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,

Muchael

MICHAEL L. SCHMID

REVISED - PLEASE DISRECORD PRIOR RETURN.

8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning JUL 1 , 2020, and ending JUN 30 , 2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax Taxpayer identification number ROTARY CLUB OF WEST EL PASO 74-1912083 Name and title of officer or person subject to tax MAURICE PLESANT PRESIDENT Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here 2a Form 990-EZ check here X b Total revenue, if any (Form 990-EZ, line 9) ______ 2b _____ b Total tax (Form 1120-POL, line 22) ______ 3b __ 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here b Balance due (Form 8868, line 3c) 5b 5a Form 8868 check here b Total tax (Form 990-T, Part III, line 4) 6b _ 6a Form 990-T check here 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize MICHAEL L. SCHMID to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the granization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have/indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. gnature of officer or person subject to tax Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 70717112345 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Date ▶ 09/10/21 ERO's signature > **ERO Must Retain This Form - See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2020)

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

OMB No. 1545-0047

Onen to Public

Department of the Treasury Internal Revenue Service ▶ 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.

Open to Public Inspection

		ndar year, or tax year beginning JUL 1, 2	2020 and	ending JUN	1 30,	2021		
B Check applica		C Name of organization		I	Employer 2 -	r identification number		
Add	ress change			3.7				
Nan	Name change ROTARY CLUB OF WEST EL PASO Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite				74-1912083			
Initi					Telephon	elephone number		
Fina	Final return/ P.O. BOX 13164			915-	915-261-1635			
Ame	Amended return City or town, state or province, country, and ZIP or foreign postal code				F Group Exemption			
Appl	ication pending	EL PASO, TX 79913			Number >			
G Accou	unting Metho	d: Cash X Accrual Other (specify) ▶	RE THE PERSON	or comments	H Check	X if the organization is		
Webs	ite: RC	TARYWESTELPASO.ORG	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	I CONTRACTOR OF THE PARTY OF TH	not requi	ired to attach Schedule B		
J Tax-e	xempt status	s (check only one) — 501(c)(3) X 501(c) (4) ◀	(insert no.) 4947(a)	(1) or 527	(Form 99	90, 990-EZ, or 990-PF).		
K Form	of organizati	on: X Corporation Trust Association	on Other			Name of the last o		
L Add li	nes 5b, 6c, a	and 7b to line 9 to determine gross receipts. If gross receipts are	\$200,000 or more, or if	total assets (Part II	,			
colum	nn (B)) are \$5	500,000 or more, file Form 990 instead of Form 990-EZ				\$ 11,171.		
Part I	Revei	nue, Expenses, and Changes in Net Assets	or Fund Balanc	es (see the instruc	ctions for P	art I)		
	Check if	the organization used Schedule O to respond to any question in	this Part I			X		
1	Contribution	ons, gifts, grants, and similar amounts received			1	West Ellis White / Ellis		
2	Program s	service revenue including government fees and contracts			2			
3		nip dues and assessments				11,024.		
4		t income						
5a	Gross amo	ount from sale of assets other than inventory	5a					
b		or other basis and sales expenses			1913	4		
C		oss) from sale of assets other than inventory (subtract line 5b from			5c			
6		nd fundraising events:						
o 3		ome from gaming (attach Schedule G if greater than						
Revenue	\$15,000)		6a					
e eve	Gross income from fundraising events (not including \$ of contributions				The state of the s			
œ	from fundraising events reported on line 1) (attach Schedule G if the sum of such							
TOTAL					17.			
C		ct expenses from gaming and fundraising events			138			
0	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				6d	147		
78		Gross sales of inventory, less returns and allowances 7a						
b		of goods sold			1000			
0	::::::: 보고 ::::::::::::::::::::::::::::			vy/4000 (800 months to to 180 ft)	7c			
8		enue (describe in Schedule 0)						
9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			▶ 9	11,171		
10	Grants and	d similar amounts paid (list in Schedule 0)	SEE SCH	EDULE O	10	40 014		
11	Benefits p	aid to or for members			11			
o 12	Salaries, other compensation, and employee benefits				12			
SE 13					13	2,410		
12 13 14	Occupancy, rent, utilities, and maintenance							
யி 15	Printing, publications, postage, and shipping			15				
16	Other expe	enses (describe in Schedule 0)	SEE SCH	EDULE O				
17		enses. Add lines 10 through 16			4			
₁₀ 18	Excess or (deficit) for the year (subtract line 17 from line 9)			- 10	40 055			
19 te	Net assets or fund balances at beginning of year (from line 27, column (A))			1				
Ass		ee with end-of-year figure reported on prior year's return)			19	33,388		
Net Assets		and the section of th			00			
21		s or fund balances at end of year. Combine lines 18 through 20			▶ 21			
		k Reduction Act Notice, see the separate instructions		AND DESCRIPTION OF THE PARTY OF		Form 990-EZ (2020		

