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EL PASO, TX 79912

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OCTOBER 31, 2008

GREATER EL PASO CHAMBER OF COMMERCE
10 CIVIC CENTER PLAZA
EL PASO, TX 79901

DEAR RICHARD,

ENCLOSED IS THE ORGANIZATION'S 2007 EXEMPT ORGANIZATION
RETURN. THE RETURN SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL ON OR BEFORE NOVEMBER 17, 2008.

MAIL TO - DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST
THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

KIRK A. PATTERSON

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning and ending

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization GREATER EL PASO CHAMBER OF COMMERCE</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 10 CIVIC CENTER PLAZA</p> <p>City or town, state or country, and ZIP + 4 EL PASO, TX 79901</p>	<p>D Employer identification number 74-0607720</p> <p>E Telephone number (915) 534-0500</p> <p>F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

G Website: ► N/A

J Organization type (check only one) ► 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527

K Check here ► if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ► N/A
H(c) Are all affiliates included? N/A Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ► N/A

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► **2,069,000.**

M Check ► if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

	<p>1 Contributions, gifts, grants, and similar amounts received:</p> <p>a Contributions to donor advised funds 1a</p> <p>b Direct public support (not included on line 1a) 1b 71,859.</p> <p>c Indirect public support (not included on line 1a) 1c</p> <p>d Government contributions (grants) (not included on line 1a) 1d</p> <p>e Total (add lines 1a through 1d) (cash \$ <u>71,859.</u> noncash \$ _____) ... 1e 71,859.</p> <p>2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 766,265.</p> <p>3 Membership dues and assessments 3 1,155,589.</p> <p>4 Interest on savings and temporary cash investments 4 13,627.</p> <p>5 Dividends and interest from securities 5</p> <p>6 a Gross rents SEE STATEMENT 1 6a 500.</p> <p>b Less: rental expenses 6b</p> <p>c Net rental income or (loss). Subtract line 6b from line 6a 6c 500.</p> <p>7 Other investment income (describe ► _____) ... 7</p> <p>8 a Gross amount from sales of assets other than inventory (A) Securities 8a</p> <p>b Less: cost or other basis and sales expenses 8b</p> <p>c Gain or (loss) (attach schedule) 8c</p> <p>d Net gain or (loss). Combine line 8c, columns (A) and (B) 8d</p> <p>9 Special events and activities (attach schedule). If any amount is from gaming, check here ► <input type="checkbox"/></p> <p>a Gross revenue (not including \$ _____ of contributions reported on line 1b) ... 9a</p> <p>b Less: direct expenses other than fundraising expenses 9b</p> <p>c Net income or (loss) from special events. Subtract line 9b from line 9a 9c</p> <p>10 a Gross sales of inventory, less returns and allowances 10a</p> <p>b Less: cost of goods sold 10b</p> <p>c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 10c</p> <p>11 Other revenue (from Part VII, line 103) 11 61,160.</p> <p>12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 2,069,000.</p>				
Revenue					
	<p>13 Program services (from line 44, column (B)) 13</p> <p>14 Management and general (from line 44, column (C)) 14</p> <p>15 Fundraising (from line 44, column (D)) 15</p> <p>16 Payments to affiliates (attach schedule) 16</p> <p>17 Total expenses. Add lines 16 and 44, column (A) 17 2,119,775.</p> <p>18 Excess or (deficit) for the year. Subtract line 17 from line 12 18 -50,775.</p> <p>19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 599,366.</p> <p>20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2 20 -26,401.</p> <p>21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 522,190.</p>				
Expenses					
Net Assets					

Part I Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 22a				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 22b				
23 Specific assistance to individuals (attach schedule) 23				
24 Benefits paid to or for members (attach schedule) 24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A 25a	315,542.			
b Compensation of former officers, directors, key employees, etc. listed in Part V-B 25b	0.			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c				
26 Salaries and wages of employees not included on lines 25a, b, and c 26	776,144.			
27 Pension plan contributions not included on lines 25a, b, and c 27	9,744.			
28 Employee benefits not included on lines 25a - 27 28	133,234.			
29 Payroll taxes 29	76,330.			
30 Professional fundraising fees 30				
31 Accounting fees 31				
32 Legal fees 32				
33 Supplies 33	59,086.			
34 Telephone 34	24,753.			
35 Postage and shipping 35	13,529.			
36 Occupancy 36	67,651.			
37 Equipment rental and maintenance 37	96,032.			
38 Printing and publications 38	33,201.			
39 Travel 39	98,832.			
40 Conferences, conventions, and meetings 40	14,498.			
41 Interest 41				
42 Depreciation, depletion, etc. (attach schedule) 42	31,517.			
43 Other expenses not covered above (itemize):				
a 43a				
b 43b				
c 43c				
d 43d				
e 43e				
f 43f				
g SEE STATEMENT 3 43g	369,682.			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44	2,119,775.			

