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## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning and ending								
в	Check if applicable	C Name of organization		D Employer identification number				
	Addre	Address EL PASO CHAMBER OF COMMERCE						
		Name Doing business as			74-0607720			
_	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone number			
	Final return/	Final 303 N. OREGON ST. 610		610	915-534-			
	termin- ated City or town, state or province, country, and ZIP or foreign postal code			<b>G</b> Gross receipts \$ 2,170,653.				
	International EL PASO, TX 79901			H(a) Is this a group return				
	Applica- tion pending GANTER A G A DECIMAL F Name and address of principal officer: RICARDO MORA			for subordinates? Yes X No				
SAME AS C ABOVE				H(b) Are all subordinates in				
I Tax-exempt status: 501(c)(3) X 501(c) (6) (insert no.) 4947(a)(1) or 527						list. See instructions		
J Website: WWW.ELPASO.ORG H(c) Group exemption number								
	art I	organization: X Corporation Trust As	sociation Other	<b>L</b> Year	of formation: 1937	A State of legal domicile: TX		
	1	Briefly describe the organization's mission or most		MTCCTO				
Ice	· ·	PASO CHAMBER OF COMMERCE 1		TTONOMT(	CPOWTH AND	EATER EL		
nar	2		tinued its operations or dispo					
Ver	3	Number of voting members of the governing body				23		
ğ	4	Number of independent voting members of the gov			4	23		
es e	5	Total number of individuals employed in calendar y	ear 2023 (Part V, line 2a)		5	15		
vitie	6	Total number of volunteers (estimate if necessary)			6	0		
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, col	umn (C), line 12		7a	0.		
	b	Net unrelated business taxable income from Form	990-T, Part I, line 11		7b	0.		
					Prior Year	Current Year		
ne	8 Contributions and grants (Part VIII, line 1h)				503,700.	988,461.		
Revenue	9	ogram service revenue (Part VIII, line 2g)			1,221,996.	1,180,652.		
Be	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		761.	1,540.		
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, Total revenue - add lines 8 through 11 (must equal	9c, 10c, and 11e)		0. 1,726,457.			
		Grants and similar amounts paid (Part IX, column (			1,720,457.	2,170,653.		
		Benefits paid to or for members (Part IX, column (A			0.	0.		
s	15	Salaries, other compensation, employee benefits (F			865,757.	1,309,602.		
Expenses	16a	ofessional fundraising fees (Part IX, column (A), line 11e)			0.	0.		
xpe	b	Total fundraising expenses (Part IX, column (D), line	e 25) 94,7	06.				
ш	1 17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		966,306.			
	18	Total expenses. Add lines 13-17 (must equal Part I)	(, column (A), line 25)		1,832,063.	2,572,759.		
	19	Revenue less expenses. Subtract line 18 from line	12		-105,606.	-402,106.		
ts or	00			Be	ginning of Current Year	End of Year		
Asse	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)			1,214,714.	733,178.		
Net Assets (	22	Net assets or fund balances. Subtract line 21 from	line 20		666,146. 548,568.	<u>586,716.</u> 146,462.		
	art II	Signature Block			540,500.	140,402.		
Unc	ler pena	Ities of perjury, I declare that I have examined this return,	including accompanying schedule	es and statem	ents, and to the best of my	/ knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of w	hich preparer	has any knowledge.	, memougo una bonon, ie io		
Sign Signature of officer			Date					
He	re	RICARDO MORA, CEO Type or print name and title						
					Data I F			
Dai	4	Print/Type preparer's name TELLO CABRERA	Preparer's signature		Date Check	PTIN		
				<u> </u> _	1/12/24 self-employ			
Use Only Firm's address 221 N KANSAS, SUITE 1300					Firm's EIN 2	6-1483953		
	<b>,</b>	EL PASO, TX 79901	1000		Phone no. (9	15) 544-6770		
Ма	y the IF	RS discuss this return with the preparer shown abo	/e? See instructions			X Yes No		
LHA For Paperwork Reduction Act Notice, see the separate instructions.       332001 12-21-23       Form 990 (2023)								
SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION								