CHANGE OF ACCOUNTING PERIOD

Form **990** (Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations), Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

<u>A I</u>	For the	2019 calendar year, or tax year beginning UAN I, 2019 and en	nding A	UG 31, 2019	
В	Check if applicable	EL PASO COLLABORATIVE FOR COMMUNITY &		D Employer identifi	ication number
	Addre chang Name	ECONOMIC DEVELOPMENT		.	ď
F	_]chang □Initial		74-27961		
\vdash	return Final return	3607 DIVEDA AVENTE	oom/suite	E Telephone number 915-533-	
	termin			G Gross receipts \$	279,533.0
	Amen- return	EL PASO, 12 /3303	H(a) Is this a group r	eturn	
	Application pendu	F Name and address of principal officer BIDD SCRESINGER	ا م	for subordinates	
		SAME AS C ABOVE	1	H(b) Are all subordinates i	
		empt status: X 501(c)(3) 501(c) ()	1 527		list. (see instructions)
		organization: X Corporation Trust Association Other	V931.0	H(c) Group exemption	M State of legal domicile: TX
	art I	Summary	IL Itali	or formation. 1990 1	VI State of legal doffliche. 121
	1	Briefly describe the organization's mission or most significant activities: THE MI	ISSIO	OF THE EL	PASO
a L		COLLABORATIVE IS TO FACILITATE AFFORDABLE I			
r	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed	of more t	than 25% of its net as:	sets.
o.	3	Number of voting members of the governing body (Part VI, line 1a)		3	5
ಇ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	5
es	5	Total number on ह्यापोर्यकार employed in calendar year 2019 (Part V, line 2a)		5	0
Activities & Governance	6	Total number of volunteers (estimate if necessary)		6	0.
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7 <u>a</u> 7b	0.
	G C	Net Shrelated busifiess taxable indome from Form 990-T, line 39		Prior Year	Current Year
Revenue	8	Contribution and the last VIII, line 1h)		94,262.	153,046.
	9	Program service revenue (Part VIII, line 2g)	<u> </u>	158,321.	105,393.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		19,699.	10,364.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,850.	10,730.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		278,132.	279,533.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		112,797.	54,538.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	,	0.	0.
ă	р		<u>-</u> -	379,895.	343,118.
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	492,692.	397,656.
	ı	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12	 	-214,560.	-118,123.
58	19	rievaride less expenses, oubtract line to from line 12	Bea	inning of Current Year	End of Year
	20	Total assets (Part X, line 16)	1.53	2,633,592.	4,602,079.
t Assets or	21	Total liabilities (Part X, line 26)		21,460.	44,233.
		Net assets or fund balances. Subtract line 21 from line 20		2,612,132.	4,557,846.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules an			knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer h		
<u> </u>		Signature of officer			020
Sig				Date	
Her	e	BILL SCHLESINGER, EXECUTIVE DIRECTOR Type or print name and title		···· ·· ··	
		Print/Type preparer's name Preparer's signature	D:	ate Check	PTIN
Paid	!	JOANNE NUGENT	1	7/13/20 self-employ) 1
	arer	Firm's name SBNG, P.C.			26-1483953
	Only	Firm's address 221 N KANSAS, SUITE 1300			
	_	EL PASO, TX 79901		Phone no. (9	15) 544-6770
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form 990 (2019)

EL PASO COLLABORATIVE FOR COMMUNITY & ECONOMIC DEVELOPMENT

Form	n 990 (2019) ECONOMIC DEVELOPMENT	74-2796160 Page	2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u>]</u>
1	Briefly describe the organization's mission:		
	THE MISSION OF THE EL PASO COLLABORATIVE IS TO FACILITAT		
	HOUSING AND ECONOMIC DEVELOPMENT IN AND AROUND EL PASO,	TEXAS.	
	Did the experience undertake any experience experience during the experience and listed as the		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No	_
	If "Yes," describe these new services on Schedule O	Tes LA NO	0
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No	_
•	If "Yes," describe these changes on Schedule O.		•
4	Describe the organization's program service accomplishments for each of its three largest program services, as i	measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	* *	
_	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 140,073. including grants of \$) (Revenue	ue\$0.	_)
	TDHCA HOME REHABILITATION PROGRAM		_
			_
		TEXAS	
		REBY THE	
	ORGANIZATION MARKETS THE PROGRAM, IDENTIFIES AND CERTIFIE		
	PARTICIPANTS AND PASSES THROUGH ASSISTANCE FUNDS FOR ELIC		_
	ACTIVITIES SUCH AS CONVERSION OF CONTRACTS OF SALE TO DE		
	REHABILITATION OR RECONSTRUCTION OF DILAPIDATED OR SUBSTRUCTION	ANDARD HOUSING.	
			_
			-
			—
4b	(Code) (Expenses \$ 199,346. Including grants of \$) (Revent	ue \$ 105,393.	<u>_</u>
40	(Code) (Expenses \$) (Revenue AFFORDABLE RENTAL PROGRAM (NEIGHBORHOOD STABILIZATION PROGRAM)		. '
	The state of the s	<u> </u>	_
	EPC ACQUIRED 16 FORECLOSED SINGLE-FAMILY HOMES WITH FEDER	RAL FUNDS (HUD	_
	NSP2) AND AN ADDITIONAL 2 HOMES FROM THE CITY OF EL PASO	(HUD NSP1).	_
	ALL 18 UNITS ARE RENTED BELOW MARKET RENTS AS PUBLISHED	BY HUD TO	_
	LOW-MODERATE-MIDDLE INCOME HOUSEHOLDS. PROGRAM INCOME IS	RESTRICTED FOR	_
	ELIGIBLE ACTIVITIES SUCH AS CONTINUED ACQUISITION AND RE	HABILITATION OF	_
	ADDITIONAL HOMES, WITH A SMALL PORTION ALLOWED FOR ADMIN	ISTRATIVE USE.	
			_
		01 004	_
4c	(Code) (Expenses \$23,882. including grants of \$) (Revenue)	ues 21,094.	_)
	REVOLVING LOAN PROGRAM		_
	DDG TG A II G MDDAGIDY GDDMIETED GOLGGINING LENDED MUE OF	DOANT ZAMTON	_
	EPC IS A U.S. TREASURY CERTIFIED COMMUNITY LENDER. THE OF		
	ADMINISTERS LOANS TO SMALL BUSINESSES AND POTENTIAL HOME UNDERSERVED COMMUNITIES IN THE EL PASO, TX AREA TO FACIL.		
	DEVELOPMENT.	TIATE ECONOMIC	_
	DEVELOPMENT:		_
			_
			_
			_
			_
			_
4d	Other program services (Describe on Schedule O.)		
-	(Expenses \$ including grants of \$) (Revenue \$))	
4e	Total program service expenses ► 363,301.		_
		Form 990 (201)	9)

