

for an Exempt Organization
2020
MICHAEL L. SCHMID, CPA, PLLC
4855 N. MESA, SUITE 108
EL PASO, TX 79912
915-261-1635

SEPTEMBER 10, 2021

ROTARY CLUB OF WEST EL PASO
P.O. BOX 13164
EL PASO, TX 79913
ATTENTION: SUZANNA HALLMARK, PRESIDENT

DEAR SUZANNA:

ENCLOSED IS THE ORGANIZATION'S 2020 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990-EZ RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2021.

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

VERY TRULY YOURS,



MICHAEL L. SCHMID

REVISED - PLEASE DISREGARD PRIOR RETURN.

Do Not Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Short Form Return of Organization Exempt From Income Tax

2020

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/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
ROTARY CLUB OF WEST EL PASO
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 13164
 City or town, state or province, country, and ZIP or foreign postal code
EL PASO, TX 79913

D Employer identification number
74-1912083

E Telephone number
915-261-1635

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

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

I Website: ▶ **ROTARYWESTELPASO.ORG**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (**4**) ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **11,171.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

	Description	Line	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	11,024.
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	147.
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	147.	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	11,171.	
Expenses	10 Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O	10	18,341.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	2,410.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O) SEE SCHEDULE O	16	475.
	17 Total expenses. Add lines 10 through 16	17	21,226.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	-10,055.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	33,388.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	23,333.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V [X]

Form 990-EZ (2020) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, expenditures, and controlled entities. Includes fields for state (TX), officer (DONNA MANGAN), and address (7332 WIND SONG, EL PASO, TX).

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with columns Yes, No and row 46 with Yes checked.

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

Table with columns Yes, No and row 47 with Yes checked.

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with columns Yes, No and row 48 with Yes checked.

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with columns Yes, No and row 49a with Yes checked.

b If "Yes," was the related organization a section 527 organization?

Table with columns Yes, No and row 49b with Yes checked.

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation. Row 1 contains N/A.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1 contains N/A.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

Table with columns Yes, No and row 52 with No checked.

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.

Sign Here

Signature of officer

Date

SUZANNA HALLMARK, PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check [X] if self-employed

PTIN

MICHAEL L. SCHMID

MICHAEL L. SCHMID

09/10/21

P00170871

Firm's name MICHAEL L. SCHMID, CPA, PLLC

Firm's EIN 81-4548179

Firm's address 4855 N MESA, SUITE 108 EL PASO, TX 79912

Phone no. (915) 261-1635

May the IRS discuss this return with the preparer shown above? See instructions

Table with columns Yes, No and row with Yes checked.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2020

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Name of the organization **ROTARY CLUB OF WEST EL PASO** Employer identification number **74-1912083**

FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:

AFFILIATE NAME: ROTARY INTERNATIONAL & DISTRICT 5520

PURPOSE OF PAYMENT: ORGANIZATION DUES

AMOUNT OF PAYMENT: 6,016.

FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:

ACTIVITY CLASSIFICATION: GRANT

GRANTEE NAME: ROTARY CLUB OF WEST EL PASO FOUNDATION

PROPERTY DESCRIPTION: CHARITABLE CONTRIBUTIONS

AMOUNT GIVEN: 11,800.

ACTIVITY CLASSIFICATION: MEMBERSHIP MEETINGS

GRANTEE NAME: MEMBERS

PROPERTY DESCRIPTION: INSTALLATION BANQUET

AMOUNT GIVEN: 525.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 12,325.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

SUPPLIES 250.

COMMUNITY SERVICE 125.

ADVERTISING 100.

TOTAL TO FORM 990-EZ, LINE 16 475.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

Name of the organization

ROTARY CLUB OF WEST EL PASO

Employer identification number

74-1912083

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSE	545.	0.
ACCOUNTS RECEIVABLE	0.	288.
TOTAL TO FORM 990-EZ, LINE 24	545.	288.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUE TO ROTARY CLUB OF WEST EL PASO FOUNDATION	25.	128.
PAYABLE-PAUL HARRIS	94.	175.
ACCRUED EXPENSES	0.	85.
TOTAL TO FORM 990-EZ, LINE 26	119.	388.

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

DONATION TO NORTHEAST ROTARY FOUNDATION FOR GOLF TOURNAMENT

GRANTS \$ 0. EXPENSES \$ 100.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.