recipients				(e) Method of valuation FMV, appraisal, other		(f) Description of noncash assistance	
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule I (Form 990) 2019

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference

Explanation

Additional Data

Alliance for Global Justice

Alzheimers Assoc WTexas EP

110 Mesa Park Dr Suite 250

225 E 26th St Suite 1

Tucson, AZ 85713

El Paso, TX 79912

52-2094677

04-3631046

Software ID: 19009920 **Software Version:** 2019v5.0 **EIN:** 74-1839536

Name: EL PASO COMMUNITY FOUNDATION

Form 990,Schedule I, Part	II, Grants and	Other Assistance to	o Domestic Organiz	ations and Domest	ic Governments.	
() N	(1.) 5701	() IDC	(1) 0 1 6 1	() ((6) M II I C I II	

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	i
organization		if applicable	grant	cash	(book, FMV, appraisal,	l
or government				assistance	other)	l

501(c)(3)

501(c)(3)

6,875

9,300

(g) Description of

non-cash assistance

Immigrant Children and families

(h) Purpose of grant

or assistance

activities/Caregiver

Group

educ.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government rograms

Spay and Neuter

American Red Cross - EP Ch 3620 Admiral Street El Paso, TX 79925	74-1109832	501(c)(3)	20,329	0		General programs
Animal Rescue League of EP	74-2729189	501(c)(3)	14,984	0		PAWS in detention /

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

7256 La Junta Dr

Canutillo, TX 79835

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 74-1152529 501(c)(3) 66.014 Migrant

10.000

refugees/families

w/disabilit

Strategic Plan - Person

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Annunciation House 1003 E San Antonio Ave El Paso, TX 79901

45-2546652

Arc del Paso

PO Box 221543

El Paso, TX 79913

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 74-6018777 501(3)(3) 136.650 Archdiocese Galveston-Inner City & HolyCatholic Schools

Summer camp and

general programs

Houston
1700 San Jacinto St
Houston, TX 77002

Armed Services YMCA 74-1146782 501(c)(3) 7,777 0

7060 Comington Street

El Paso, TX 79930

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Free books and Literacy

| Program

Assistance League of El Paso	23-7021166	501(c)(3)	37,900	0		Operation School Bell &
2728 E Yandell						programs
El Paso, TX 79903						

15.000l

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

56-2380561

Books are GEMS

El Paso, TX 79915

7744 North Loop Drive Ste B

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Border AIDS Partnership 20-5385547 501(c)(3) 8.662 HIV/AIDS Education and PO Box 272 El Paso, TX 79943

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

309 Lawton El Paso, TX 79902

Prevention Borderland 100 Club 83-1763151 501(c)(3) 30,000 Peer support counseling

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government s and programs

advocate for

abused/neglected child

Candlelighters El Paso Area 1400 Hardaway St Suite 206 El Paso, TX 79903	74-2243283	501(c)(3)	25,938	0		Camps
CASA of El Paso Inc	74-1950407	501(c)(3)	37,500	0		advocat

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

El Paso, TX 79901

221 N Kansas Suite 1501

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other)

Counseling and rebuild

Isuites

Casas por Cristo	74-2679881	501(c)(3)	6,900	0		Construciton materials
7201 N Loop Dr			·			for houses
El Paso, TX 79915						

83.106

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Center ASexual & Fam Viol

580 Giles Road

El Paso, TX 79915

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) s Youth

Clinic programs and

Iservices

Center for Children	74-1695944	501(c)(3)	7,000	0		Homeless
200 N Stevens St						
El Paso, TX 79930						

6.778

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Centro de Salud Familiar LaFe

1314 F Yandell

El Paso, TX 79902

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

lillness prev

Child Crisis Center of EP 2100 N Stevens St El Paso, TX 79930	74-2055761	501(c)(3)	15,760	0		Emergency shelter for children
Childrens Grief Center of EP	74-2770329	501(c)(3)	25,300	0		Grief support & mental

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

11625 Pellicano Ste B

El Paso, TX 79936

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government 20-0806957 501(c)(3) 17.000l After-school vouth

l machine

Ciudad Nueva Community Outr 810 N Campbell St El Paso, TX 79902

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1521 F Missouri Ave

El Paso, TX 79902

development Coalition for Life Southwest 47-4341538 501(c)(3) 27.400 Mobile ultrasound

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Strengthen public and

higher educ.