Form 990 (2019) ECONOMIC DEVELOPMENT
Part IV Checklist of Required Schedules

٠,	1. th		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		.	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
4	public office? If "Yes," complete Schedule C, Part I	_3_		<u>X</u> _
~	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		Х
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		_X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	-		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		l	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total		Í	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u> _
d	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	11d	-,, -	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses]	37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.	х	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	-^ -	_ _ _
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		$\frac{x}{x}$
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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		1	
		14b		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170	+	
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	X
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	ł	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
8	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	- 1	X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"			
	complete Schedule G, Part III	19	}	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21		X

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Form 990 (2019)

EL PASO COLLABORATIVE FOR COMMUNITY & ECONOMIC DEVELOPMENT

Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit <u>25a</u> Х transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% X controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X entity (including an employee thereof) or family member of any of these persons? If "Yes." complete Schedule L. Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions, for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L. Part IV 28a 28b b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? # X 28c "Yes," complete Schedule L, Part IV . X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х Schedule N. Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 X 34 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 Х If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? X Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 17 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

Page 5

•					Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		j						
	filed for the calendar year ending with or within the year covered by this return	2a	0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X			
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	4a		X			
b	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)								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	•		_5a_	ļ	X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		<u>X</u>			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nızatıon solıcıt						
	any contributions that were not tax deductible as charitable contributions?			_6a_		_X_			
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts						
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).			<u> </u>					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ııred						
	to file Form 8282?	1	1	7c		<u>X</u>			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u></u>		Li	17			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		17	7e 7f		X			
f									
g									
8									
	sponsoring organization have excess business holdings at any time during the year?			8					
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a_					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter	1.0	ł			}			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				1			
11	Section 501(c)(12) organizations. Enter:	ا معد							
a	Gross income from members or shareholders	11a		[:					
Ø	Gross income from other sources (Do not net amounts due or paid to other sources against	146							
10-	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10413	 >	12a		J			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		1Æ.d					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	<u> </u>]	}			
	Is the organization licensed to issue qualified health plans in more than one state?			13a					
a	Note: See the instructions for additional information the organization must report on Schedule O			154					
ь	Enter the amount of reserves the organization is required to maintain by the states in which the								
J	organization is licensed to issue qualified health plans	13b				l			
_	Enter the amount of reserves on hand	13c				ļ			
	Did the organization receive any payments for indoor tanning services during the tax year?		·	14a		$\overline{\mathbf{x}}$			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O		14b					
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		or						
	excess parachute payment(s) during the year?			15		Х			
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	ne?	16					
-	If "Yes," complete Form 4720, Schedule O.		,						
				Form	990	(2019)			

ECONOMIC DEVELOPMENT

74-2796160

Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X				
Sec	tion A. Governing Body and Management									
	,				Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	<u>_</u> 5							
	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 on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	5							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?			2		X				
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?									
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a significant diversion of the organization's asset	s?		5		X				
6	Did the organization have members or stockholders?			6	X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appe	oint one or								
	more members of the governing body?			7a	X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stoo	kholders, or								
	persons other than the governing body?			7b	X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year t	y the following	g:							
а	The governing body?		-	8a	X					
	Each committee with authority to act on behalf of the governing body?		i	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	ed at the								
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Code.)								
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chap	ters, affiliate	s,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Ì					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body b	efore filing th	ne form?	11a	Х					
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
	Did the organization have a written conflict of interest policy? If "No," go to line 13.			12a	X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflicts?		12b	Х					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes									
_	in Schedule O how this was done	, 000000		12c	x					
13	Did the organization have a written whistleblower policy?			13		Х				
14	Did the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by	v independe	nt							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,asps://as		- }	- {					
а	The organization's CEO, Executive Director, or top management official			15a	х					
	Other officers or key employees of the organization		}	15b		X				
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)									
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangeme	nt with a	ľ		ľ					
	taxable entity during the year?			16a		X				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ts narticinati	on I	.00		_==				
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization		ا ا	}						
	and the state of t			16b						
Sec	exempt status with respect to such arrangements?			100						
17	List the states with which a copy of this Form 990 is required to be filed NONE									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	990-T (Section	on 501/c)/3\e	ODIV):	availah					
	for public inspection. Indicate how you made these available. Check all that apply.	JUG I JUGUII	55 (6)(6)5	J. 1197	aiial					
		n Cabadula C	N							
19	Own website Another's website X Upon request Other (explain of Describe on Schedule O whether (and if so, how) the organization made its governing documents, confidence of the confidence of th		•	financ	ual					
,5		iot of Hitteles	i policy, and	manc	iai					
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books	and rocarda								
LU	WILLIAM SCHLESINGER - 915-533-7057	and records	·	-						
	3607 RIVERA AVENUE, EL PASO, TX 79905									

ECONOMIC DEVELOPMENT

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Form 990,(2019) Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees and Independent Contractors

Employees, and independent Contractors	
Check if Schedule O contains a response or note to any line in this Part VI	H

