

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2015**  
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2015 calendar year, or tax year beginning , and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>EL PASO COMMUNITY ACTION PROGRAM</b> <b>PROJECT BRAVO, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) <b>2000 TEXAS AVE</b> Room/suite City or town, state or province, country, and ZIP or foreign postal code <b>EL PASO TX 79901-1919</b>	<b>D</b> Employer identification number <b>74-6068251</b> <b>E</b> Telephone number <b>915-562-4100</b> <b>G</b> Gross receipts \$ <b>7,736,797</b>
<b>F</b> Name and address of principal officer: <b>LAURA PONCE</b> <b>2000 TEXAS AVE</b> <b>EL PASO TX 79901</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <b>t</b> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number <b>u</b>
<b>J</b> Website: <b>u WWW.PROJECTBRAVO.ORG</b>		<b>L</b> Year of formation: <b>1965</b> <b>M</b> State of legal domicile: <b>TX</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>PROJECT BRAVO, INC. IS A NON-PROFIT 501(C)3 ORGANIZATION THAT EXISTS TO MAXIMIZE RESOURCES FOR AN IMPROVED QUALITY OF LIFE FOR THE ECONOMICALLY DISADVANTAGED RESIDENTS OF EL PASO COUNTY.</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>51</b>
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>12</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year <b>8,381,587</b>	Current Year <b>7,542,785</b>
	9	Program service revenue (Part VIII, line 2g)	<b>192,101</b>	<b>193,974</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>-1,862</b>	<b>38</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-4,728</b>	<b>0</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>8,567,098</b>	<b>7,736,797</b>
	<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>6,162,075</b>
14		Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,628,382</b>	<b>1,564,646</b>
16a		Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) <b>u</b>		<b>0</b>
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>733,745</b>	<b>631,457</b>
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>8,524,202</b>	<b>7,711,462</b>	
19	Revenue less expenses. Subtract line 18 from line 12	<b>42,896</b>	<b>25,335</b>	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year <b>2,184,940</b>	End of Year <b>2,100,880</b>
	21	Total liabilities (Part X, line 26)	<b>1,104,387</b>	<b>994,992</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>1,080,553</b>	<b>1,105,888</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>LAURA PONCE</b>	Date <b>EXECUTIVE DIRECTOR</b>		
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MICHAEL K CARNEVALE</b>	Preparer's signature <b>MICHAEL K CARNEVALE</b>	Date <b>10/20/16</b>	Check <input checked="" type="checkbox"/> if self-employed PTIN <b>P01697449</b>
	Firm's name } <b>RPC CPAS + CONSULTANTS, LLP</b> <b>810 E YANDELL DR.</b> Firm's address } <b>EL PASO, TX 79902</b>	Firm's EIN } <b>85-0454285</b> Phone no. <b>915-532-8400</b>		

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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

**PROJECT BRAVO, INC. IS A NON-PROFIT 501(C)3 ORGANIZATION THAT EXISTS TO MAXIMIZE RESOURCES FOR AN IMPROVED QUALITY OF LIFE FOR THE ECONOMICALLY DISADVANTAGED RESIDENTS OF EL PASO COUNTY.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **5,029,007** including grants of \$ **4,628,892** ) (Revenue \$ )

**PROGRAM PURPOSE:**

**THE COMPREHENSIVE ENERGY ASSISTANCE PROGRAM (CEAP) PROVIDES UTILITY ASSISTANCE, REPAIR OF HVAC UNITS, AND EDUCATION ON REDUCING UTILITY CONSUMPTION TO HOUSEHOLDS LIVING AT OR BELOW 125% OF THE FEDERAL POVERTY LEVEL AND OTHER GUIDELINES PROVIDED BY THE OFFICE OF COMMUNITY AFFAIRS THROUGH THE LOW-INCOME HOME ENERGY ASSISTANCE ACT OF 1981 AS AMENDED (42 U.S.C. SEC. 8621 ET SEQ.) AND THE TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS THROUGH THE TEXAS ADMINISTRATIVE CODE. PRIORITY IS GIVEN TO HOUSEHOLDS WITH PEOPLE OVER AGE 55, PERSONS WITH DISABILITIES, CHILDREN UNDER AGE 5, AND HOUSEHOLDS WITH HIGH CONSUMPTION OF UTILITIES.**

4b (Code: ) (Expenses \$ **1,114,883** including grants of \$ **876,409** ) (Revenue \$ )

**THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) PROVIDES WEATHERIZATION SERVICES AND EDUCATION ON REDUCING ENERGY CONSUMPTION TO LOW-INCOME HOUSEHOLDS LIVING AT OR BELOW 125% OF THE FEDERAL POVERTY LEVEL WITH THE GOAL OF REDUCING ENERGY CONSUMPTION WITHIN FIVE YEARS EQUAL TO THE COST OF THE WEATHERIZATION MEASURES IMPLEMENTED. HOMES ARE ASSESSED PER GUIDELINES PROVIDED BY THE U.S. DEPARTMENT OF ENERGY (DOE) AND THE TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS THROUGH THE TEXAS ADMINISTRATIVE CODE. PRIORITY IS GIVEN TO HOUSEHOLDS WITH PEOPLE OVER AGE 55, PERSONS WITH DISABILITIES, CHILDREN UNDER AGE 5, AND HOUSEHOLDS WITH HIGH CONSUMPTION OF UTILITIES.**

4c (Code: ) (Expenses \$ **825,078** including grants of \$ **10,058** ) (Revenue \$ )