√m 990-l	EZ (2020) ROTARY CLUB OF WEST EL	PASO		74-	19120	83 Page 2
Part II	Balance Sheets (see the instructions for Part			1 4	17120	00
	Check if the organization used Schedule O to		on in this Part II	n Karle		x
			A) Beginning of year	1	(B) Er	nd of year
22 Cas	h, savings, and investments		32,962	. 22		23,433.
	d and buildings			23		
24 Oth	er assets (describe in Schedule 0) SEE SCHEDULE	0	545	. 24		288.
	ıl assets	The state of the s	33,507	. 25		23,721.
26 Tota	al liabilities (describe in Schedule 0) SEE SCHEDULE	0	119	_		388.
	assets or fund balances (line 27 of column (B) must agree with line		33,388			23,333.
Part III		ments (see the instruct	ions for Part III)		Ex	penses
Describe the	Check if the organization used Schedule O to e organization's primary exempt purpose? COMMUNITY SE organization's program service accomplishments for each of its three largest pro- cribe the services provided, the number of persons benefited, and other relevant in	ERVICE gram services, as measured by expensi		X	501(c)(3) a	for section and 501(c)(4) ons; optional for
-	KLY PROGRAM FOR MEMBERS AND GU TING ROOM, AND PROGRAM SPEAKER			_==	0.1	
OFF	ICERS AND DIRECTORS.					
(Gran	ts \$) If this amount includes forei	ign grants, check here			28a	525.
552			20211202			
(Gran		ign grants, check here			29a	6,016.
-	MENT TO ROTARY CLUB OF WEST EL	PASO FOUNDATIO	ON FOR	_		
(Gran	ts \$) If this amount includes fore r program services (describe in Schedule 0) SEE SC	ign grants, check here CHEDULE O			30a	11,800.
(Gran	its \$) If this amount includes fore	ign grants, check here	>		31a	100.
Part I	program service expenses (add lines 28a through 31a) List of Officers, Directors, Trustees, and Ke	ev Employees distanch one	muen if not compensated -	see the	instructions to	18,441.
	Check if the organization used Schedule O to				midit delibrid n	
1 10	(a) Name and title	(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contr emplo plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Estimated amount of other compensation
SUZAN	NA HALLMARK			com	pensation	
	DENT	1.00	0.		0.	0.
ANNE	ALLEN					
SECRE	CTARY	1.00	0.		0.	0.
MIGUE	EL MARQUEZ					
TREAS	SURER	1.00	0.		0.	0.
-				0		/4
						Yes No
-12.70						

	instructions for Part V.) Check if the organization used Sch. O to respond to any question in the	iis Pa	irt V	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O			х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			Lose
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III			х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	00		v
07-	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		FHOSE	v
200	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made	37b	03035	X
30 a	in a prior year and still outstanding at the end of the tax year covered by this return?	38a	0.00000	x
h	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A	304	214	A
39	Section 501(c)(7) organizations. Enter:	100	2000	123
7	Initiation fees and capital contributions included on line 9 39a N/A			-
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	TOTAL STATE		100
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		ET S	1
TU a	section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A	1175		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			MI
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any		20000	-
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	40b	1	X
-	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	3.5	183	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed	5336		
	by the organization • 0.		1100	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	728		
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ► TX			
42a	The organization's books are in care of ▶ DONNA MANGAN Telephone no. ▶ 915-58	31-2	903	
	Located at ▶ 7332 WIND SONG, EL PASO, TX ZIP+4 ▶			
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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country		177.5	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	14	1000	
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		>	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	1	
			15.0	
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	BUE	1230	
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	10000	A. Take	1
	of Form 990-EZ	44b	-	X
	Did the organization receive any payments for indoor tanning services during the year?	440	-	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation		15.11	
	in Schedule 0	44d	110	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	100000	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section		100	
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		

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

Firm's address ► 4855 N MESA, SUITE 108

EL PASO, TX 79912

Form 990-EZ (2020)

Phone no. (915)261-1635

SCHEDULE O (Form 990 or 990-EZ)

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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:	545 0
AFFILIATE NAME: ROTARY INTERNATIONAL & DISTRICT 5520	5. 208.
PURPOSE OF PAYMENT: ORGANIZATION DUES	545, 288,
	6.016
AMOUNT OF PAYMENT:	6,016.
FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS	PAID:
ACTIVITY CLASSIFICATION: GRANT	94) 175
GRANTEE NAME: ROTARY CLUB OF WEST EL PASO FOUNDATION	
PROPERTY DESCRIPTION: CHARITABLE CONTRIBUTIONS	113. 388.
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:	IONS DIRECTLY.
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
SUPPLIES	250.
COMMUNITY SERVICE	125.
ADVERTISING	100.
TOTAL TO FORM 990-EZ, LINE 16	475.

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020