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 4	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a BUSINESS DEVELOPMENT: HELPS ALL BUSINESSES CREATE OPPORTUNITIES FOR GROWTH AND EXPANSION. (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
b ECONOMIC DEVELOPMENT: PRIMARY FOCUS IS CREATING JOBS FOR EL PASO BY MARKETING TO COMPANIES CONSIDERING EXPANSION OR RELOCATION. (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c GOVERNMENT RELATIONS: TRIES TO CREATE A STRONG ECONOMIC REGULATORY CLIMATE THROUGH INTERACTION WITH CITY, COUNTY, STATE OFFICIALS. DEVELOPS THE COMMUNITY'S RESOURCES TO ENHANCE THE QUALITY OF LIFE THROUGHOUT THE REGION. (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d EDUCATION AND WORKFORCE DEVELOPMENT: TO SUPPORT THE ECONOMIC DEVELOPMENT AND QUALITY OF THE EL PASO COMMUNITY BY IMPROVING EDUCATION, LITERACY, AND SKILL LEVELS OF THE CURRENT AND FUTURE LABOR FORCE. (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45	Cash - non-interest-bearing	346,355.	45	505,123.
	46	Savings and temporary cash investments		46	
	47 a	Accounts receivable	159,071.		
		47a			
	b	Less: allowance for doubtful accounts	67,346.	47c	91,725.
		47b			
	48 a	Pledges receivable			
		48a			
	b	Less: allowance for doubtful accounts		48c	
		48b			
	49	Grants receivable		49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a	Other notes and loans receivable			
		51a			
	b	Less: allowance for doubtful accounts		51c	
		51b			
	52	Inventories for sale or use	1,008.	52	1,196.
	53	Prepaid expenses and deferred charges	6,187.	53	17,332.
54 a	Investments - publicly-traded securities				
	Cost <input type="checkbox"/> FMV <input type="checkbox"/>		54a		
b	Investments - other securities				
	Cost <input type="checkbox"/> FMV <input type="checkbox"/>		54b		
55 a	Investments - land, buildings, and equipment: basis				
	55a				
b	Less: accumulated depreciation		55c		
	55b				
56	Investments - other	0.	56	0.	
57 a	Land, buildings, and equipment: basis	1,184,626.			
	57a				
b	Less: accumulated depreciation STMT 5	919,961.	57c	264,665.	
	57b				
58	Other assets, including program-related investments (describe ▶ DUE FROM RELATED PARTIES)	0.	58	53,844.	
59	Total assets (must equal line 74). Add lines 45 through 58	752,630.	59	933,885.	
Liabilities	60	Accounts payable and accrued expenses	20,073.	60	69,042.
	61	Grants payable		61	
	62	Deferred revenue	117,589.	62	334,424.
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
	b	Mortgages and other notes payable		64b	
	65	Other liabilities (describe ▶ CAPITAL LEASE OBLIGATION)	15,602.	65	8,229.
	66	Total liabilities. Add lines 60 through 65	153,264.	66	411,695.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	583,540.	67	495,250.
	68	Temporarily restricted	15,826.	68	26,940.
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	599,366.	73	522,190.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	752,630.	74	933,885.

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b 220,360.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		X
c	Dues, assessments, and similar amounts from members	85c	1,155,589.
d	Section 162(e) lobbying and political expenditures	85d	0.
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	0.
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0.
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	N/A
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed	NONE	
b	Number of employees employed in the pay period that includes March 12, 2007	90b	34
91 a	The books are in care of	LUPE MORALES Telephone no. (915) 534-0500	
	Located at	10 CIVIC CENTER PLAZA, EL PASO, TX ZIP + 4 79901	
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)? If "Yes," enter the name of the foreign country	91b	X
	N/A		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a ACTIVITY & PROGRAM FEES					244,835.
b PUBLICATIONS					17,135.
c PROJECT REVENUES					504,295.
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					1,155,589.
95 Interest on savings and temporary cash investments			14	13,627.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	500.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER REVENUES					61,160.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		14,127.	1,983,014.
105 Total (add line 104, columns (B), (D), and (E))					1,997,141.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
 ▼ **SEE STATEMENT 8**