**THE COMMUNITY SERVICES BLOCK GRANT (CSBG) PROVIDES FUNDING FOR ACTIVITIES THAT REDUCE POVERTY, REVITALIZE COMMUNITIES, EMPOWER LOW-INCOME FAMILIES, AND ALLOW INDIVIDUALS TO BECOME FULLY SELF-SUFFICIENT. THE FOLLOWING SERVICES ARE PROVIDED USING CSBG FUNDS: GED INSTRUCTION AND SCHOLARSHIPS FOR TESTING, 36 AFFORDABLE HOUSING UNITS, INTENSIVE CASE MANAGEMENT FOR INDIVIDUALS WANTING TO TRANSITION OUT OF POVERTY, HVAC REPAIR, HOUSING COUNSELING, PATIENT ASSISTANCE TO ACCESS FREE OR LOW-COST MEDICAL SERVICES, UTILITY ASSISTANCE, WEATHERIZATION SERVICES, AND INFORMATION & REFERRAL TO COMMUNITY RESOURCES. PROGRAM GUIDANCE AND MONITORING IS PROVIDED BY THE OFFICE OF COMMUNITY AFFAIRS, THE TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS, AND OTHER PUBLIC AND PRIVATE GRANTORS FOR SPECIFIC PROGRAMS THAT**

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses **u** **6,968,968**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	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		<b>X</b>
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>X</b>	
<b>23</b>	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 Schedule J		<b>X</b>
<b>24a</b>	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 Schedule K. If "No," go to line 25a		<b>X</b>
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		<b>X</b>
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b>	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>X</b>
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		<b>X</b>
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>X</b>	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<b>X</b>
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<b>X</b>
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>13</b>	
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent	<b>13</b>	
<b>2</b>	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?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	<b>X</b>	
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>X</b>	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u TX**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **u**

**MARTIN DOMINGUEZ - CFO** **2000 TEXAS AVE** **TX 79901** **915-562-4100**  
**EL PASO**

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

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. 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.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>BERNADETTE SEGURA</b>	2.00									
BOARD CHAIR	0.00	X		X			0	0	0	
(2) <b>OMAR RODRIGUEZ</b>	1.00									
BOARD VICE CHAIR	0.00	X		X			0	0	0	
(3) <b>ELKE CUMMING</b>	1.50									
BOARD SECRETARY	0.00	X		X			0	0	0	
(4) <b>LAURA CHRISTOPHERSON</b>	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(5) <b>MAGDALENA RODRIGUEZ</b>	2.00									
BOARD FINANCE CHAIR	0.00	X		X			0	0	0	
(6) <b>JUDGE NINA SERNA</b>	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(7) <b>FERNANDO FERNANDEZ</b>	1.50									
BOARD MEMBER	0.00	X					0	0	0	
(8) <b>SAMANTHA ROMERO</b>	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(9) <b>JESUS CARRILLO</b>	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(10) <b>ROBERT CARRILLO</b>	2.00									
BOARD MEMBER	0.00	X					0	0	0	
(11) <b>EDWARD BECK</b>	1.00									
BOARD MEMBER	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>AMY HERNANDEZ</b> ..... <b>BOARD MEMBER</b>	1.00 ..... 0.00	X						0	0	0
(13) <b>DR. CANDACE OTO</b> ..... <b>BOARD MEMBER</b>	1.00 ..... 0.00	X						0	0	0
(14) <b>LAURA PONCE</b> ..... <b>EXECUTIVE DIRECTOR</b>	50.00 ..... 0.00			X				85,027	0	0
(15) <b>MARTIN DOMINGUEZ</b> ..... <b>CFO</b>	40.00 ..... 0.00			X				69,907	0	0
<b>1b Sub-total</b> .....								<b>154,934</b>		
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....								<b>154,934</b>		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 0**

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
<b>THE ELECTRIC COMPANY</b> <b>EL PASO TX 79960</b>	<b>PO BOX 982</b> <b>UTILITY ASSISTA</b>	<b>3,005,830</b>
<b>HIGH RIDGE CONSTRUCCION INC</b> <b>EL PASO TX 79924</b>	<b>10498 DYER ST</b> <b>WEATHERIZATION</b>	<b>1,908,179</b>
<b>TEXAS GAS SERVICE</b> <b>EL PASO TX 79930</b>	<b>4600 POLLARD AVE</b> <b>UTILITY ASSISTA</b>	<b>365,094</b>
<b>HEALTH CARE SERVICE CORPORATION</b> <b>DALLAS TX 75373</b>	<b>PO BOX 7311428</b> <b>HEALTH INSURANC</b>	<b>204,649</b>

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 4**



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	<b>7,429,847</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>112,938</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	<b>7,542,785</b>				
	<b>Program Service Revenue</b>	<b>2a</b> LEASE INCOME	<b>Busn. Code</b> 531110	193,974	193,974		
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f		<b>u</b>	<b>193,974</b>				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	38			38
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
	<b>b</b> Less: rental exps.						
	<b>c</b> Rental inc. or (loss)						
	<b>d</b> Net rental income or (loss)	<b>u</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis & sales exps.						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)	<b>u</b>					
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>						
<b>Miscellaneous Revenue</b>	<b>11a</b>	<b>Busn. Code</b>					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d	<b>u</b>					
	<b>12 Total revenue.</b> See instructions.	<b>u</b>	<b>7,736,797</b>	<b>193,974</b>	<b>0</b>	<b>38</b>	

