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)

2019

OMB No. 1545-0047

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

A	or the	2019 calendar year, or tax year beginning AUGUST 01 , 2019, and ending		20
В	Check if a	oplicable: C Name of organization	JULY 3	
	Address o	I D Emp		entification number
	Name cha	Inge Number and street for D.O. have for the	phone n	270935018
H	Initial retu	2503 COPPER AVE	•	
H	Final retui	City or town state or previous		5-525-0984
ī		EL DACO TEVAS ZOODO 4 107		mption
	107	ting Method: W Cook DA	nber	
	Nebsite	MANAY Supplies one		f the organization is not
		require		ach Schedule B
K	Form of	organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other	90, 990	D-EZ, or 990-PF).
L	Add line	s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$300,000 or many and feature areas		
(Pa	rt II, col	umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ.		
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	\$	far Dad IV
		Check if the organization used Schedule O to recogned to any question in this Deet I	ctions	for Part I)
?*	1	Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received		
?		Program service revenue including government foca and contracts	1	17,690
?'	100000000000000000000000000000000000000	Program service revenue including government fees and contracts	2	4,227.
21		Membership dues and assessments	3	312.
	5a	Gross amount transport of the state of the s	4	0
	b			
	C	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		•
	6	Gaming and fundraising events:	5c	0.
	а	Gross income from gaming (attach Schedule G if greater than		
ne		\$15,000)		
Revenue	b	Gross income from fundraising events (not including \$ of contributions		
ě		from fundraising events reported on line 1) (attach Schedule G if the		
ш		sum of such gross income and contributions exceeds \$15,000) 6b	4.0	
	С	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		
	Times of	line 6c)	6d	0.
	7a	Gross sales of inventory, less returns and allowances 7a	ou	0.
	ь	Less: cost of goods sold		
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	0.
	8	Other revenue (describe in Schedule O)	8	0.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	22,229.
Vision I	10	Grants and similar amounts paid (list in Schedule O)	10	5,648
	11	Benefits paid to or for members	11	
s	12	Salaries, other compensation, and employee benefits 2	12	
se	13	Professional fees and other payments to independent contractors 2	13	12,990.
ben	14	Occupancy, rent, utilities, and maintenance	14	2,050.
Expenses	15	Printing, publications, postage, and shipping	15	4,308
	16	Other expenses (describe in Schedule O)	16	17,273
	17	Total expenses. Add lines 10 through 16	17	42,269
-	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	(20,040)
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		(-,,,,,,
SS		end-of-year figure reported on prior year's return)	19	50,517
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
Ne	20 21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	30,477
121/2	41	iver assets of fullu balances at end of year. Combine into 10 through 20 1 1 1 1 1 1 1	1	

	Once if the organization used Schedule) to recoond to a				
22	Check if the organization used Schedule	o to respond to a	ny question in this	Part II		
23	Cash, savings, and investments		F	(A) Beginning of year		(B) End of year
	cand and buildings			50,517	_	30,47
24	Other assets (describe in Schedule O)				23	
25	. 0 101 033013			Contraction of the Contraction o	24	
26	i describe in Schedule (1)			50,517	-	30,47
27	Net assets or fund balances (line 27 of column	(P) must see a st		0.		
	The state of the s	Michmonto loca Il		50,517	27	30,47
A/L -		O to respond to a	nv question in this	Part III		Expenses
vvna	build y exempt purpose?	See schedule O		AND THE RESERVE OF THE PARTY OF	(Rec	quired for section
Desc	cribe the organization's program service accomplishes the organization or program service accomplishes the organization of the	hments for each o	f ito three laws t			(c)(3) and 501(c)(4)
as n	neasured by expenses. In a clear and concise man one she had concise man one she had continued to the control of the control o	anner, describe the	e services provided	rogram services,	orga	anizations; optional fo
- A 1/4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				, the number of	June	
28	The organization did a scaled down, drive-thru version	on of Pride during Co	OVID shut down.			
100	70					
20	(Grants \$ 2,250) If this amount	includes foreign gra	ants, check here .	▶ □	28a	420
29	2019 Christmas Toy Drive		Total and			
30	o) ii tiiis amount	includes foreign gra	ants, check here .	•	29a	1,18
30						
	(Cronto \$		1980000000			
21	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ 🗌	30a	1
31	Other program services (describe in Schedule O)		A PROVIDE			300
	(Grants \$) If this amount					
32	Total program contine expenses (add time on the	includes foreign gra	ants, check here .	▶ □	31a	1
32 2at	Total program service expenses (add lines 28a t	hrough 31a)	All the transition of the		32	1.60
32 Par	List of Officers, Directors, Trustees, and Key	hrough 31a) Employees (list eac	h one even if not com	▶	32	1.60
32 Par	Total program service expenses (add lines 28a t	hrough 31a) Employees (list eac O to respond to a		pensated—see the i	32	1.60
32 Par	List of Officers, Directors, Trustees, and Key	hrough 31a) Employees (list eac O to respond to a (b) Average	h one even if not compy question in this (c) Reportable compensation	pensated—see the in Part IV	32 nstru	tions for Part IV)
32 Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	hrough 31a) Employees (list eac O to respond to a	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV	32 nstru	tions for Part IV)
Fall	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	hrough 31a) Employees (list eac O to respond to a (b) Average hours per week	h one even if not compy question in this (c) Reportable compensation	pensated—see the in Part IV	32 nstru	ctions for Part IV)
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Pa	Other Information (Note the Schedule A and personal benefit contract statement requirement	ts in t	he	
-	instructions for Part V.) Check if the organization used Schedule O to respond to any question in the	is Par		
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		Yes	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	33		-
35	change on Schedule O. See instructions Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		V
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		~
	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	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37		-	11.7	
38	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
39	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
	Initiation fees and capital contributions included on line 9			
40	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ► TEXAS			
42	Located at ► 11300 CRATER LAKE AVE., EL PASO, TX ZIP + 4 ►	14-24 79936		
	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)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c		~
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	• •	· Yes	No
44	completed instead of Form 990-EZ	44a		V
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		V
	Did the organization receive any payments for indoor tanning services during the year?	44c		<i>V</i>
45	and the state of antity within the meaning of section 512(h)(13)?	45a 45b		~