Community Action Agency S	85-0196070	501(c)(3)	10,000	0		Direct services for CARE
NM						
3880 Foothills Rd Suite A						
Las Cruces, NM 88011						

9.550

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

46-0726204

Compadres Therapy Inc

3800 N Mesa St Ste A2

El Paso, TX 79902

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government and labor for

Inew school

Comudas Mountain Foundation	74-2571541	501(c)(3)	65,000	0		Supplies a
1916 Myrtle Ave						projects
El Paso, TX 79901						
4						

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3200 Cavitt Ave

Bryant, TX 77801

Cornerstone Christian Academy 68-0491996 501(c)(3) 10.000 Program support for

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) truction of

Mural

Coronado Neighborhood Assoc	82-0974306	501(c)(3)	32,000	0		Constr
1087 Thunderbird Drive						playgr
El Paso, TX 79912						

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

504 San Francisco Ave

El Paso, TX 79901

round Creative Kids 74-2910251 501(c)(3) 68.400 Project AIM, ABLE, and

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government cal care for

development for Youth

						1
El Paso Baptist Clinic	20-3046801	501(c)(3)	31,838	0		Medical
2700 N Piedras						uninsur
El Paso, TX 79930						ĺ

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

6801 Commerce Ave Ste 7B-D

El Paso, TX 79915

ured El Paso Border Youth Athletic 74-2942336 501(c)(3) 7.000 Education and

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government El Paso Bridges Academy 74-2046084 501(c)(3) 16.900l Tuition Assistance for

4320 N Stanton St El Paso, TX 79902

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

El Paso, TX 79930

llow income El Paso Center for Children 74-1695944 501(c)(3) 30,000 Safe Haven Runaway Youth Shelter 2200 N Stevens St

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

|Equipment to treat

Ichildren

El Paso Child Guidance Center	74-1204335	501(c)(3)	56,470	0		Mental Health
2701 E Yandell Dr						intervention
El Paso, TX 79903						

31.724

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

El Paso Childrens Foundation

1400 Hardaway St Suite 220

El Paso, TX 79903

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government ssistance and

El Paso Community College	74-2452971	501(c)(3)	9,850	0		Tuition ass
PO Box 20500						scholarship
El Paso, TX 79998						

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

333 N Oregon St 2nd Floor El Paso, TX 79901

hips El Paso Festivals Inc 46-3597827 501(c)(3) 75,000 VIVA El Paso Programs

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

Community Engagement

and Outreach

El Paso Museum of Art Fndn One Arts Festival Plaza El Paso TX 79901	74-2889827	501(c)(3)	25,621	0		Programs, services, exhibits

9.0001

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

El Paso Pro Musica

El Paso, TX 79968

500 W University Room 302

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government er & competition

Iprogram

						1
El Paso Society for Musician	27-0297242	501(c)(3)	5,100	0		Theater
701 Waltham Court			·			for musi
El Paso, TX 79922						1

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

333 N Oregon 2nd Floor

El Paso, TX 79901

usicians El Paso Special Needs Educ 81-4384519 501(c)(3) 460,208 Special education

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government education and

Baseball parm for

children w/disab.

El Paso Symphony Orchestra PO Box 180 El Paso, TX 79942	74-6000772	503(c)(3)	77,545	0		Music educ outreach
El Pasos Miracle League Inc	20-2275859	501(c)(3)	6,970	0		Baseball po

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 972508

El Paso, TX 79997

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government El Pasoans Fighting Hunger 45-2893839 501(c)(3) 86.740 Access to healthy &

accessibility

El Pasoans Fighting Hunger 9541 Plaza Circle El Paso, TX 79927

EPC Museum 81-1822589 501(c)(3) 400,000 0 Museum exhibits and

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

333 N Oregon St 2nd Floor

El Paso, TX 79901

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Itransportation

Fab Lab El Paso 46 601 N Oregon Ste 2 El Paso, TX 79901	6-3572259	501(c)(3)	20,000	0			Prostethic workshop/s
---	-----------	-----------	--------	---	--	--	--------------------------

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 871222

El Paso, TX 79997

STEM AHEAD Fellowship Christian Athletes 23-7000383 501(c)(3) 8.000 Scholarships,

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government althy lifestyles

Iparms and svcs

FEMAP Foundation 1400 Hardaway St Ste 210 El Paso, TX 79903	74-2646952	501(c)(3)	7,428	0		Healthy lifestyles
First Tee of Greater El Paso	26-0399030	501(c)(3)	10,500	0		Youth development