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,515,359	5,515,359		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,217,445	895,467	321,978	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	225,209	166,612	58,597	
10 Payroll taxes	121,992	90,251	31,741	
11 Fees for services (non-employees):				
a Management				
b Legal	1,438	226	1,212	
c Accounting	8,029		8,029	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	11,861	1,902	9,959	
12 Advertising and promotion	597	343	254	
13 Office expenses	107,110	64,385	42,725	
14 Information technology				
15 Royalties				
16 Occupancy	263,769	151,366	112,403	
17 Travel	33,466	20,455	13,011	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	22,105	12,685	9,420	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	100,552		100,552	
23 Insurance	17,797	11,332	6,465	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>SMALL EQUIPMENT</b>	41,668	25,055	16,613	
b <b>VEHICLE EXPENSE</b>	11,523	6,612	4,911	
c <b>TOOLS</b>	4,006	2,299	1,707	
d <b>SUPPLIES</b>	4,001	2,597	1,404	
e All other expenses	3,535	2,022	1,513	
25 Total functional expenses. Add lines 1 through 24e	7,711,462	6,968,968	742,494	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	354,416	1	345,477
	2	Savings and temporary cash investments	84,319	2	84,356
	3	Pledges and grants receivable, net	157,791	3	161,862
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	17,172	9	20,216
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,959,475		
	b	Less: accumulated depreciation	10b 1,470,506	10c	1,488,969
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,184,940	16	2,100,880	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	291,344	17	280,324
	18	Grants payable		18	
	19	Deferred revenue	25,678	19	38,490
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	787,365	23	676,178
	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 of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	1,104,387	26	994,992
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	1,061,361	27	1,105,888
	28	Temporarily restricted net assets	19,192	28	
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	1,080,553	33	1,105,888	
34	<b>Total liabilities and net assets/fund balances</b>	2,184,940	34	2,100,880	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>7,736,797</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>7,711,462</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>25,335</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>1,080,553</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>1,105,888</b>

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<b>X</b>	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<b>X</b>	

**SCHEDULE A**  
(Form 990 or 990-EZ)

**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.  
u Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

**EL PASO COMMUNITY ACTION PROGRAM  
PROJECT BRAVO, INC.**

Employer identification number

**74-6068251**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,510,629	9,629,384	10,693,903	8,381,587	7,542,785	50,758,288
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	14,510,629	9,629,384	10,693,903	8,381,587	7,542,785	50,758,288
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b> Public support. Subtract line 5 from line 4.						50,758,288

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4	14,510,629	9,629,384	10,693,903	8,381,587	7,542,785	50,758,288
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	193,756	188,261	201,579	38	38	583,672
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			44,055			44,055
<b>11 Total support.</b> Add lines 7 through 10						51,386,015
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	193,974
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	98.78 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14	<b>15</b>	98.68 %
<b>16a 33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2015.** 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—2014.** 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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> 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.		
3b	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 <b>Part VI</b> when and how the organization made the determination.		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> 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 11a or 11b in Part I, answer (b) and (c) below.		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
4c	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 <b>Part VI</b> 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 <b>Part VI</b> , 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).		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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 <b>Part VI</b> .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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 <b>Part VI</b> .		
9b	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 <b>Part VI</b> .		
9c	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 <b>Part VI</b> .		
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.		
10b	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.)		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> <b>Activities Test. Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> <b>Parent of Supported Organizations. Answer (a) and (b) below.</b>		
<b>a</b> 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 <b>Part VI</b> .		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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 maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>	<b>Current Year</b>
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013 .....			
<b>e</b> From 2014 .....			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013 .....			
<b>d</b> Excess from 2014 .....			
<b>e</b> Excess from 2015 .....			

**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, LINE 10 - OTHER INCOME DETAIL**

\$ 44,055

**Schedule B**  
 (Form 990, 990-EZ,  
 or 990-PF)  
 Department of the Treasury  
 Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2015**

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

u Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b> EL PASO COMMUNITY ACTION PROGRAM PROJECT BRAVO, INC.	<b>Employer identification number</b> 74-6068251
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Organization type (check one):

- |  |   |
|--|---|
| <b>Filers of:</b><br><br>Form 990 or 990-EZ<br><br><br><br>Form 990-PF | <b>Section:</b><br><br><input checked="" type="checkbox"/> 501(c)( 3 ) (enter number) organization<br><br><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation<br><br><input type="checkbox"/> 527 political organization<br><br><input type="checkbox"/> 501(c)(3) exempt private foundation<br><br><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation<br><br><input type="checkbox"/> 501(c)(3) taxable private foundation |
|--|---|

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ► \$ .....

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

**EL PASO COMMUNITY ACTION PROGRAM**

Employer identification number

**74-6068251**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS 221 EAST 11TH STREET AUSTIN TX 78711	\$ 7,429,847	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

EL PASO COMMUNITY ACTION PROGRAM PROJECT BRAVO, INC.

Employer identification number

74-6068251

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, and questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV 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 on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** .....
  - b** Permanent endowment **u** .....
  - c** Temporarily restricted endowment **u** .....
- 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 by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations ..... | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations .....  | <b>3a(ii)</b> |    |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 3b**
- 4** 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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		<b>394,305</b>		<b>394,305</b>
<b>b</b> Buildings .....		<b>2,252,986</b>	<b>1,166,430</b>	<b>1,086,556</b>
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		<b>273,811</b>	<b>265,703</b>	<b>8,108</b>
<b>e</b> Other .....		<b>38,373</b>	<b>38,373</b>	
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) <b>u</b>				<b>1,488,969</b>



**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)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>		

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b>		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b>	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>		

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII .....