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization (A)	(B)			((C)			(D)	(E)	(F)	
Name and title	Average	١,,,	Position (do not check more than one					Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson ı	s both	n an	compensation	compensation	amount of	
	week	\vdash	cer an	dad	recto	r/trus	tee)	from	from related	other	
	(list any	rector	ļ.,		ļ	}	ļ	the	organizations	compensation	
	hours for related	0 t d	ag			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the	
	organizations	ruste	trus		8	ned L		(44-27 1033-141130)	li	organization and related	
	below	dualt	rtrona	_	ed m	st co	₌			organizations	
	line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former		1		
(1) NEAL LOCKE	3.00										
CHAIR		X		X						l	
(2) RON MUNDEN	1.00										
BOARD MEMBER		X					Ì				
(3) LEE BONDURANT	1.00										
BOARD MEMBER		X			}	} ,				L	
(4) SCOTT HECK	1.00										
BOARD MEMBER		X									
(5) PERLA MICHEL	1.00										
BOARD MEMBER		X									
(6) WILLIAM SCHLESINGER	40.00										
EXECUTIVE DIRECTOR		l		X							
		L					L.				
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Form 990 (2019) ECONOMIC	DEVELO	ME	ΓN	·					74-27	96160)ı	Page 8
Part VII Section A. Officers, Directors, Trus		ploy	ees,			ghe	st C	Compensated Employee	s (continued)			
Name and title	(B) Average hours per week (list any	Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related	n 8	(F) Estima amoun othe	ted t of r
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	C) or	mpens from the ganizated nd related ganizated	he ation ated
	ļ						_		· · · · · · · · · · · · · · · · · · ·			
						_						
						}				1		_
											-	
								1				
							-					
										- -		
								 	<u> </u>			
1b Subtotal	1						<u> </u>					
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A						▶	<u> </u>				
Total number of individuals (including but no compensation from the organization.)	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			
3 Did the organization list any former officer,	director truste	ee k	ev e	mol	ove	e or	hia	hest compensated empl	ovee on		Yes	No
line 1a? If "Yes," complete Schedule J for s	uch ındivıdual	·			·		Ī	, ,	•	3		Х
For any individual listed on line 1a, is the su and related organizations greater than \$150									ne organization	4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				-		elate	ed organization or individ	lual for services	5		X
Section B. Independent Contractors 1 Complete this table for your five highest contractors.	mpensated ind	ener	nder	nt co	ntra	ctor	s th	nat received more than \$	100.000 of compe	ensation f	rom	
the organization. Report compensation for	•							the organization's tax y				
(A) Name and business	address	NC	NE					(B) Description of s	ervices	Comp	C) ensatio	on
							4					
				,			\perp	- 15				
Total number of independent contractors (if \$100,000 of compensation from the organization from the organization).	_	t lim	nited	to t	hos	e list	ted	above) who received mo	ore than			
wroo, ood or compensation from the organiz										Form	990	(2019)

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Revenue excluded Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts 1a b Membership dues 1b 1¢ c Fundraising events d Related organizations 1d 153,046. 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g \$ 153,046. h Total. Add lines 1a-1f **Business Code** 105,393. 105,393. 2 a PROGRAM INCOME 561000 Program Service Revenue f All other program service revenue 105,393. g Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, and 10,364. 10,364 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross rents 6a b Less: rental expenses 6b c Rental income or (loss) 6c ▶ d Net rental income or (loss) (II) Other (i) Securities 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis Öther Revenue and sales expenses 7b c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV. line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** 6,261. 6,261. 11 a OTHER INCOME 561000 b BAD DEBT RECOVERIES 900099 4,469. 4,469. C d All other revenue 10,730. e Total. Add lines 11a-11d 279,533. 126,487. Total revenue. See instructions

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 40,590. 36,531. 4,059. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 8,258. 7,432. 826. 9 Other employee benefits 5,121. 5,690. 569. 10 Payroll taxes Fees for services (nonemployees): 11 16,221. 16,221. Management Legal 9,500. 9,500. Accounting C Lobbying Professional fundraising services, See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 4,900. 4,900. column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 4,379. 4,379. 13 Office expenses Information technology 14 15 Royalties 2,381. 581. 1.800. 16 Occupancy 662. 662. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 254. 254. 20 21 Payments to affiliates 24,148. 24,148. Depreciation, depletion, and amortization 22 24,855. 24,160.695. 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 134,619. 134,619. TDHCA HOME REHABILIATIO 92,244. 92,244. NSP LOAN FORGIVENESS 21,990. 21,990. RENTAL PROPERTY MAINTEN 4,855. d MISCELLANEOUS 4,855. 2,110. 2,110. e All other expenses 397,656. 363,301. 34,355. 0. 25 Total functional expenses. Add lines 1 through 24e 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)

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Pai	rt X	Balance Sheet			
<u>:</u>		Check if Schedule O contains a response or note to any line in this Part X		, , , , , , , , , , , , , , , , , , ,	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	48,816.	1	200,000
	2	Savings and temporary cash investments	315,139.	2	238,230
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net .	·	4	6,745
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	26,172
ខ្ម	7	Notes and loans receivable, net	747,677.	7	2,638,541
Assets	8	Inventories for sale or use		8	
₹	9	Prepaid expenses and deferred charges	8,075.	9	5,654
	10a	, , , , , , , , , , , , , , , , , , , ,		.	
		basis. Complete Part VI of Schedule D 10a 1,767,976.			·
	b	Less accumulated depreciation 10b 281,439.	1,510,685.	10c	1,486,537
j	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
١	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets .		14	
ļ	15	Other assets. See Part IV, line 11	3,200.	15	200
_	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,633,592.	16	4,602,079
	17	Accounts payable and accrued expenses .	20,079.	17	22,053
ļ	18	Grants payable		18	
	19	Deferred revenue		19	
ļ	20	Tax-exempt bond liabilities		20	
ļ	21	Escrow or custodial account liability. Complete Part IV of Schedule D	1,381.	21	8,901
ပ္က	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
<u>a</u>		controlled entity or family member of any of these persons		22	
۱,	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X	•		12 070
		of Schedule D	0.	25	13,279
4	26	Total liabilities. Add lines 17 through 25	21,460.	26	44,233
,		Organizations that follow FASB ASC 958, check here 🕨 🗓			
Net Assets of Fund Balances		and complete lines 27, 28, 32, and 33.	207 500		224 264
uau	27	Net assets without donor restrictions	397,589.	27	334,364
<u> </u>	28	Net assets with donor restrictions	2,214,543.	28	4,223,482
ב ב		Organizations that do not follow FASB ASC 958, check here			
<u> </u>		and complete lines 29 through 33.			
2	29	Capital stock or trust principal, or current funds		29	
ž	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ζ	31	Retained earnings, endowment, accumulated income, or other funds	0 610 100	31	4 555 046
S	32	Total net assets or fund balances	2,612,132.	32	4,557,846
	33_	Total liabilities and net assets/fund balances	2,633,592.	33	4,602,079 Form 990 (201

EL PASO COLLABORATIVE FOR COMMUNITY & ECONOMIC DEVELOPMENT

Form	990 (2019) ECONOMIC DEVELOPMENT	74-	-2796160	Page 12
Par	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
		I		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,533.</u>
2	Total expenses,(must equal Part IX, column (A), line 25)	2		,656.
3	Revenue less expenses Subtract line 2 from line 1	3		,123.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,612	<u>,132.</u>
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses .	7		
8	Prior period adjustments	8	2,063	<u>,837.</u>
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	ı		
	column (B))	10	4,557	<u>,846.</u>
Par	rt XIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			X
				es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O)		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate l	basis,	1 1	
	consolidated basis, or both			
	Separate basis Consolidated basis X Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	x
	If the organization changed either its oversight process or selection process during the tax year, explain on Sched	dule O		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing			
	Act and OMB Circular A-133?		За	X_
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	d aud		_

Form 990 (2019)

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

EL PASO COLLABORATIVE FOR COMMUNITY &

ECONOMIC DEVELOPMENT

Open to Public

OMB No 1545-0047

Employer identification number 74-2796160

Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions												
The 1 2 3 4	organization is not a private foundation because it is: (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:												
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
6 7	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9		•	- •		•	ed in conii	inction with a land-grant	college					
	_	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.											
10		An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.)											
11		An organization organized	and operated exclusi	ively to test for public sa	fety See	section 50)9(a)(4).						
12		An organization organized a more publicly supported or	•	•	•		-	•					
		lines 12a through 12d that	describes the type of	f supporting organization	n and com	piete lines	12e, 12f, and 12g						
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	anization(s), typically by	giving					
		the supported organization											
		organization You must o			•			., -					
b		Type II. A supporting org	•		tion with it	s supporte	ed organization(s), by hav	/Ina					
		control or management of											
					ame perso	ns mai co	introl of manage the supp	Jorted					
	_	organization(s) You mus	•										
С	L	J Type III functionally inte		· -				ed with,					
		its supported organizatio		· ·									
d	L	Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	rith its supported organi	zation(s)					
		that is not functionally int	tegrated. The organiz	zation generally must sat	isfy a distr	ibution red	uirement and an attentiv	/eness					
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga functionally integrated, or					Type I, Type II, Type III						
f	Ente	r the number of supported o	organizations										
g		ride the following information	n about the supporte	d organization(s).									
	(1	Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	(iv) is the organized your govern	ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
		· · · · · · · · · · · · · · · · · · ·											
Tota	ıl				1	l							

74-2796160 Page 2 Schedule A (Form 990 or 990-EZ) 2019 ECONOMIC DEVELOPMENT Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not]					
	include any "unusual grants.")	781,443.	101,711.	137,138.	94,262.	153,046.	1267600.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						}
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to			ı]
	the organization without charge						
4	Total. Add lines 1 through 3	781,443.	101,711.	137,138.	94,262.	153,046.	1267600.
5	The portion of total contributions						
	by each person (other than a	[
	governmental unit or publicly	,		1			
	supported organization) included						
	on line 1 that exceeds 2% of the	}					
	amount shown on line 11,						
	column (f)		ı				
6	Public support. Subtract line 5 from line 4						1267600.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	781,443.	101,711.	137,138.	94,262.	153,046.	1267600.
8	Gross income from interest,						
	dividends, payments received on	j					l
	securities loans, rents, royalties,						
	and income from similar sources	96,624.	27,968.	25,522.	19,699.	10,364.	180,177.
9	Net income from unrelated business	_	_				
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	261,421.	10,420.	19,666.	5,850.	10,730.	308,087.
11	Total support. Add lines 7 through 10				١.		1755864.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	428,080.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop						▶□
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (li	ine 6, column (f) div	rided by line 11, co	olumn (f))		14	72.19 %
15	Public support percentage from 2018	Schedule A, Part I	l, line 14	•	į	15	89.07 %
16a	33 1/3% support test - 2019. If the c	organization did not	t check the box or	line 13, and line 1	4 is 33 1/3% or mo	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				ightharpoons X
b	33 1/3% support test - 2018. If the o	organization did not	t check a box on li	ne 13 or 16a, and I	ine 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	ifies as a publicly s	upported organiza	tion			ightharpoons
17a	10% -facts-and-circumstances test	- 2019. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fac-	ts-and-circumstanc	es" test, check the	s box and stop he	ere. Explain in Par	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizati	on qualifies as a p	ublicly supported o	organization		▶□
b	10% -facts-and-circumstances test	- 2018. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets th	e "facts-and-circun	nstances" test, ch	eck this box and s	top here. Explain	ın Part VI how the	
	organization meets the "facts-and-circ	umstances" test. T	he organization qu	ualifies as a publicly	y supported organ	ization	▶□
18	Private foundation. If the organization	n did not check a b	ox on line 13, 16a	, 16b, 17a, or 17b,	check this box ar	id see instructions	▶
			***	_			