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 222061

El Paso, TX 79913

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

Iconserve

Foundation for the Diocese EP 499 St Matthews St El Paso, TX 79907	74-2983483	501(c)(3)	241,650	0		Tuition assistance & profess. devel
Frontera Land Alliance	42-1645381	501(c)(3)	25,000	0		Educate, protect, and

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3800 N Mesa St Suite A2-258

El Paso, TX 79902

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government resources

elderly

						1
Guiding Star of El Paso	74-3016432	501(c)(3)	55,400	0		Pregnancy re
1411 Montana Ave						and crisis po
El Paso, TX 79902						1

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1400 Hardaway St Suite 329

El Paso, TX 79903

pgrm Habitat for Humanity of EP 74-2226271 501(c)(3) 6.800 Repairs of homes for

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Tuition Assist for at risk

students

Hillside Elementary 4500 Clifton Ave El Paso, TX 79903	74-6000769	El Paso ISD	6,000	0		Eyes for Independence pgrm

106,650

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Hope for the Future-Archdioc

2718 W Woodlawn Ave

San Antonio, TX 78228

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

Support for Programs of

Excellence

Hospice of El Paso 1440 Miracle Way El Paso, TX 79925	74-2093957	501(c)(3)	11,641	0		Specialized care for terminally ill

5.300

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

ImpactPrograms of Excellence

444 F Robinson Ave

El Paso, TX 79902

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Insights El Paso Science Mus 74-2073654 501(c)(3) 10.190 Dino Tracks and Learn

physical health

A120 Rio BravoSt Suite 117
El Paso, TX 79902

Junior League of El Paso Inc 74-1469506

Junior League of El Paso Inc 74-1469506

Junior League of El Paso Inc 74-1469506

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

155 McCutcheon Lane Suite O

El Paso, TX 79912

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

Arts Educaiton outreach

Iprogram

Keystone Heritage Park 4220 Doniphan Dr El Paso, TX 79922	74-2932549	501(c)(3)	10,300	0		Educational experiences
-						

32.800

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Kids Excel El Paso Inc.

2235 Wyomina Ave

El Paso, TX 79903

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 74-6000813 UTEP 6.362 KTEP Public Radio Program support 500 W University Ave Ste 203

Animal rescue

6.910

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

El Paso, TX 79968 Law N Paws

PO Box 962302 El Paso, TX 79996

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

Tuition Assistance

Lee and Beaulah Moor Children 74-1329373 501(c)(3) 28.800 |Foster care, educational 1100 Cliff Dr opport. El Paso, TX 79902

Legacy Christian Academy 75-2805332 501(c)(3) 10.000

5000 Academy Drive Frisco, TX 75034

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government s, program

Support for 2020 Vision

1300 Hardaway St El Paso, TX 79903	1300 Hardaway St	74-1282698	501(c)(3)	11,603	0		Scholarships, needs, chape

50,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Lubbock Christian University

5601 West 19th St Lubbock, TX 79407

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government oital Movie night

Iprogram

Movies 4 Kids 123 W Mills Suite 440 El Paso, TX 79901	81-5133567	501(c)(3)	10,500	0		Hospital Movie nigl
Mustard Seed Community Cafe	45-3982247	501(c)(3)	32,100	0		Elderly outreach

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

201 E Sunset Rd

El Paso, TX 79922

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

El Paso Shooting Victims

Nat Alliance Mental Illness 7 4615 Alameda Ave Rm 1157 El Paso, TX 79905	74-2377105	501(c)(3)	10,000	0		Education support and outreach

90.0001

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

National Compassion Fund

1450 Duke St Alexandria, VA 22314

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government National Jewish Center for Im 74-2044647 501(c)(3) 9.893 Immunology and respiratory svcs

1400 Jackson St Denver, CO 80206

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

El Paso, TX 79901

One Fund El Paso 84-2696557 501(c)(3) 5.771.527 Shooting victims for 333 N Oregon 2nd Floor August 3, 2019

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government munity of Learning

Opportunity Ctr for Homless	74-2634199	501(c)(3)	40,090	0		Communit
PO Box 63						program
El Paso, TX 79941						
						The state of the s

Paso del Norte Center of Hope 47-4472927 501(c)(3) 12.500 Protect human PO Box 31397 Itrafficking victims

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

El Paso, TX 79931

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Paso Del Norte Childrens Dev 74-1312313 501(c)(3) 11.470 El Papalote Inclusive 1101 E Schuster Ave Child devel