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	7,755,989
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	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	19,192	
e	Add lines 2a through 2d	2e		19,192
3	Subtract line 2e from line 1	3		7,736,797
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		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		7,736,797

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	7,730,654
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	19,195	
e	Add lines 2a through 2d	2e		19,195
3	Subtract line 2e from line 1	3		7,711,459
4	Amounts included on Form 990, Part IX, line 25, 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	3	
c	Add lines 4a and 4b	4c		3
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		7,711,462

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X - FIN 48 FOOTNOTE**

UNCERTAIN TAX POSITIONS: THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THAT GUIDANCE, AN ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF PROJECT BRAVO AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT). THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST

Part XIII Supplemental Information (continued)

BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR THE FISCAL YEAR ENDED DECEMBER 31, 2015.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

GRANTS RELEASED FROM RESTRICTION \$ 19,192

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

GRANTS RELEASED FROM RESTRICTION \$ 19,192

DEPRECIATON ROUNDING \$ 3

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

BOOK / TAX DEPRECIATION DIFFERENCE \$ 3

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**u Attach to Form 990.**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**u Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization **EL PASO COMMUNITY ACTION PROGRAM  
PROJECT BRAVO, INC.** Employer identification number **74-6068251**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u** .....
- 3** Enter total number of other organizations listed in the line 1 table **u** .....

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

**Schedule I (Form 990) (2015)**

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 UTILITY ASSISTANCE	33623	4,628,892			
2 WEATHERIZATION ASSISTANCE	31873	876,409			
3 GED TESTING & ASSISTANCE	78	10,058			
4					
5					
6					
7					

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

**PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS**

FINANCIAL ASSISTANCE IS PROVIDED TO HOUSEHOLDS WHO QUALIFY ACCORDING TO THE TERMS OUTLINED IN THE CONTRACT PROVIDED BY THE FUNDER. INTERNAL POLICIES AND PROCEDURES ARE DEVELOPED TO ENSURE ALL RELEVANT DOCUMENTS ARE OBTAINED FROM THE CLIENT TO DETERMINE IF THE HOUSEHOLD IS ELIGIBLE FOR SERVICES. EACH GRANTOR MAY HAVE DIFFERENT CRITERIA FOR ELIGIBILITY AND SO ELIGIBILITY FOR EACH PROGRAM IS APPROVED SEPARATELY TO ENSURE CONTRACTUAL COMPLIANCE. ONCE THE CLIENT'S APPLICATION IS REVIEWED AND DEEMED ELIGIBLE FOR SERVICE OR SERVICES, THE CLIENT IS ASKED TO REVIEW AND SIGN DOCUMENTS FOR EACH PROGRAM THEY WILL BE ASSISTED WITH TO ENSURE THE INDIVIDUAL UNDERSTANDS

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

**WHAT SERVICES WILL BE RECEIVED, THEIR RIGHTS AS A CLIENT OF PROJECT BRAVO,**  
**AND THEIR RESPONSIBILITIES TO ENSURE PROGRAM COMPLIANCE.**

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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

**2015**

Department of the Treasury  
Internal Revenue Service

u Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**EL PASO COMMUNITY ACTION PROGRAM  
PROJECT BRAVO, INC.**

Employer identification number

**74-6068251**

**FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

**PROGRAM ACHIEVEMENT:**

**4,723 UNDUPLICATED HOUSEHOLDS AND 22,756 UNDUPLICATED INDIVIDUALS WERE  
ASSISTED WITH FUNDS FROM CEAP GRANT #5814001803.**

**1,056 UNDUPLICATED HOUSEHOLDS AND 5,088 UNDUPLICATED INDIVIDUALS WERE  
ASSISTED WITH FUNDS FROM CEAP GRANT #58130001964.**

**FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT**

**PROGRAM ACHIEVEMENT:**

**161 SHELTERS (HOMES, MOBILE HOMES, AND APARTMENT UNITS) WERE WEATHERIZED  
WITH 463 UNDUPLICATED INDIVIDUALS LIVING IN THOSE SHELTERS.**

**FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT**

**ARE SUPPORTED BY CSBG FUNDS (EX. THE DEPARTMENT OF HOUSING AND URBAN  
DEVELOPMENT, THE DEPARTMENT OF ENERGY).**

**PROGRAM ACHIEVEMENT:**

**31,249 INDIVIDUALS LIVING IN THE COUNTY OF EL PASO WERE SERVED.**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

**THE FORM IS PRESENTED BY A MEMBER OF THE INDEPENDENT CPA FIRM THAT PREPARED  
AND SUBMITTED THE FORM. THE ITEM IS PRESENTED AS AN ACTION ITEM IN THE  
BOARD AGENDA AND A MOTION TO ACCEPT THE FORM IS VOTED BY THE BOARD OF  
DIRECTORS.**

Name of the organization

Employer identification number

EL PASO COMMUNITY ACTION PROGRAM

74-6068251

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

EL PASO COMMUNITY ACTION PROGRAM PROJECT BRAVO, INC HAS A WRITTEN CONFLICT OF INTEREST POLICY. OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO CONTINUOUSLY EVALUATE THEIR POSITION FOR POTENTIAL CONFLICT OF INTEREST AND MAKE ADEQUATE DISCLOSURE WHEN THESE DO EXIST.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

COMPENSATION IS DETERMINED THROUGH A WAGE STUDY FOR EACH POSITION FOR EXECUTIVE STAFF. INFORMATION IS COLLECTED FROM NON-PROFIT ORGANIZATIONS IN THE COUNTY OF EL PASO OF SIMILAR SIZE AND BUDGET AS WELL AS COMMUNITY ACTION AGENCIES ACROSS THE STATE OF TEXAS OF SIMILAR SIZE AND BUDGET. THE INFORMATION IS COMPILED, ANALYZED, AND A SALARY RANGE IS DETERMINED FOR EACH POSITION. THE BOARD OF DIRECTORS REVIEWS AND APPROVES ALL SALARIES ONCE A YEAR WHEN THEY ARE PRESENTED THE ANNUAL ORGANIZATIONAL BUDGET DURING THE FEBRUARY BOARD MEETING.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

COMPENSATION IS DETERMINED THROUGH A WAGE STUDY FOR EACH POSITION FOR EMPLOYEES. INFORMATION IS COLLECTED FROM NON-PROFIT ORGANIZATIONS IN THE COUNTY OF EL PASO OF SIMILAR SIZE AND BUDGET AS WELL AS COMMUNITY ACTION AGENCIES ACROSS THE STATE OF TEXAS OF SIMILAR SIZE AND BUDGET. THE INFORMATION IS COMPILED, ANALYZED, AND A SALARY RANGE IS DETERMINED FOR EACH POSITION. THE BOARD OF DIRECTORS REVIEWS AND APPROVES ALL SALARIES ONCE A YEAR WHEN THEY ARE PRESENTED THE ANNUAL ORGANIZATIONAL BUDGET DURING THE FEBRUARY BOARD MEETING.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION



Name of the organization

Employer identification number

EL PASO COMMUNITY ACTION PROGRAM

74-6068251

THE ORIGINAL REPORT IS FILED IN THE CHIEF FINANCIAL OFFICER'S OFFICE AND IS AVAILABLE FOR REVIEW UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

GRANTS RELEASED FROM RESTRICTION \$ 19,192

GRANTS RELEASED FROM RESTRICTION \$ -19,192

DEPRECIATON ROUNDING \$ -3

BOOK / TAX DEPRECIATION DIFFERENCE \$ 3

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

u Attach to your tax return.

u Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

OMB No. 1545-0172

**2015**

Attachment Sequence No. **179**

Name(s) shown on return **EL PASO COMMUNITY ACTION PROGRAM  
PROJECT BRAVO, INC.**

Identifying number  
**74-6068251**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>500,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,000,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>16,974</b>

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	<b>82,972</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	<b>04/08/15</b>	<b>10,671</b>	27.5 yrs.	MM	S/L	<b>347</b>
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	<b>253</b>
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>100,546</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**For Paperwork Reduction Act Notice, see separate instructions.**

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

<b>24a</b> Do you have evidence to support the business/investment use claimed?				<input checked="" type="checkbox"/> <b>Yes</b>		<input type="checkbox"/> <b>No</b>		<b>24b</b> If "Yes," is the evidence written?			<input type="checkbox"/> <b>Yes</b>		<input checked="" type="checkbox"/> <b>No</b>	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost						
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) .....								<b>25</b>						
<b>26</b> Property used more than 50% in a qualified business use:														
<b>2005 CHEVY SILVERADO EXTENDED CAB</b>														
	<b>10/23/15</b>	<b>100.00 %</b>	<b>7,604</b>	<b>7,604</b>	<b>5.0</b>	<b>S/L-</b>	<b>253</b>							
		%												
<b>27</b> Property used 50% or less in a qualified business use:														
		%				S/L-								
		%				S/L-								
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .....								<b>28</b>		<b>253</b>				
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 .....										<b>29</b>				

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles) .....	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year .....												
32 Total other personal (noncommuting) miles driven .....												
33 Total miles driven during the year. Add lines 30 through 32 .....												
34 Was the vehicle available for personal use during off-duty hours? .....	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person? .....												
36 Is another vehicle available for personal use? .....												

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	<b>Yes</b>	<b>No</b>
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners .....		<b>X</b>
<b>39</b> Do you treat all use of vehicles by employees as personal use? .....		<b>X</b>
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .....		<b>X</b>
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) .....		<b>X</b>

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2015 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2015 tax year .....					<b>43</b>
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report .....					<b>44</b>