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

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) Section A. Public Support (a) 2015 (c) 2017 ∕(f) Total (d) 2018 (e) 2019 Calendar year (or fiscal year beginning in) (b) 2016 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 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 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) Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2016 (d) 2018 (e) 2019 (f) Total (a) 2015 (c) 2017 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 c 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 (Explain in Part VI.) 13 Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 % 16 Public support percentage from 2018 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 % Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2018 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of 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 Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 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.
- 2 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b 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.
- c 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.
- 4a 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.
- b 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 supervised by or in connection with its supported organizations.
- c 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.
- 5a 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 amendment to the organizing document).
- **b** 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a 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.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c 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.
- 10a 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," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Sche	dule A (Form 990 or 990-EZ) 2019 ECONOMIC DEVELOPMENT	74-279616	0 P	age 5
Par	t ['] IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	j)
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			<u> </u>
	below, the governing body of a supported organization?	11a	<u> </u>	L
þ	A family member of a person described in (a) above?	11b	<u> </u>	<u> </u>
c	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		Ĺ <u> </u>
Sec [*]	tion B. Type I Supporting Organizations			,—
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	ŀ	1	,
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	i		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			ĺ
	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		 	ļ <u> </u>
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1_1_	—	<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported	l,	1	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1	·	1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		↓	<u> </u>
	supervised, or controlled the supporting organization.	2	1	L
Sect	tion 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		Ì	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	<u> </u>	-	ļ.—.
<u></u>	the supported organization(s).	11	J	L
Seci	tion 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?	11	┼	-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1'		
	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	1	1	
	significant voice in the organization's investment policies and in directing the use of the organization's	,	١.	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3	+	نـــــــا
Seci	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations		.1	
		···otions)		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see institution The organization satisfied the Activities Test. Complete line 2 below.	uctions).		
a b	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(ann inntmintions	,	
-	Activities Test Answer (a) and (b) below.	(see instructions	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	۳۳٦
	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,	· ·	'	
		İ		
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	- 20		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
		2b	— —	
	activities but for the organization's involvement. Parent of Supported Organizations Answer (a) and (b) below.	- 		•
	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? Provide details in Part VI.	3a	1	<u> </u>
		 0	1	
1.7	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	ı		

Sche	edule A (Form 990 or 990 EZ) 2019 ECONOMIC DEVELOPMENT			74-2796160 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1.	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 (explain in	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (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	1 1		
	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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (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).			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other		F	•
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	<u></u>	
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		
Sect	ion 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		<u></u>
7	Check here if the current year is the organization's first as a non-functional	ly integrated	Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions)

Schedule A (Form 990 or 990-EZ) 2019 ECONOMIC DEVELOPMENT 74-2796160 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions. Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 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 i Carryover from 2014 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f Distributions for 2019 from Section D. line 7: a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. For result 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 d Excess from 2018

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019

Schedule A (Form 990 or 990-EZ) 2019 ECONOMIC DEVELOPMENT 74-2796160 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12, Part IV, 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, line 1, 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 V, 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 (See instructions.) PART II, SHORT YEAR EXPLANATION: EFFECTIVE FEBRUARY 27, 2019, EL PASO COLLABORATIVE FOR COMMUNITY AND ECONOMIC DEVELOPMENT BECAME AN AFFILIATE OF PROJECT VIDA, A RELATED NON-PROFIT ORGANIZATION RELATED THROUGH COMMON DIRECTORS. AS A RESULT OF THE AFFILIATION AGREEMENT, THE ORGANIZATION CHANGED ITS FISCAL YEAR END TO AUGUST 31.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Inspection

Name of the organization

EL PASO COLLABORATIVE FOR COMMUNITY & ECONOMIC DEVELOPMENT

Employer identification number 74-2796160

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose co	onferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ition or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	,
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservatio	n easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense st	atement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statemen	ts that describes the
-	organization's accounting for conservation easements	A de Illiano de al Transcolor de Otto	O'mail and Amanda
Pai	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub	•	nerance of public
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95	· '	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	ance of public service,
	provide the 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 trea	-	ain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		\$
<u>b</u>	Assets included in Form 990, Part X		\$

Schedule D (Form 990) 2019 ECONOMIC DEVELOPMENT Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets 3. Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program b Scholarly research Other Preservation for future generations c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes X No on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: .381. c Beginning balance 1c 12,362. d Additions during the year 1d 842. Distributions during the year 1e 8,901. Ending balance 1f No 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 (a) Current year (c) Two years back (d) Three years back (b) Prior year 1a Beginning of year balance **b** Contributions c Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities and programs Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment Permanent endowment Term endowment > The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No by: (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) 3b b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 (b) Cost or other (d) Book value Description of property (a) Cost or other (c) Accumulated depreciation basis (investment) basis (other) 317,564 317,564 1a Land 243,658 168,973 **b** Buildings 412,631. c Leasehold improvements 37.781. 37,781 0. d Equipment

Schedule D (Form 990) 2019

1,486,537.

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

EL PASO COLLABORATIVE FOR COMMUNITY & ECONOMIC DEVELOPMENT 74-2796160 Page 3 Schedule D (Form 990) 2019 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (c) Method of valuation Cost or end-of-year market value (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (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 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3)(4)(5) (6)(7) (8) (9)Total (Col. (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 (b) Book value (a) Description (1)(2) (3)(4)(5) (6)(7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) Other Liabilities. Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (b) Book value (a) Description of liability (1) Federal income taxes 13,279 SECURITY DEPOSITS (2)(3)(4) (5)(6)

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

13, 279

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

(7) (8)

Sche	dule D (Form 990) 2019 ECONOMIC DEVELOPMENT		74-27	796160 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	atements With Revenue		
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a		
1	Total revenue, gains, and other support per audited financial statements		1	279,533.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	279,533.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
a	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		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12	. .	5	279,533.
	t XII Reconciliation of Expenses per Audited Financial St	atements With Expense		
	Complete if the organization answered "Yes" on Form 990, Part IV, I	•	•	
1	Total expenses and losses per audited financial statements		1	397,656.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		•
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
	Add lines 2a through 2d		2e	0.
e 2	Subtract line 2e from line 1		3	397,656.
3			3	337,0301
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	اما	1 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
Ь	Other (Describe in Part XIII)	4b		0
_C	Add lines 4a and 4b		4c	397,656.
5 Dai	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line t XIII Supplemental Information.	18.)		331,030.
		4. D. + N. I	AV bee 4 Dest V b	0. D-+ VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		t v, line 4, Part X, II	ne 2; Part XI,
iines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional information		
				