El Paso, TX 79902 Project ARRIBA 74-2920358 501(c)(3) 10.300

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Building Pathways to 1155 Westmoreland Dr Ste Middle Class 235 El Paso, TX 79925

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Programs and services

Isupport

Project Vida	74-2481679	501(c)(3)	15,300	0		Early childhood
3607 Rivera Ave						programs
El Paso, TX 79905						ļ -

72.427

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Radford School 74-1180152

2001 Radford St.

El Paso, TX 79903

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Rescue Mission of El PasoInc 74-6062443 501(c)(3) 7.081 Homeless shelter

Iterm housing

221 N Lee St programs El Paso, TX 79901

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

El Paso, TX 79915

Revnolds House Inc 74-2649847 501(c)(3) 25.626 Emergency and long-8023 San Jose Rd

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Home away form home

Iprogram

Rio Grande Cancer Foundation 616 N Virginia St Suite D El Paso, TX 79902	23-7105159	501(c)(3)	25,332	0		Counseling and early detection

18.116

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Ronald Mc Donald House Ch EP

300 F California St.

El Paso, TX 79902

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

Wildlife rescue programs

Salvation Army-El Paso 4300 E Paisano Dr	58-0660607	501(c)(3)	14,866	0		National disaster- support the needy
ELD TV 7000E						

12,600

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3

4300 E Paisano Dr El Paso, TX 79905 Second Chance Wildlife Rescue

635 Country Club Rd El Paso, TX 79932

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government StClements Episcopal Parish 74-6023826 501(c)(3) 68.009l Programs and services 600 Montana Ave support

Eval. preclinical evid.

Inew drug

595,165

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

El Paso, TX 79902

El Paso, TX 79905

5001 Fl Paso Dr

Texas Tech University Health

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government of volunteer

Network, Cancer

United Way of El Paso 100 N Stanton St Suite 500 El Paso, TX 79901	74-1291051	501(c)(3)	64,458	0		Support of vo coordinator

University Medical Center Fnd 74-2540513 501(c)(3) 110.400 Children's Miracle

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1400 Hardaway St

El Paso, TX 79903

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government University of Texas at EP 74-6000813 UTFP 180.231 Scholarships & brain

Tuition for EP County

Imedical stud.

500 W University Ave injuries diagn El Paso, TX 79968

13.306

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

UT Medical Branch

UT Medical Branch Galveston 301 University Blvd

Galveston, TX 77355

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Volar Center for Indep Living 74-2421976 501(c)(3) 10.000 Leadership for students

1220 Golden Key Circle lw/disab. El Paso, TX 79925

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

El Paso, TX 79902

YMCA of El Paso 74-1109880 501(c)(3) 12.589 Swim to work parm &general support 810 Wvomina Ave

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

 YWCA of El Paso del Norte
 74-1109650
 501(c)(3)
 5,127
 0
 Programs and services support

 201 E Main Suite 400
 support
 support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

El Paso, TX 79901

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49330	4014	160
Sch	edule J	C	ompensat	ion Information	0	MB No.	1545-0	0047
(For	n 990)		Compensa ganization answ	rustees, Key Employees, and Hig ated Employees vered "Yes" on Form 990, Part IV, a to Form 990.		20	19)
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	ov/Form990 for	instructions and the latest inform	mation.	Open i Toso	to Pul ectio	
Nar	ne of the organiz				Employer identifica			
EL F	ASO COMMUNITY FO	OUNDATION			74-1839536			
Pa	rt I Questi	ons Regarding Compensa	ntion					
							Yes	No
1a				f the following to or for a person liste y relevant information regarding the				
	First-class	s or charter travel		Housing allowance or residence for	personal use			
	_	· companions	닏	Payments for business use of perso				
		nification and gross-up paymen		Health or social club dues or initiation				
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chauf	teur, chet)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b		
2				or allowing expenses incurred by all	1-3	2		
	directors, truste	ees, officers, including the CEO/	executive Directo	r, regarding the items checked on Lir	ie la?			
3				ed to establish the compensation of the	ne			
				not check any boxes for methods CEO/Executive Director, but explain i	n Part III.			
		-						
		ation committee ent compensation consultant	H	Written employment contract Compensation survey or study				
		of other organizations	<u> </u>	Approval by the board or compensa	tion committee			
4		-	000 Part VII So	ction A, line 1a, with respect to the f				
4	related organiza		990, Part VII, Se	ction A, line Ta, with respect to the r	illing organization or a			
а	Receive a sever	ance payment or change-of-cor	ntrol payment? .			4a		No
b		• • •		ified retirement plan?		4b		No
c	Participate in, o	r receive payment from, an equ	ity-based comper	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	olicable amounts for each item in Part	t III.			
	Only 501 (a)(2) F01(-)(4) ===4 F01(-)(20	\					
5	, ,,,	ed on Form 990 Part VII Section	, ,	the organization pay or accrue any				
•	compensation c	ontingent on the revenues of:	on A, mie Ia, ala	the organization pay or decrue any				
а	The organization	n?				5a		No
b	-					5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any				
а	The organization	n?				6a		No
b						6b		No
	•	6a or 6b, describe in Part III.						
7				the organization provide any nonfixe rt III		7		No
8	subject to the ir	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," do				N
9	If "Yes" on line	8, did the organization also follo	ow the rebuttable	presumption procedure described in	Regulations section	9		No
For F	<u>``</u>	uction Act Notice, see the Ins			50053T Schedule 3		1 990)	2019