74-6068251

**Federal Asset Report**

FYE: 12/31/2015

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Residential Real Property:</b>									
39	Constructions in Progress	4/08/15	10,671			10,671	27 MMS/L	0	347
			<u>10,671</u>			<u>10,671</u>		<u>0</u>	<u>347</u>
<b>Prior MACRS:</b>									
1	Nino Aguilera Complex	1/01/04	256,895			256,895	27 MMS/L	102,759	9,341
2	Office Building Complex	1/01/97	60,337			60,337	27 MMS/L	39,493	2,194
3	Glenwood Complex	1/01/99	485,100			485,100	27 MMS/L	282,240	17,640
4	Virginia Complex	1/01/97	240,200			240,200	27 MMS/L	157,223	8,734
5	Concepcion Complex	1/01/97	375,000			375,000	27 MMS/L	245,453	13,637
6	Baycourt	8/01/05	525,440			525,440	27 MMS/L	179,923	19,107
7	RHED Building	11/01/10	70,142			70,142	27 MMS/L	10,629	2,550
8	Cypress	10/01/06	222,844			222,844	27 MMS/L	66,852	8,104
17	1994 F250 Pickup	2/24/94	15,404			15,404	5 HY 200DB	15,404	0
18	1998 Ford E350 Van	12/01/97	28,323			28,323	5 HY 200DB	28,323	0
19	1998 Dodge Ram 1500 Pickup	12/23/98	20,042			20,042	5 HY 200DB	20,042	0
20	2002 Chevrolet Silverado 1500 Pickup	8/23/02	19,867		X	13,907	5 HY 200DB	19,867	0
21	2003 Chevrolet Silverado 1500 Pickup	3/26/03	17,942		X	12,559	5 HY 200DB	17,942	0
36	TiR1 INFRARED CAMERAS (3)	11/30/10	18,885		X	1,459	3 HY 200DB	17,426	1,459
37	Constructions in Progress	12/31/14	6,357			6,357	27 MMS/L	0	206
			<u>2,362,778</u>			<u>2,334,009</u>		<u>1,203,576</u>	<u>82,972</u>
<b>Other Depreciation:</b>									
9	Nino Aguilera Complex - Land	1/01/04	16,800			16,800	0 -- Land	0	0
10	Office Building Complex - Land	1/01/97	40,738			40,738	0 -- Land	0	0
11	Glenwood Complex - Land	1/01/99	85,500			85,500	0 -- Land	0	0
12	Virginia Complex - Land	1/01/97	46,800			46,800	0 -- Land	0	0
13	Concepcion Complex - Land	1/01/97	55,000			55,000	0 -- Land	0	0
14	Baycourt - Land	8/01/05	80,000			80,000	0 -- Land	0	0
15	RHED - Land	11/01/10	29,467			29,467	0 -- Land	0	0
16	Cypress - Land	10/01/06	40,000			40,000	0 -- Land	0	0
22	2010 Dodge Ram 1500 Pickup	3/30/10	22,084			22,084	5 MO S/L	20,538	1,546
23	2009 Chevrolet extended cab pickup	3/09/10	20,124			20,124	5 MO S/L	18,917	1,207
26	2010 Chevrolet Silverado	9/28/10	20,223			20,223	5 MO S/L	17,595	2,628
27	2010 Chevrolet Silverado	9/28/10	20,223			20,223	5 MO S/L	17,595	2,628
28	2010 Chevrolet Silverado	9/28/10	20,223			20,223	5 MO S/L	17,595	2,628
29	2010 Chevrolet Silverado	9/28/10	20,223			20,223	5 MO S/L	17,595	2,628
30	2011 Dodge 1500 Quad ST 4x2	3/17/11	22,644			22,644	5 MO S/L	18,178	3,709
31	MIP Software Upgrade	11/24/09	13,847		X	6,923	3 MO Amort	13,847	0
32	Sage MIP Accounting Software	11/02/02	6,990		X	4,893	3 MO Amort	6,990	0
33	MIP Software Upgrade	12/29/04	10,740		X	5,370	3 MO Amort	10,740	0
34	DELL Server, Complete System	12/01/04	3,050		X	1,525	3 MO Amort	3,050	0
35	LAN System Installation-Network	12/08/04	3,746		X	1,873	3 MO Amort	3,746	0
	<b>Total Other Depreciation</b>		<u>578,422</u>			<u>560,633</u>		<u>166,386</u>	<u>16,974</u>
	<b>Total ACRS and Other Depreciation</b>		<u>578,422</u>			<u>560,633</u>		<u>166,386</u>	<u>16,974</u>
<b>Listed Property:</b>									
38	2005 CHEVY SILVERADO EXTENDED ( 10/23/15		7,604			7,604	5 MO S/L	0	253
			<u>7,604</u>			<u>7,604</u>		<u>0</u>	<u>253</u>
	<b>Grand Totals</b>		2,959,475			2,912,917		1,369,962	100,546
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>2,959,475</u>			<u>2,912,917</u>		<u>1,369,962</u>	<u>100,546</u>

74-6068251

**AMT Asset Report**

FYE: 12/31/2015

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Residential Real Property:</b>									
39	Constructions in Progress	4/08/15	10,671			10,671	27 MMS/L	0	347
			<u>10,671</u>			<u>10,671</u>		<u>0</u>	<u>347</u>
<b>Prior MACRS:</b>									
1	Nino Aguilera Complex	1/01/04	256,895			256,895	27 MMS/L	102,759	9,341
2	Office Building Complex	1/01/97	60,337			60,337	27 MMS/L	39,493	2,194
3	Glenwood Complex	1/01/99	485,100			485,100	27 MMS/L	282,240	17,640
4	Virginia Complex	1/01/97	240,200			240,200	27 MMS/L	157,223	8,734
5	Concepcion Complex	1/01/97	375,000			375,000	27 MMS/L	245,453	13,637
6	Baycourt	8/01/05	525,440			525,440	27 MMS/L	179,923	19,107
7	RHED Building	11/01/10	70,142			70,142	27 MMS/L	10,629	2,550
8	Cypress	10/01/06	222,844			222,844	27 MMS/L	66,852	8,104
17	1994 F250 Pickup	2/24/94	15,404			15,404	5 HY 200DB	15,404	0
18	1998 Ford E350 Van	12/01/97	28,323			28,323	5 HY 200DB	28,323	0
19	1998 Dodge Ram 1500 Pickup	12/23/98	20,042			20,042	5 HY 200DB	20,042	0
20	2002 Chevrolet Silverado 1500 Pickup	8/23/02	19,867		X	13,907	5 HY 200DB	19,867	0
21	2003 Chevrolet Silverado 1500 Pickup	3/26/03	17,942		X	12,559	5 HY 200DB	17,942	0
36	TiR1 INFRARED CAMERAS (3)	11/30/10	18,885		X	1,459	3 HY 200DB	17,426	1,459
37	Constructions in Progress	12/31/14	6,357			6,357	27 MMS/L	0	206
			<u>2,362,778</u>			<u>2,334,009</u>		<u>1,203,576</u>	<u>82,972</u>
<b>Other Depreciation:</b>									
9	Nino Aguilera Complex - Land	1/01/04	16,800			16,800	0 -- Land	0	0
10	Office Building Complex - Land	1/01/97	40,738			40,738	0 -- Land	0	0
11	Glenwood Complex - Land	1/01/99	85,500			85,500	0 -- Land	0	0
12	Virginia Complex - Land	1/01/97	46,800			46,800	0 -- Land	0	0
13	Concepcion Complex - Land	1/01/97	55,000			55,000	0 -- Land	0	0
14	Baycourt - Land	8/01/05	80,000			80,000	0 -- Land	0	0
15	RHED - Land	11/01/10	29,467			29,467	0 -- Land	0	0
16	Cypress - Land	10/01/06	40,000			40,000	0 -- Land	0	0
22	2010 Dodge Ram 1500 Pickup	3/30/10	22,084			22,084	5 MO S/L	20,538	1,546
23	2009 Chevrolet extended cab pickup	3/09/10	20,124			20,124	5 MO S/L	18,917	1,207
26	2010 Chevrolet Silverado	9/28/10	20,223			20,223	5 MO S/L	17,595	2,628
27	2010 Chevrolet Silverado	9/28/10	20,223			20,223	5 MO S/L	17,595	2,628
28	2010 Chevrolet Silverado	9/28/10	20,223			20,223	5 MO S/L	17,595	2,628
29	2010 Chevrolet Silverado	9/28/10	20,223			20,223	5 MO S/L	17,595	2,628
30	2011 Dodge 1500 Quad ST 4x2	3/17/11	22,644			22,644	5 MO S/L	18,178	3,709
	<b>Total Other Depreciation</b>		<u>540,049</u>			<u>540,049</u>		<u>128,013</u>	<u>16,974</u>
	<b>Total ACRS and Other Depreciation</b>		<u>540,049</u>			<u>540,049</u>		<u>128,013</u>	<u>16,974</u>
<b>Listed Property:</b>									
38	2005 CHEVY SILVERADO EXTENDED (	10/23/15	7,604			7,604	5 MO S/L	0	253
			<u>7,604</u>			<u>7,604</u>		<u>0</u>	<u>253</u>
	<b>Grand Totals</b>		<u>2,921,102</u>			<u>2,892,333</u>		<u>1,331,589</u>	<u>100,546</u>
	<b>Less: Dispositions and Transfers</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>2,921,102</u>			<u>2,892,333</u>		<u>1,331,589</u>	<u>100,546</u>