PAF	T IV, LINE 2B:			
<u> </u>	11 17, 11111 20.			
ET.	PASO COLLABORATIVE FOR COMMUNITY & ECO	NOMIC DEVELOPMEN	יי דבייתדבא יינ	NS AN
	THOO COMMONITY TOX COMMONITY & DOC			110 121
ESC	ROW ACCOUNT FOR MORTGAGE RECEIVABLES F	ROM WHICH IT PAY	YS PROPERT	Y TAXES
	11000011 1 011 1101111011111 11110111111			
ANI	INSURANCE AS THEY BECOME DUE. THE AMO	UNT COLLECTED FO	OR ESCROW	IS
INC	LUDED IN THE BORROWER'S REGULAR MONTHL	Y REPORT.		
				
	· · · · · · · · · · · · · · · · · · ·			
				
				

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open To Public Inspection

vame of the		EL PASO ECONOMIO					OR COMMUNIT	TY &	1		rident '961		on nu	mber
Part I	Excess Bene	fit Transa	ctions	(section 5	01(c)(3), sect		ection 501(c)(29) orga	nızatıc	ns on	ıly)			_
	Complete if the o							b, or Form 990-EZ, F	art V, I	ine 40)b			
1 (a) Nam	ne of disqualified p	person ((b) Relationship between disqualified person and organization			lified ((c) Description of tra	nsactio	n			(d) Corrected?		
		person and organization						— <u>Y</u>	es	No				
	·											+	-+	
			····									+	-+	
												+	-	
												+	_	
2 Enter ti	he amount of tax i	ncurred by th	e organiz	ation man	agers	or disc	ualified persons du	ring the year under						-
section	4958	•	Ū				•	•		> \$				
3 Enter ti	he amount of tax,	ıf any, on line	2, above	, reimburs	ed by	the org	ganization			> \$				
Part II	Loans to and	l/or From I	Interest	ted Pers	ions.									
	•	•					, Part V, line 38a or l	Form 990, Part IV, Iır	ne 26, d	or if th	e orga	nızatıç	n	
	reported an amo						г	T			/b) An	proved		
(a) Name of (b) Relation (b) Interested person (c) with organic		(b) Relations			(e) Original principal amount	(f) Balance due	(g) In default?		I by board or I		(i) W	ritten ment?		
1111010	otou poroon	With Organizat	1 1-2.8			$\overline{}$	principal amount		 			minitaco i		
מאמתעב	GLOBAL,	BORROWI	R BIIS	TNESS		From	50,000.	26,172.	Yes	No X	Yes	No	Yes X	No
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otal	Grants or As	-:	and the	- lake		J Dow	<u>▶</u> \$	26,172.	<u> </u>		<u> </u>		L	
Part III				•										
	Complete if the o							(a) Tues						
(a) Na	me of interested p	person		ationship ested pers			(c) Amount of assistance	(d) Type assistar		1) Purp assista		
		j		e organiza										
														
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SEE PART V FOR CONTINUATIONS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2019

Complete if the organization answered	"Yes" on For	m 990, Part	: JV, line	28a, 2	8b, or 28c			
(a) Name of interested person		ship between and the org			(c) Amount of transaction	(d) Description of transaction	organiz reven	
DROTECH VIDA	COMMON	DOARD	OE.	DIB	1 260	DDO TECH VIID	Yes	No
PROJECT VIDA	COMMON					PROJECT VID		X
PROJECT VIDA	COMMON					EPC CONTRAC		X
PROJECT VIDA	COMMON	BOARD	OF.	DIR	1,566,128.	PROJECT VID		X
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iDost Val.	l				"=			
RartiV Supplemental Information.								
Provide additional information for response	nses to ques	tions on Sc	<u>hedule</u>	L (see ı	nstructions)			
COMPANIE I DADE II IOANO	mo 3370		T.17		men nengova			
SCHEDULE L, PART II, LOANS	TO ANL	FROM	TM.T.	ERES	TED PERSONS	<u>:</u>		
/A \ MANO OF DEDGOM - DAMPED	GT 0D3 T	TNO						
(A) NAME OF PERSON: ENTREP	GLOBAL	, INC.						
/p) pur auronauro numu opasi		N. DOD		ד ממ	C 3 E3WTTV	WENDED OF A		
(B) RELATIONSHIP WITH ORGAL	NIZATIO	N: BOR	CROW.	EK I	S A FAMILY	MEMBER OF A		
DOADD WEWDED								
BOARD MEMBER								
/a) propose of toxy, proty	900 TOX	> T						
(C) PURPOSE OF LOAN: BUSIN	ESS LOA	7//						
								
SCH L, PART IV, BUSINESS TI	O A NIC A CIT	TONG T	·νιν.	T.VTN	ב דאייד ב ב כייב	D DERGONG.		
SCH H, PART IV, BUSINESS II	CAMBACI	TONS I	.14 V O.	TIATIA	G INIEKESIE	D FERSONS.		
(A) NAME OF PERSON: PROJECT	מחדט ח							
(A) NAME OF FERSON: FROUEC	VIDA			··	"			
(B) RELATIONSHIP BETWEEN II	ਪਾਸ਼ਸ਼ਸ਼ਾਪ	מאם חשי	RON	ΔND	ORGANTZATT	ON•		
(B) RELATIONSHIP BETWEEN II	ALEKESI	ED FER	SOI	AND	ONGANIZATI	014.		
COMMON BOARD OF DIRECTORS								
COMMON BOARD OF DIRECTORS						·		
(C) AMOUNT OF TRANSACTION	t / 268							
(C) AMOUNT OF TRANSACTION	3 4,200	<u>•</u>						
(D) DESCRIPTION OF TRANSACT	יזר∩אז. ם	ъолтроп	, אודי	ם גרו	DOUTHER ANM	TNT C T T T T T T T T T T T T T T T T T		
(D) DESCRIPTION OF TRANSAC.	I I ON : P	ROUECI	<u> </u>	UA F	KOVIDES ADM	INIDIKATIVE		
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SERVICES AND SERVES AS THE	FISCAL	AGENI	FO.	<u> </u>	VERAL FUNCI	IONS INAI		
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OVERHAP WITH EPC. PROJECT	VIDA CH	ANGES	r ee	<u>5 FU</u>	K ADMINISIK	AIIVA BERVIO	<u> </u>	
DROVIDED MO EDG ON A MONMU	V DAGT	a 2a	מאמ	A TO NTO	DOD THE CH	מתר מפט זיים	TROM	
PROVIDED TO EPC ON A MONTH	TCAG IL	5. AS	PAI	MEMI	FUR ITS SE.	RVICES, PROL	PCT	
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VIDA IS ENTITLED TO 10% OF	COPPEC	TED RE	NTS	AS	ITS MANAGEM	ENT FEE. THE	<u> </u>	
00011111111111111111111111111111111111			- 4		0 700 mii 7	T. C. T. C.		
ORGANIZATION INCURRED MANAC	FEMENT	rees O	F \$	4,26	o FOR THE E	IGHT MONTHS		
711070 1110110F 04 0040								
ENDED AUGUST 31, 2019.								
/_\								
(E) SHARING OF ORGANIZATION	I REVEN	UES? =	NO.					

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No 1545-0047

Employer identification number 74-2796160

EL PASO COLLABORATIVE FOR COMMUNITY & Name of the organization

ECONOMIC DEVELOPMENT

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DEVELOPMENT IN AND AROUND EL PASO, TEXAS. FORM 990, PART VI, SECTION A, LINE 4: EFFECTIVE FEBRUARY 27, 2019, THE ORGANIZATION (EPC) BECAME AN AFFILIATE OF PROJECT VIDA (PV), A NON-PROFIT ORGANIZATION RELATED THROUGH COMMON DIRECTORS. AS A RESULT OF THE AFFILIATION AGREEMENT, SIGNIFICANT CHANGES OCCURRED TO ITS BYLAWS. THE REVISED BYLAWS AFFORD PV THE RIGHT TO ELECT AN INITIAL MAJORITY (3:5) OF THE EPC BOARD AND STATE THAT PV LEADERSHIP SHALL PROVIDE THE EXECUTIVE DIRECTOR FUNCTION FOR EPC. IN ADDITION, THE AGREEMENT ESTABLISHES THAT THE FOLLOWING PROGRAMS WILL REMAIN IN PLACE AS FAR AS POSSIBLE. ANY REDUCTIONS IN FUNDING OR SERVICES OFFERED THROUGH EPC PROGRAMS WILL REQUIRE THE PRIOR CONSENT OF AT LEAST ONE EPC DIRECTOR. PROGRAMS MAINTAINED BY PV: TEXAS DEPARTMENT OF COMMUNITY AFFAIRS, REVOLVING LOAN FUND, NSP#2, NSP RENTAL PROGRAMS, MINOR REPAIR PROGRAMS, FINANCIAL LITERACY SEMINARS, VOLUNTEER INCOME TAX ASSISTANCE, HOMEBUYER COUNSELING, AND THE HOME BUYER ASSISTANCE PROGRAM. LASTLY, THE FOLLOWING STANDING COMMITTEES WERE ESTABLISHED THROUGH THE REVISION OF THE BYLAWS FOR THE PURPOSE OF MAKING RECOMMENDATIONS TO THE BOARD: EXECUTIVE COMMITTEE, FINANCE COMMITTEE, LOAN REVIEW COMMITTEE, AND

FORM 990, PART VI, SECTION A, LINE 6:

NOMINATING COMMITTEE.

THE ORGANIZATION HAS ONE MEMBER. THE MEMBER SHALL BE PROJECT VIDA AS SET

Name of the organization EL PASO COLLABORATIVE FOR COMMUNITY & Employer identification number ECONOMIC DEVELOPMENT 74-2796160 FORTH IN THE ORGANIZATION'S AMENDED AND RESTATED ARTICLES OF INCORPORATION AND AMENDED BYLAWS. FORM 990, PART VI, SECTION A, LINE 7A: PURSUANT TO THE ORGANIZATION'S AFFIRMATION AGREEMENT WITH PROJECT VIDA, THE ORGANIZATION AGREED TO AFFORD AN INITIAL MAJORITY OF THE ORGANIZATION'S BOARD OF DIRECTORS TO PROJECT VIDA. FORM 990, PART VI, SECTION A, LINE 7B: THE SOLE MEMBER, PROJECT VIDA, SHALL HAVE THE VOTING AND OTHER RIGHTS SET FORTH IN THE AMENDED BYLAWS OF THE ORGANIZATION. FORM 990, PART VI, SECTION B, LINE 11B: THE DRAFT OF THE 990 IS PREPARED BY THE SELECTED ACCOUNTING FIRM. AFTER STAFF REVIEW, IT IS SUBMITTED TO THE ORGANIZATION'S EXECUTIVE COMMITTEE (CHAIR, VICE CHAIR, AND SECRETARY/TREASURER) FOR THEIR REVIEW. THE SECRETARY/TREASURER PRESENTS THE DRAFT TO THE FULL BOARD AT ITS REGULARLY SCHEDULED MEETING FOR REVIEW AND APPROVAL PRIOR TO FILING THE RETURN. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGH INQUIRIES OF ITS MEMBERS DURING BOARD AND STAFF MEETINGS. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTORS ESTABLISHES THE SALARY OF THE EXECUTIVE DIRECTOR UPON HIRING. SALARY ADJUSTMENTS ARE BASED UPON PERFORMANCE AND AVAILABILITY OF FUNDS. THE BOARD EVALUATES THE EXECUTIVE DIRECTOR'S PERFORMANCE