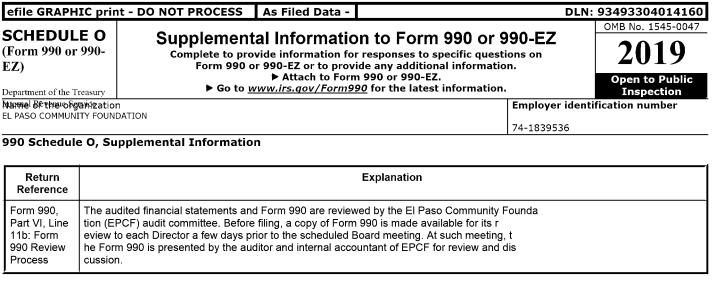
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

			r Employees, and Hi					
For each individual whos	e com	npensation must be repor	ted on Schedule J, report	compensation from the	organization on row (i) ar	nd from related organizat	ions, described in the	
Note. The sum of colum	po no ns (B	ot list any individuals that)(i)-(iii) for each listed inc	t are not listed on Form 9 dividual must equal the to	90, Part VII. otal amount of Form 990,	Part VII, Section A, line	1a, applicable column (D) and (E) amounts for tha	t individual.
(A) Name and Title	,		of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 Janice W Windle Senior Advisor	(i)	190,931	8,924	1,854	47,733 	41,407	290,849	
	(ii)							
2 Richard E Pearson President / CEO	(i)	162,912	42,313	234	42,313	28,154	275,926	
	(ii)							
-								
	+							



DLN: 93493304014160 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** EL PASO COMMUNITY FOUNDATION 74-1839536 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art—Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . . 8 Intellectual property . . . 752,198 Market Quotes Securities—Publicly traded . Χ 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . 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 ▶ (______ Other ▶ (______) 26 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2					
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization					
is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.						
Return Reference	Explanation					
	Schedule M (Form 990) (2019)					



990 Schedule O, Supplemental Information

of Conflicts

Reference	Explanation
Form 990, Part VI, Line 12c: Explanation of Monitoring and Enforcement	At the EPCFs annual meeting, each Director and committee member is provided with the polic y and a form to complete and disclose all relationships and activities that might cause conflict.

Evalenation

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a: Compensation Review & Approval Process - CEO, Top Management	The Executive Review Committee of EPCF evaluates the Presidents performance annually. It a lso reviews the Presidents job description with the President. The committee uses comparab le data from other foundations to recommend a compensation package to the Board of Directo rs.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees	The Executive Review Committee of EPCF also evaluates and reviews the performance of all o ther officers and key employees in accordance with the Presidents recommendations and util izing comparable data from other foundations and similar organizations and recommends a compensation package to the Board of Directors. The Board of Directors' decision is document ed in its meeting minutes.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	EPCF makes available its Audited Financial Statements through its website. Governing docum ents, Conflict of Interest Policy, Form 990 and Form 990-T are made available upon written or verbal request.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

(Form 990)

Part I

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

2019

(f)

74-1839536

(e)

DLN: 93493304014160 OMB No. 1545-0047

> Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** EL PASO COMMUNITY FOUNDATION

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(b)

Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state End-of-year assets Direct controlling Primary activity Total income or foreign country) entity (1) Love PARK LLC See Part VII TΧ 4,014 El Paso Community Foundation 333 N Oregon 2nd Floor El Paso, TX 79901 20-1338056 (2) Digital Freedom LLC See Part VII TΧ El Paso Community Foundation 333 N Oregon 2nd Floor El Paso, TX 79901 27-4901212 TX (3) ELB Down Syndrome Services LLC See Part VII El Paso Community Foundation 333 N Oregon 2nd Floor El Paso, TX 79901 81-4563387 Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. See Additional Data Table (a)
Name, address, and EIN of related organization (g) Legal domicile (state Exempt Code section Public charity status Primary activity Direct controlling Section 512(b) (13) controlled or foreign country) (if section 501(c)(3)) entity entity? No Yes

(a) Name, address, and related organizat	EIN of tion	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomina income(rela unrelated excluded frax unde sections 5: 514)	ated, total incor d, rom er	(g) Share of ne end-of-year assets		tions?	(i) Code V-UBI amount in bo 20 of Schedule K-: (Form 1065	x mar par L	naging tner?	(k) Percent owners
								Yes	No		Yes	No	
												\vdash	
												Ш	
												++	
		_											
Identification of Related O	rganizations Taxable as a (Corporation	or Trus	t. Complete	e if the org	ganization ar	swered "Ye	s" on F	orm 9	990, Part I'	√, lin	e 34	
Identification of Related On because it had one or more reaction. (a) Name, address, and EIN of related organization	rganizations Taxable as a (elated organizations treated as (b) Primary activity	s a corporation	on or tru (c) egal micile or foreign	st during th	(d) controlling	ganization ar r. (e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	Share	(g) of end- year essets	of- Perce	/, line h) entage ership	Se (1)	3) cont entity
because it had one or more re (a) Name, address, and EIN of	elated organizations treated as (b) Primary activity Managing hospitality	s a corporation	on or tru (c) egal micile	Direct	(d) controlling entity ((e) Type of entity (C corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	h) entage ership	Se (1:	(i) ection 5 3) cont entity fes
because it had one or more re (a) Name, address, and EIN of related organization	elated organizations treated as (b) Primary activity	s a corporation	on or tru (c) egal micile or foreign untry)	Direct	(d) controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce own	h) entage ership	Se (1:	3) cont entity /es
because it had one or more re (a) Name, address, and EIN of related organization Inc gon K 79901	elated organizations treated as (b) Primary activity Managing hospitality	s a corporation	on or tru (c) egal micile or foreign untry)	Direct	(d) controlling entity ((e) Type of entity (C corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce own	h) entage ership	Se (1:	3) cont entity /es
because it had one or more re (a) Name, address, and EIN of related organization Inc gon K 79901	elated organizations treated as (b) Primary activity Managing hospitality	s a corporation	on or tru (c) egal micile or foreign untry)	Direct	(d) controlling entity ((e) Type of entity (C corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce own	h) entage ership	Se (1:	3) cont entity /es
because it had one or more re (a) Name, address, and EIN of related organization Inc gon K 79901	elated organizations treated as (b) Primary activity Managing hospitality	s a corporation	on or tru (c) egal micile or foreign untry)	Direct	(d) controlling entity ((e) Type of entity (C corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce own	h) entage ership	Se (1:	3) cont entity /es
because it had one or more re (a) Name, address, and EIN of related organization Inc gon K 79901	elated organizations treated as (b) Primary activity Managing hospitality	s a corporation	on or tru (c) egal micile or foreign untry)	Direct	(d) controlling entity ((e) Type of entity (C corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce own	h) entage ership	Se (1:	3) cont entity /es
because it had one or more re (a) Name, address, and EIN of related organization Inc gon K 79901	elated organizations treated as (b) Primary activity Managing hospitality	s a corporation	on or tru (c) egal micile or foreign untry)	Direct	(d) controlling entity ((e) Type of entity (C corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce own	h) entage ership	Se (1:	3) cont entity res

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
During the tax year, did the orgranization 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, or (iv) rent from a controlled entity	1a		No
Gift, grant, or capital contribution to related organization(s)	1 b	Yes	Т
Gift, grant, or capital contribution from related organization(s)	1 c	Yes	
d Loans or loan guarantees to or for related organization(s)	1 d		No
Loans or loan guarantees by related organization(s)	1e		No
Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g		No
n Purchase of assets from related organization(s)	1h		No
Exchange of assets with related organization(s)	1 i		No
Lease of facilities, equipment, or other assets to related organization(s)	1j		No
Lease of facilities, equipment, or other assets from related organization(s)	1k		No
Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
1 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
Sharing of paid employees with related organization(s)	10		No
Reimbursement paid to related organization(s) for expenses	1 p		No
Reimbursement paid by related organization(s) for expenses	1 q		No
Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