74-6068251

**Bonus Depreciation Report**

FYE: 12/31/2015

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 990, Page 1</b>								
31	MIP Software Upgrade	11/24/09	13,847		0	0	6,924	6,923
32	Sage MIP Accounting Software	11/02/02	6,990		0	0	2,097	4,893
33	MIP Software Upgrade	12/29/04	10,740		0	0	5,370	5,370
34	DELL Server, Complete System	12/01/04	3,050		0	0	1,525	1,525
35	LAN System Installation-Network	12/08/04	3,746		0	0	1,873	1,873
20	2002 Chevrolet Silverado 1500 Pickup	8/23/02	19,867		0	0	5,960	13,907
21	2003 Chevrolet Silverado 1500 Pickup	3/26/03	17,942		0	0	5,383	12,559
36	TiR1 INFRARED CAMERAS (3)	11/30/10	18,885		0	0	17,426	1,459
	<b>Form 990, Page 1</b>		<u>95,067</u>		<u>0</u>	<u>0</u>	<u>46,558</u>	<u>48,509</u>
	<b>Grand Total</b>		<u>95,067</u>		<u>0</u>	<u>0</u>	<u>46,558</u>	<u>48,509</u>

**Depreciation Adjustment Report****All Business Activities**

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b><u>MACRS Adjustments:</u></b>						
Page 1	1	1	Nino Aguilera Complex	9,341	9,341	0
Page 1	1	2	Office Building Complex	2,194	2,194	0
Page 1	1	3	Glenwood Complex	17,640	17,640	0
Page 1	1	4	Virginia Complex	8,734	8,734	0
Page 1	1	5	Concepcion Complex	13,637	13,637	0
Page 1	1	6	Baycourt	19,107	19,107	0
Page 1	1	7	RHED Building	2,550	2,550	0
Page 1	1	8	Cypress	8,104	8,104	0
Page 1	1	17	1994 F250 Pickup	0	0	0
Page 1	1	18	1998 Ford E350 Van	0	0	0
Page 1	1	19	1998 Dodge Ram 1500 Pickup	0	0	0
Page 1	1	20	2002 Chevrolet Silverado 1500 Pickup	0	0	0
Page 1	1	21	2003 Chevrolet Silverado 1500 Pickup	0	0	0
Page 1	1	36	TiR1 INFRARED CAMERAS (3)	1,459	1,459	0
Page 1	1	37	Constructions in Progress	206	206	0
Page 1	1	39	Constructions in Progress	347	347	0
				<u>83,319</u>	<u>83,319</u>	<u>0</u>

**Future Depreciation Report****FYE: 12/31/16****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
1	Nino Aguilera Complex	1/01/04	256,895	9,342	9,342
2	Office Building Complex	1/01/97	60,337	2,194	2,194
3	Glenwood Complex	1/01/99	485,100	17,640	17,640
4	Virginia Complex	1/01/97	240,200	8,735	8,735
5	Concepcion Complex	1/01/97	375,000	13,636	13,636
6	Baycourt	8/01/05	525,440	19,107	19,107
7	RHED Building	11/01/10	70,142	2,551	2,551
8	Cypress	10/01/06	222,844	8,103	8,103
17	1994 F250 Pickup	2/24/94	15,404	0	0
18	1998 Ford E350 Van	12/01/97	28,323	0	0
19	1998 Dodge Ram 1500 Pickup	12/23/98	20,042	0	0
20	2002 Chevrolet Silverado 1500 Pickup	8/23/02	19,867	0	0
21	2003 Chevrolet Silverado 1500 Pickup	3/26/03	17,942	0	0
36	TiR1 INFRARED CAMERAS (3)	11/30/10	18,885	0	0
37	Constructions in Progress	12/31/14	6,357	231	231
39	Constructions in Progress	4/08/15	10,671	388	388
			<u>2,373,449</u>	<u>81,927</u>	<u>81,927</u>