	-EZ (2019)			0.00			Yes	Page 4
3 1	Did the organization engage, directly or i	ndirectly, in political of	campaign activities on	behalf of or	in opposit	ion 🗔	100	
	to candidates for public office? If "Yes,"							1
rt V		s Only						
N/E	All section 501(c)(3) organization	ns must answer que	estions 47-49b and	52, and con	nplete the	e tables	for lin	es
	50 and 51.							
_	Check if the organization used So	chedule O to respond	d to any question in t	nis Part VI				. L
	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa		section 501(h) electio		uring the	tax 47	Yes	No
	Is the organization a school as described					48		
	Did the organization make any transfers							
b	If "Yes," was the related organization as	ection 527 organization	on?			. 49b		
)	Complete this table for the organization's	s five highest comper	sated employees (oth	er than office	rs, directo	ors, truste	es, an	id key
	employees) who each received more tha	n \$100,000 of compe	nsation from the organ			e, enter	vone.	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health be contributions to benefit plans, ar compens.	employee nd deferred	(e) Estimate other con		
							1966	
		-						
						- Angli Company		
				and the second of the second				
			- Concessor of 10000000000			******		
		•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
f	Total number of other employees paid o		Caramana, a minera	9 9				
	Total number of other employees paid or Complete this table for the organization	n's five highest comp	ensated independent	contractors	who each	received	I more	e thar
	Total number of other employees paid or Complete this table for the organization \$100,000 of compensation from the org	n's five highest comp	ensated independent	contractors	who each	received	l more	e thai
	Complete this table for the organization	n's five highest comp anization. If there is n	ensated independent			received		e thar
10 Feb	Complete this table for the organization \$100,000 of compensation from the org	n's five highest comp anization. If there is n	ensated independent one, enter "None."					e than
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d	Complete this table for the organizatior \$100,000 of compensation from the org (a) Name and business address of each independent control of the control of	n's five highest complanization. If there is no indent contractor	ensated independent one, enter "None." (b) Type of serventer serv	ice	(c)	Compensa		e than
d 22	Complete this table for the organizatior \$100,000 of compensation from the org (a) Name and business address of each independent continuous process. Total number of other independent continuous process.	n's five highest complanization. If there is no indent contractor	ensated independent one, enter "None." (b) Type of serv (c) Type of serv (d) Type of serv (e) Type of serv (b) Type of serv (c) Type of serv (d) Type of serv (e) Type of serv	▶nizations mu	(c)	Compensa	tion	
d 22	Complete this table for the organizatior \$100,000 of compensation from the org (a) Name and business address of each independent continuation of the organization complete Schedule A	n's five highest complanization. If there is no indent contractor ractors each receiving fulle A? Note: All s	ensated independent one, enter "None." (b) Type of serventer serv	▶nizations mu	(c)	Compensa i a .▶□ Ye	s 🗆	No
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J. Hunter Nelson

Firm's address

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

Preparer Use Only

. ▶ ☑ Yes ☐ No

Firm's EIN ▶

Phone no.

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.