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
 Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
Totals					

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
Totals					

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here

TAXPAYER'S COPY

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature: *Think Patton* Date: 10/31/08

Check if self-employed:

Preparer's SSN or PTIN (See Gen. Inst. X) _____

Firm's name (or yours if self-employed), address, and ZIP + 4: **GIBSON RUDDOCK PATTERSON LLC**
600 SUNLAND PARK DR, 6-300
EL PASO, TX 79912

EIN: _____

Phone no.: **915-356-3700**

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

Employer identification number

GREATER EL PASO CHAMBER OF COMMERCE

74-0607720

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(6) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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 of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

GREATER EL PASO CHAMBER OF COMMERCE

74-0607720

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GREATER EL PASO CHAMBER OF COMMERCE FOUNDATION 10 CIVIC CENTER PLAZA EL PASO, TX 79901	\$ 19,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MANAGEMENT AND GENERAL														
1	FURNITURE AND EQUIPMENT	VARIOUS	SL	7.00	HTL6	HTL6	154,154.				154,154.	154,154.		0.	154,154.
2	COMPUTER EQUIPMENT AND SOFTWARE	VARIOUS	SL	5.00	HTL6	HTL6	676,472.				676,472.	600,160.		23,642.	623,802.
3	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	40.00	HTL6	HTL6	354,000.				354,000.	134,130.		7,875.	142,005.
	* 990 PAGE 2 TOTAL						1,184,626.				1,184,626.	888,444.		31,517.	919,961.
	MANAGEMENT AND GENERAL														
	* GRAND TOTAL 990 PAGE 2 DEPR						1,184,626.				1,184,626.	888,444.		31,517.	919,961.

FORM 990	RENTAL INCOME	STATEMENT	1
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
CHAMBER BUILDING	1	500.
TOTAL TO FORM 990, PART I, LINE 6A		500.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
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DESCRIPTION	AMOUNT
PRIOR PERIOD ADJUSTMENT	-26,401.
TOTAL TO FORM 990, PART I, LINE 20	-26,401.

FORM 990	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROFESSIONAL FEES	111,618.			
ENTERTAINMENT	15,507.			
CATERING AND MEALS	112,787.			
ADVERTISING	13,793.			
DUES	10,139.			
MISCELLANEOUS	23,175.			
INSURANCE EXPENSE	28,073.			
BANK SERVICE FEES	15,372.			
BAD DEBTS	39,218.			
TOTAL TO FM 990, LN 43	369,682.			

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	4
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EXPLANATION

PROMOTE ECONOMIC GROWTH AND DEVELOPMENT IN THE GREATER EL PASO, TEXAS AREA

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 5

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE AND EQUIPMENT	154,154.	154,154.	0.
COMPUTER EQUIPMENT AND SOFTWARE	676,472.	623,802.	52,670.
LEASEHOLD IMPROVEMENTS	354,000.	142,005.	211,995.
TOTAL TO FORM 990, PART IV, LN 57	1,184,626.	919,961.	264,665.

**FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES STATEMENT 6**

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARK AVERY 10 CIVIC CENTER PLAZA EL PASO, TX 79901	MEMBER 0.00	0.	0.	0.
LETTY WEST 10 CIVIC CENTER PLAZA EL PASO, TX 79901	MEMBER 0.00	0.	0.	0.
DAVID OSBORN 10 CIVIC CENTER PLAZA EL PASO, TX 79901	MEMBER 0.00	0.	0.	0.
GUS RODRIGUEZ 10 CIVIC CENTER PLAZA EL PASO, TX 79901	MEMBER 0.00	0.	0.	0.
RICHARD FLEAGER 10 CIVIC CENTER PLAZA EL PASO, TX 79901	MEMBER 0.00	0.	0.	0.
CONRAD CONDE 10 CIVIC CENTER PLAZA EL PASO, TX 79901	MEMBER 0.00	0.	0.	0.
JOSEPH DE LA PAZ 10 CIVIC CENTER PLAZA EL PASO, TX 79901	MEMBER 0.00	0.	0.	0.