**Other Depreciation:**

9	Nino Aguilera Complex - Land	1/01/04	16,800	0	0
10	Office Building Complex - Land	1/01/97	40,738	0	0
11	Glenwood Complex - Land	1/01/99	85,500	0	0
12	Virginia Complex - Land	1/01/97	46,800	0	0
13	Concepcion Complex - Land	1/01/97	55,000	0	0
14	Baycourt - Land	8/01/05	80,000	0	0
15	RHED - Land	11/01/10	29,467	0	0
16	Cypress - Land	10/01/06	40,000	0	0
22	2010 Dodge Ram 1500 Pickup	3/30/10	22,084	0	0
23	2009 Chevrolet extended cab pickup	3/09/10	20,124	0	0
26	2010 Chevrolet Silverado	9/28/10	20,223	0	0
27	2010 Chevrolet Silverado	9/28/10	20,223	0	0
28	2010 Chevrolet Silverado	9/28/10	20,223	0	0
29	2010 Chevrolet Silverado	9/28/10	20,223	0	0
30	2011 Dodge 1500 Quad ST 4x2	3/17/11	22,644	757	757
31	MIP Software Upgrade	11/24/09	13,847	0	0
32	Sage MIP Accounting Software	11/02/02	6,990	0	0
33	MIP Software Upgrade	12/29/04	10,740	0	0
34	DELL Server, Complete System	12/01/04	3,050	0	0
35	LAN System Installation-Network	12/08/04	3,746	0	0
	<b>Total Other Depreciation</b>		<u>578,422</u>	<u>757</u>	<u>757</u>

**Total ACRS and Other Depreciation**

<u>578,422</u>	<u>757</u>	<u>757</u>
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**Listed Property:**

38	2005 CHEVY SILVERADO EXTENDED CAB	10/23/15	<u>7,604</u>	<u>1,521</u>	<u>1,521</u>
			<u>7,604</u>	<u>1,521</u>	<u>1,521</u>

**Grand Totals**

<u>2,959,475</u>	<u>84,205</u>	<u>84,205</u>
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Form <b>990</b>	<b>Tax Return History</b>	<b>2015</b>
Name <b>EL PASO COMMUNITY ACTION PROGRAM PROJECT BRAVO, INC.</b>		Employer Identification Number <b>74-6068251</b>

	2011	2012	2013	2014	2015	2016
Contributions, gifts, grants .....	14,510,629	9,549,843	10,693,903	8,381,587	7,542,785	
Membership dues .....						
Program service revenue .....	193,703	188,211	201,536	192,101	193,974	
Capital gain or loss .....				-1,900		
Investment income .....	54	50	43	38	38	
Fundraising revenue (income/loss) .....				-4,728		
Gaming revenue (income/loss) .....						
Other revenue .....	15,085		34,667			
<b>Total revenue</b> .....	<b>14,719,471</b>	<b>9,738,104</b>	<b>10,930,149</b>	<b>8,567,098</b>	<b>7,736,797</b>	
Grants and similar amounts paid .....				6,162,075	5,515,359	
Benefits paid to or for members .....						
Compensation of officers, etc. ....				154,212		
Other compensation .....	2,536,329	2,090,052	1,775,200	1,474,170	1,564,646	
Professional fees .....				25,970	21,328	
Occupancy costs .....				322,797	263,769	
Depreciation and depletion .....	124,510	124,882	120,127	111,431	100,552	
Other expenses .....	12,059,167	7,464,424	9,053,333	273,547	245,808	
<b>Total expenses</b> .....	<b>14,720,006</b>	<b>9,679,358</b>	<b>10,948,660</b>	<b>8,524,202</b>	<b>7,711,462</b>	
<b>Excess or (Deficit)</b> .....	<b>-535</b>	<b>58,746</b>	<b>-18,511</b>	<b>42,896</b>	<b>25,335</b>	
<b>Total exempt revenue</b> .....	<b>14,719,471</b>	<b>9,738,104</b>	<b>10,930,149</b>	<b>8,567,098</b>	<b>7,736,797</b>	
Total unrelated revenue .....						
Total excludable revenue .....				190,239	194,012	
Total Assets .....	5,028,930	3,586,752	3,769,264	2,184,940	2,100,880	
Total Liabilities .....	4,033,408	2,532,484	2,733,507	1,104,387	994,992	
Net Fund Balances .....	995,522	1,054,268	1,035,757	1,080,553	1,105,888	

**Federal Statements**

**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 38			14 TX		
TOTAL	<u>\$ 38</u>					

**Federal Statements****Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
CONTRACTED SERVICES	\$ 11,771	\$ 1,851	\$ 9,920	\$
CONSULTANTS	90	51	39	
TOTAL	<u>\$ 11,861</u>	<u>\$ 1,902</u>	<u>\$ 9,959</u>	<u>\$ 0</u>

**Form 990, Part IX, Line 24e - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
LATE FEES & PENALTIES	\$ 1,039	\$ 596	\$ 443	\$
OUTREACH & EDUCATION	889	510	379	
EMPLOYMENT VERIFICATION	777	446	331	
LICENSES & PERMITS	716	411	305	
BANK CHARGES	102	59	43	
BAD DEBT EXPENSE	12		12	
TOTAL	<u>\$ 3,535</u>	<u>\$ 2,022</u>	<u>\$ 1,513</u>	<u>\$ 0</u>

**Federal Statements****Schedule A, Part II, Line 1(e)**

Description	Amount
FEDERAL FUNDS	\$ 7,429,847
DONATIONS	112,938
TOTAL	\$ <u>7,542,785</u>

**Schedule A, Part II, Line 8(e)**

Description	Amount
INTEREST INCOME	\$ 38
TOTAL	\$ <u>38</u>

**Schedule A, Part II, Line 12**

Description	Amount
LEASE INCOME	\$ 193,974
TOTAL	\$ <u>193,974</u>