(a) Name of related organization (b) Transaction type (a-s) (c) Amount involved (d) Method of determining amount involved

Schedule R (Form 990) 2019

Page **3**

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on 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 assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	or	(e) e all partners section 501(c)(3) ·ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner?	g ?	(k) Percentage ownership
			317)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Form	1990	0) 2019

Schedule R (Form 990) 2019 Page 5 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. (see instructions). Return Reference Explanation Part I Disregarded Entities - Primary (1) Purchase, acquire, own, invest in, improve, develop, market, sell, lease, rent, use, manage and/or operate directly or indirectly, real property and improvements for use in carrying out the charitable, educational, scientific and literary purposes, as defined in section 501(c)(3) of the Internal Revenue Code.(2) Activity Carry out the charitable, educational, scientific and literary purposes, as defined in section 501(c)(3) of the Internal Revenue Code, of the company's members. The company shall have the power to engage in the highest quality independent production, publication and/or distribution of original news and/or based materials of

community value to far West Texas, Southern New Mexico and Northern Chihuahua, Mexico, including, without limitation, investigative journalism, opinion and/or culture reporting, that has educational value and that is furtherance of tax-exempt public interest purposes. (3) The company is organized for the transaction of any

land all lawful business for which limited liability companies may be organized under the Texas Business Organizations Code.

Return Reference	Explanation
Return Reference Part II - Related Tax Exempt Organizations - Primary Activity	(L) The Cardwell Foundation: To operate as a Supporting Organization exclusively for the benefit of and to carry out the purposes of El Paso Community Foundation, an organization exempt from tax under 501(c)(3) of the Internal Revenue Code. To receive and administer property acquired by gift, grant, purchase or otherwise for educational, scientific and charitable purposes. To make grants or other payments to either El Paso Community Foundation or to that class of public approved organization and the property of the prope
	operate as a supporting organization under section 509(a)(3) of the Code exclusively for the benefit of and to carry out the purposes of El Paso Community Foundation, an organization exempt under Section 501(c)(3) of the Code. To conduct or operate such other charitable activities and programs which the Corporation determines will further facilitate the charitable purposes of the Corporation.(13) Vision for El Paso Services for the Blind and Visually Impaired: To provide evaluation, training, assistive equipment and on-going support to individuals affected by visual impairment or blindness. To enhance the lives of those struggling with vision loss and become a beacon of hope for
	those individuals as well as their families. To operate exclusively for charitable, religious, educational, and scientific purposes within the meaning of section 501(c)(3) of the internal Revenue Code. To operate as a supporting organization under section 509(a)(3) of the Code exclusively for the benefit of and to carry out the purposes of El Paso Community Foundation, an organization exempt under Section 501(c){3} of the C

Return Reference	Explanation
	(14) One Fund El Paso: To lessen the governmental burdens caused by the tragic events in El Paso, Texas, on August 3, 2019, wherein a mass shooting occurred providing a single unified charitable vehicle to receive and administer ultimately those contributions made to El Paso Community Foundation, Paso del Norte Community Foundation, and/or local charities that immediately began pouring in from the public in the wake of the event of August 3rd, and thereby avoiding the misdirection of donations to fraudulent organizations. To operate exclusively for charitable, religious, educational, and scientific purposes within the meaning of section 501(c)(3) of the Internal Revenue Code. To operate as a supporting organization under section 509(a)(3) of the Code exclusively for the benefit of and to carry out the purposes of El Paso Community Foundation and Paso Del Norte Community Foundation, organizations exempt under Section 501(c)(3) of the Code and not a private foundation by reason of its status as an organization described in Section 509(a)(1) of the Code.(15) El Paso Matters, Inc: To engage in the highest quality independent production, publication and/or distribution of original news and/or news-based materials of community value to far West Texas, southern New Mexico and Northern Chihuahua, Mexico. To operate as a supporting organization under section 509(a)(3) of the Code exclusively for the benefit of and to carry out the purposes of El Paso Community Foundation, an organization exempt under Section 501(c)(3) of the Code and not a private foundation by reason of its status as an organization described in Section 509(a)(1) of the Code.

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EIN: 74-1839536

Name: EL PASO COMMUNITY FOUNDATION

Form 990, Schedule R, Part II - Identification of Rela			1	1 .	1		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Exempt Code	(e) Public charity	(f) Direct controlling	Sectio	n 512
		(state or foreign country)	section	status (if section 501(c)	entity	(b)(contr	
		,,		(3))		enti	
	See Part VII	TX	501(c)(3)	509(a)(3) Type I	El Paso Community	Yes Yes	No
	See Part VII	'^	301(0)(3)	309(a)(3) Type I	Foundation	res	
333 N Oregon 2nd Floor El Paso, TX 79901							
	See Part VII	TX	E01(a)(2)	E00(a)(3) Type I	El Basa Cammunity	Yes	
	See Part VII	IX.	501(c)(3)	509(a)(3) Type I	El Paso Community Foundation	res	
333 N Oregon 2nd Floor El Paso, TX 79901							
74-2840847	G D +) (77		F04()(2)	500()(2) 7	N/A		
	See Part VII	TX	501(c)(3)	509(a)(3) Type I	N/A		No
333 N Oregon 2nd Floor El Paso, TX 79901							
74-6053270	0 0 1 177		F04()(2)	500()(2) 7 7	ELD 0 "		
	See Part VII	TX	501(c)(3)	509(a)(3) Type I	El Paso Community Foundation	Yes	
333 N Oregon 2nd Floor El Paso, TX 79901							
30-0126901							
	See Part VII	TX	501(c)(3)	509(a)(3) Type III-O	N/A		No
333 N Oregon 2nd Floor El Paso, TX 79901							
74-2652851							
	See Part VII	TX	501(c)(3)	509(a)(3) Type I	El Paso Community Foundation	Yes	
333 N Oregon 2nd Floor El Paso, TX 79901							
30-0197688							
	See Part VII	TX	501(c)(3)	509(a)(3) Type I	El Paso Community Foundation	Yes	
333 N Oregon 2nd Floor El Paso, TX 79901							
46-3597827							
	See Part VII	TX	501(c)(3)	509(a)(3) Type I	El Paso Community Foundation	Yes	
333 N Oregon 2nd Floor					T daniadion		
El Paso, TX 79901 74-2640622							
	See Part VII	TX	501(c)(3)	509(a)(3) Type I	El Paso Community Foundation	Yes	
333 N Oregon 2nd Floor					T danidation		
El Paso, TX 79901 81-2189349							
	See Part VII	TX	501(c)(3)	509(a)(3) Type I	El Paso Community Foundation	Yes	
333 N Oregon 2nd Floor					Todridacion		
El Paso, TX 79901 47-2916196							
	See Part VII	TX	501(c)(3)	509(a)(3) Type I	El Paso Community Foundation	Yes	
333 N Oregon 2nd Floor					Touridation		
El Paso, TX 79901 81-4384519							
	See Part VII	TX	501(c)(3)	509(a)(3) Type I	El Paso Community Foundation	Yes	
PO Box 272					Foundation		
El Paso, TX 79943 81-1822589							
	See Part VII	TX	501(c)(3)	509(a)(3) Type I	El Paso Community Foundation	Yes	
333 N Oregon 2nd Floor					Touridation		
El Paso, TX 79901 84-1758861							
	See Part VII		501(c)(3)	509(a)(3) Type I	N/A		No
333 N Oregon 2nd Floor							
El Paso, TX 79901 84-2696557							
	See Part VII		501(c)(3)	509(a)(3) Type I	El Paso Community	Yes	
333 N Oregon 2nd Floor					Foundation		
El Paso, TX 79901 83-4301968							
		I	I	I	I		

 (a) Name of related organization
 (b) Transaction type(a-s)
 (c) Amount Involved
 (d) Method of determining amount involved

 The Cardwell Foundation
 c
 525,900
 Actual amt rec

 The Burkitt Foundation
 c
 734,950
 Actual amt rec

Form 990, Schedule R, Part V - Transactions With Related Organizations

12 The EPC Museum

14 One Fund El Paso

5 JEdward Stern & Helen MC Stern C	С	670,499	Actual amt rec
7 El Paso Festivals Inc	b	75,000	Actual amt pd
11 El Paso Special Needs Education Ctr	b	460,208	Actual amt pd

400,000

5,771,527

Ь

b

Actual amt pd

Actual amt pd