Department of the Treasury Internal Revenue Service Name of the organization

EL PASO SUN CITY PRIDE ORGANIZATION

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number 27-0935018

PART I; LINE 10: EPSCPO PAID A TOTAL OF \$4,000 IN HIGHER EDUCATION SCHOLARSHIPS TO TWO RECIPIENTS WHO WERE EACH
AWARDED \$2,000 EACH PAID TO 1. EL PASO COMMUNITY COLLEGE, AND 2. THE UNIVERSITY OF TEXAS AT EL PASO. \$1,000 WAS PAID
AS A DONATION TO THE EL PASO BOYS AND GIRLS CLUB FOR THE 2019 HOLIDAY FUNDRAISER SEASON. \$348 WAS PAID FOR SCHOOL
SUPPLIES DONATED TO LOCAL EL PASO SCHOOLS DURING THE 2019 BACK TO SCHOOL SEASON. \$300 WAS PAID AS AN INDIVIDUAL
AWARD TO ERIC MACIAS WHO WAS TRAVELING TO REPRESENT EPSCP IN CONTEST AT THE STATE LEVEL.
PART I; LINE 16; OTHER EXPENSES EPSCP PAID OUT INCLUDE PAYMENTS TO ARTISTS WHO WERE GOING TO PERFORM AT THE 2020
PRIDE FESTIVAL WHICH WAS POSTONED UNTIL EPSCP IS ALLOWED TO CONTINUE TO OPERATE AND PUT ON THE FESTIVAL. THE
FESTIVAL IS THE MAIN PROGRAM SERVICE THAT EPSCP PROVIDES. 2020 WAS CANCELLED DUE TO COVID-19, ARTISTS ARE STILL ON
RETAINER FOR FUTURE EVENTS. SEE THE ATTACHED INCOME STATEMENT AND SELECT GENERAL LEDGER ACCOUNTS FOR MORE
DETAILED INFORMATION. EPSCP'S MAIN FUNDRAISER EACH YEAR IS THE ANNUAL PRIDE FESTIVAL.
PART III - ORGANIZATIONS PRIMARY EXEMPT PURPOSE IS TO PROVIDE SCHOLARSHIPS TO ELIGIBLE INDIVIDUALS, TO INCREASE
AWARENESS OF CIVIL AND EQUAL RIGHTS FOR LGBTQ CITIZENS, AND EDUCATE THE PUBLIC TO THE NEEDS AND ISSUES AFFECTING
THE LGBTQ CITIZENS.



El Paso Sun City Pride Balance Sheet as of 07/31/2020

Account Number	Account Name	Amount
Assets		
1000	Checking - 7190	\$24,135.36
1010	Checking - 7402	\$6,342.32
Total Assets		\$30,477.68
Liabilities		
Total Liabilities	The state of the s	\$0.00
Equity		
3000	General Operating Fund - Fund Balance	\$30,477.68
Total Equity	- American	\$30,477.68
Total Liabilities + Total Equity		\$30,477.68



El Paso Sun City Pride Income Statement for the period of 08/01/2019 to 07/31/2020

Account Number	Account Name	Amount
Income		
4005	Government Grant	\$2,250.00
4100	Member Dues	\$312.39
4110	Community Donation	\$15,440.07
4120	Sponsorship	\$250.00
4200	Ticket Sales	\$1,386.59
4210	Merch Sales	\$2,560.23
4220	Vendor/Booth Rental	\$30.00
Total Income		\$22,229.28
Expense		
5010	Advertising	\$4,308.21
5030	Banking Fees	\$657.91
5040	Conferences/Conventions/Meetings	\$3,627.40
5050	Entertainment/Meals	\$358.77
5060	Grants - Organizations	\$5,347.97
5061	Grants - Individuals	\$300.00
5070	Insurance	\$612.85
5090	Misc/Unknown	\$420.51
5100	Non-Employee Compensation (1099)	\$7,240.00
5105	Non-Employee Compensation (Corp)	\$5,750.00
5200	Office	\$98.98
5210	Telephone/Internet/Web/IT	\$1,550.57
5300	Rent - Facilities	\$2,049.80
5400	Taxes	\$5,313.66
5500	Supplies	\$343.19
5540	COS - Merch	\$3,725.07
5600	Travel (Airfare/Car)	\$391.96
5610	Occupancy	\$172.44
Total Expense		\$42,269.29
Net Income (Loss)	<u> </u>	\$-20,040.01