GREATER EL PASO CHAMBER OF COMMERCE

74-0607720

LEE CHAYES 10 CIVIC CENTER PLAZA EL PASO, TX 79901	MEMBER 0.00	0.	0.	0.
AF TOM THOMAS 10 CIVIC CENTER PLAZA EL PASO, TX 79901	MEMBER 0.00	0.	0.	0.
J ROBERT HUTCHISON 10 CIVIC CENTER PLAZA EL PASO, TX 79901	MEMBER 0.00	0.	0.	0.
RICHARD DAYOUB 10 CIVIC CENTER PLAZA EL PASO, TX 79901	MEMBER 40.00	145,202.	0.	0.
GARY BORSCH 10 CIVIC CENTER PLAZA EL PASO, TX 79901	MEMBER 0.00	0.	0.	0.
TERRY BILDERBACK 10 CIVIC CENTER PLAZA EL PASO, TX 79901	MEMBER 0.00	0.	0.	0.
STEVE HELBING 10 CIVIC CENTER PLAZA EL PASO, TX 79901	MEMBER 0.00	0.	0.	0.
MIGUEL GAMINO JR 10 CIVIC CENTER PLAZA EL PASO, TX 79901	MEMBER 0.00	0.	0.	0.
HOWARD SMITH 10 CIVIC CENTER PLAZA EL PASO, TX 79901	MEMBER 0.00	0.	0.	0.
JOHN HARRE 10 CIVIC CENTER PLAZA EL PASO, TX 79901	MEMBER 0.00	0.	0.	0.
JOHN MARTIN 10 CIVIC CENTER PLAZA EL PASO, TX 79901	MEMBER 0.00	0.	0.	0.
HARRIET MAY 10 CIVIC CENTER PLAZA EL PASO, TX 79901	MEMBER 0.00	0.	0.	0.
PATRICK ORTEGA 10 CIVIC CENTER PLAZA EL PASO, TX 79901	MEMBER 0.00	0.	0.	0.

ROBERT NAVARRO 10 CIVIC CENTER PLAZA EL PASO, TX 79901	MEMBER 0.00	0.	0.	0.
WALTER MILLER 10 CIVIC CENTER PLAZA EL PASO, TX 79901	MEMBER 0.00	0.	0.	0.
RENE HURTADO 10 CIVIC CENTER PLAZA EL PASO, TX 79901	MEMBER 0.00	0.	0.	0.
BERNARD FELSEN 10 CIVIC CENTER PLAZA EL PASO, TX 79901	MEMBER 0.00	0.	0.	0.
STEFFEN POESSIGER 10 CIVIC CENTER PLAZA EL PASO, TX 79901	MEMBER 0.00	0.	0.	0.
BOB COOK 10 CIVIC CENTER PLAZA EL PASO, TX 79901	ADVISORY BOARD MEMBER 40.00	170,340.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		315,542.	0.	0.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 7
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
GREATER EL PASO CHAMBER OF COMMERCE FOUNDATION	X	
GREATER EL PASO HOUSING DEVELOPMENT CORPORATION	X	

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 8
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	PROGRAMS PROVIDE BUSINESS OPPORTUNITIES, ECONOMIC DEVELOPMENT, AND A STRONG REGULATORY CLIMATE
93B	BUSINESS PUBLICATION THAT PROVIDES DEMOGRAPHIC AND ECONOMIC INFORMATION WHICH IS USED BY THE BUSINESS COMMUNITY AND OTHER ORGANIZATIONS IN PLANNING FOR THE INTRODUCTION OF NEW GOODS AND SERVICES.
93C	PROJECT ACTIVITIES ENCOURAGE BUSINESS INVOLVEMENT IN THE ECONOMIC AND SOCIAL DEVELOPMENT OF THE EL PASO AREA.
101	ENHANCE THE ECONOMIC DEVELOPMENT ISSUES IN THE EL PASO AREA
103A	PROGRAM ACTIVITIES ENCOURAGE INDIVIDUALS TO PARTICIPATE IN DEVELOPING DOWNTOWN AND PROMOTING TOURISM.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II		Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.	
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	GREATER EL PASO CHAMBER OF COMMERCE		74-0607720
	Number, street, and room or suite no. If a P.O. box, see instructions. 10 CIVIC CENTER PLAZA		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. EL PASO, TX 79901		

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **▶ LUPE MORALES**
 Telephone No. **▶ (915) 534-0500** FAX No. **▶**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **_____**. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2008.**

5 For calendar year **2007**, or other tax year beginning _____, and ending _____.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶ *[Handwritten Signature]*** Title **▶ CPA** Date **▶ 5-15-08**