Schedule O (Form 990 or 990-EZ) (2019)		Page 2
Name of the organization EL PASO COLLABORATIVE FOR ECONOMIC DEVELOPMENT	COMMUNITY &	Employer identification number 74-2796160
ANNUALLY. THE EXECUTIVE DIRECTOR IS RES	PONSIBLE FOR ESTABL	ISHING SALARIES
AND ADJUSTMENTS FOR STAFF BASED UPON PE	RFORMANCE AND AVAIL	ABILITY OF FUNDS.
FORM 990, PART VI, SECTION C, LINE 19:		
THE ORGANIZATION MAKES ITS GOVERNING DO	CUMENTS, CONFLICT O	F INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE UPON	WRITTEN REQUEST.	••
990, PAGE 12, PART XII, LINE 2C		
THERE WERE NO CHANGES IN THE MANNER IN	WHICH THE ORGANIZAT	ION CONDUCTED
ITS OVERSIGHT PROCESS OR SELECTION PROC	ESS DURING THE TAX	YEAR.
		,
*		
		1

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Attach to Form 990.

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

Open to Public Inspection 2019

OMB No 1545-0047

Employer identification number 74-2796160

▶ Go to www.irs.gov/Form990 for instructions and the latest information. EL PASO COLLABORATIVE FOR COMMUNITY & ECONOMIC DEVELOPMENT Name of the organization Department of the Treasury Internal Revenue Service

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

Part

Direct controlling entrty 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 End-of-year assets <u>e</u> Total income Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

(g) Section 512(b)(13) Š × controlled entity? Yes Direct controlling entity N/A Public charity status (if section 501(c)(3)) LINE 7 Exempt Code section 501(C)(3) ਉ Legal domicile (state or foreign country) TEXAS PROVIDES COMMUNITY SERVICE Primary activity AND DEVELOPMENT Name, address, and EIN of related organization PROJECT VIDA - 74-2481679 79905 EL PASO, TX 3607 RIVERA

Part II

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

Schedule R (Form 990) 2019

932,161 09-10-19 LHA

Schedule R (Form 990) 2019 ECONOMIC DEVELOPMENT

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Part III

Page 2

74-2796160

General or Percentage Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year 3 managing partner? Yes No 3 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) \equiv Disproportuonate Yes No aliocations? Ξ Share of end-of-year assets **6** Share of total income ε Predominant income (related, unrelated, excluded from tax under sections 512-514) e (d)
| Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Part IV

Yes No (i) Section 512(b)(13) controlled entity? Percentage ownership Ξ Share of end-of-year assets 6 Share of total income Type of entity (C corp, S corp, or trust) Direct controlling entity Legal domicile (state or foreign country) ত Primary activity 9 Name, address, and EIN of related organization

Schedule R (Form 990) 2019

932162 09-10-19

Page 3 74-2796160

EL PASO COLLABORATIVE FOR COMMUNITY & ECONOMIC DEVELOPMENT Schedule R (Form 990) 2019

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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more rel	ated organizations listed II	אן II-IV?			_
a Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity		•			1 a	×
b Gift, grant, or capital contribution to related organization(s)					卓	×
c Gift, grant, or capital contribution from related organization(s)					9	×
d Loans or loan guarantees to or for related organization(s)		:			14	×
e Loans or loan guarantees by related organization(s)	:			<u> </u>	te X	
* Dividende from releted organization(c)				<u>. </u>	/ *	×
Dividends notificated digalization(s)			:	1.`	<u>.</u>	\$
g Sale of assets to related organization(s)					<u>5</u>	<u>د </u> :
h Purchase of assets from related organization(s)				<u>-1</u>	Ę.	×
i Exchange of assets with related organization(s)			•	_1	;=	×
j Lease of facilities, equipment, or other assets to related organization(s)				<u>`1</u>	<u>;</u>	×
k Lease of facilities, equipment, or other assets from related organization(s)				2 -	<u>}</u>	×
	 nization(s)	:		<u>'</u>	=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)	:	. '		1m X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)	٠	,		1n X	
o Sharing of paid employees with related organization(s)				<u> </u>	위	
n Reimbursement paid to related organization(s) for expenses					Ę	×
	•		•] <u>-</u>	2 2	×
	•	:		<u> </u>	_	
 other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) 	•		•		1r 1s	××
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ho must complete th	s line, including covered r	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	unt ınvolve	pa	
(1) PROJECT VIDA	N	0.	NO VALUE ASSIGNED			
(2) PROJECT VIDA	0	0.	0.NO VALUE ASSIGNED			
(3) PROJECT VIDA	M	4,268.	COST	ł		
(4) PROJECT VIDA	Œ	13,408.COST	COST			
(5) PROJECT VIDA	Q	1,566,128.	COST			
(9)						,
932163 09-10-19			Sch	Schedule R (Form 990) 2019	orm 9	90) 201

74-2796160

Page 4

EL PASO COLLABORATIVE FOR COMMUNITY & ECONOMIC DEVELOPMENT

Schedule R (Form 990) 2019

Part VI 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.

(k) 1 or Percentage 1 ownership						
(j) General manage partne	 	 		 		
Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? Percentage (Form 1065)						
Onsproportonate allocations?						
allo Dis	 		<u> </u>			
(g) Share of end-of-year assets	,					
(f) Share of total Income						
(e) Are all partners sec. 501(c)(3) 607 Yes No						
(d) Predominant income part (related, unrelated, 20 excluded from tax under excluded from 512-514) Ye						
(c) Legal domicile F (state or foreign excountry)					•	
(b) Primary activity						
(a) Name, address, and EIN of entity						

Schedule F	R (Form 990) 2019	ECONOMIC	DEVELOPMENT	74-2796160	Page 5
Part VII	R (Form 990) 2019 Supplemental Info	ormation			
	Provide additional infor	mation for responses	to questions on Schedule R See instructions		
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