El Paso Sun City Pride General Ledger for the period of 08/01/2019 to 07/31/2020

Balance		\$347.97		\$2,347.97		\$4,347.97		\$6,347.97	\$5,597.97		\$5,347.97	\$5,347.97
Amount		\$347.97		\$2,000.00		\$2,000.00		\$2,000.00	\$-750.00		\$-250.00	\$5,347.97
Credits									\$750.00		\$250.00	\$1,000.00
Debits		\$347.97		\$2,000.00		\$2,000.00		\$2,000.00				\$6,347.97
Fund		General Operating Fund	General Operating Fund		General Operating Fund		General Operating Fund		General Operating Fund	General Operating Fund		
Movement Note		00	00				00			Balance due for General overcharged Operatir	donation	
Note		School Supplies Reimbursement	Grant - Scholarship		Grant - Scholarship		Edwards request for	donation	Reimbursement for Overcharge	Overcharge Refund Due		
Contact		David Castillo	El Paso Community	College	University of Texas at El	Paso	Boys and Girls Edwards Club request f		Boys and Girls Club	Boys and Girls Club		
Transaction Type		Check	Check		Check		Check		Deposit	Invoice		
Transaction Transaction Transaction Date Number Type		14957020	14957027		14957050		15279949		15279994	102932		zations
Transaction Date		08/19/2019	08/29/2019		08/30/2019		11/08/2019		11/19/2019	12/05/2019		Total for 5060 - Grants - Organizations
Name	Expense 5060 - Grants - Organizations											Total for 5060 -



El Paso Sun City Pride General Ledger for the period of 08/01/2019 to 07/31/2020

n Tra	Contact	S.	te	Movement	Fund	Debits	Credits	Amount	Balance
Number Type				Note					
14957010 Check J. Hunter	J. Hunter		Invoice 4		General				
14957045 Check J. Hunter	J. Hunter	_	Accounting		Operating Fund General	\$3,020.00		\$3,020.00	\$3,020.00
Nelson 14957154 Check J. Hunter	Nelson J. Hunte	<u>.</u>	Accounting		Operating Fund General	\$1,750.00		\$1,750.00	\$4,770.00
Nelson Total for 5100 - Non-Employee Compensation (1000)	Nelson				Operating Fund	\$1,650.00		\$1,650.00	\$6,420.00
						\$6,420.00		\$6,420.00	\$6.420.00
16536855 Check Toy Drive	Toy Drive		Toy Drive and	David Campa	General				
Toy Drive	Toy Drive		Pride on Ice	Mark	Operating Fund General	\$50.00		\$50.00	\$50.00
Toy Drive	Toy Drive			Operatir Monique Norell General	Operating Fund General	\$50.00		\$50.00	\$100.00
Toy Drive	Toy Drive			Valerie	Operating Fund General	\$50.00		\$50.00	\$150.00
18205659 Check Jason Pete	Jason Pete	130	Jason Peterson Art Show Staff		Operating Fund General	\$50.00		\$50.00	\$200.00
18523690 Check Divas	Divas		Tips 6 Divas @ 70\$		Operating Fund General	\$200.00		\$200.00	\$400.00
			ea		Operating Fund	\$420.00		\$420.00	\$820.00
						\$820.00		\$820.00	\$820.00



El Paso Sun City Pride General Ledger for the period of 08/01/2019 to 07/31/2020

Name	Transaction · Date	Transaction Transaction Transaction Date Number Type	Transaction Type	Contact	Note	Movement Note	Fund	Debits	Credits	Amount	Balance
	12/19/2019 16536855		Check	Toy Drive	Toy Drive and Pride on Ice	Toy Drive and James Majesty General Pride on Ice Operatin	General Operating Fund	\$500.00		\$500.00	\$500.00
	01/10/2020	16537200	Check	Caballeroi	Pride 2020 Entertainer		General Operating Fund	\$2,750.00		\$2,750.00	\$3,250.00
	01/14/2020	16537208	Check	No Duh	Entertainers		General Operating Fund	\$1,750.00		\$1,750.00	\$5,000.00
	03/06/2020	17178750	Check	EPIC	Cher After Party	Cher Impersonator	General Operating Fund	\$750.00		\$750.00	\$5,750.00
90	Total for 5106 - Entertainers							\$5,750.00		\$5,750.00	\$5,750.00



El Paso Sun City Pride General Ledger for the period of 08/01/2019 to 07/31/2020

Name	Name Transaction Transaction Transaction	Transaction	Transaction	Contact	Note	Movement Fund		Debits	Credits	Debits Credits Amount	Balance
	Date	Number	Туре			Note					
Expense											
5061 - Grants - Individuals											
	12/10/2019 16536690	16536690	Check	Eric Macias	Donation	00	General Operating Fund	\$300.00		\$300.00	\$300.00
otal for 5061	Total for 5061 - Grants - Individuals	uals						\$300.00		\$300.00	\$300.00