

2023 TAX RETURN

Client Copy

Client: 155

Prepared for: ROTARY CLUB OF ATASCADERO CALIFORNIA
PO BOX 100
ATASCADERO, CA 93423
949-456-0398

Prepared by: Nicholas Medeiros, CPA
NICHOLAS MEDEIROS, CPA, PC
8930 MORRO RD
ATASCADERO, CA 93422
805-466-7249

Date: August 29, 2024

Comments:

Route to: _____

2023 Exempt Org. Return
prepared for:

ROTARY CLUB OF ATASCADERO CALIFORNIA
PO BOX 100
ATASCADERO, CA 93423

NICHOLAS MEDEIROS, CPA, PC
8930 MORRO RD
ATASCADERO, CA 93422

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Client 155
August 29, 2024

ROTARY CLUB OF ATASCADERO CALIFORNIA

PO BOX 100
ATASCADERO, CA 93423
949-456-0398

FEDERAL FORMS

Form 990-EZ Schedule G Schedule O Form 8879-TE	2023 Return of Organization Exempt from Income Tax Fundraising or Gaming Activities Supplemental Information IRS e-file Signature Authorization
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CALIFORNIA FORMS

Form 199 Form 8453-EO (199) Form RRF-1	2023 California Exempt Organization Return California e-file Return Authorization for Exempt 2024 Registration/Renewal Fee Report
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FEE SUMMARY

Preparation Fee	\$	500.00
Amount Due	\$	500.00

ROTARY CLUB OF ATASCADERO CALIFORNIA

23-7193833

	2023	2022	Diff
FORM 990-EZ REVENUE			
Contributions, gifts, and grants.....	1,750	2,683	-933
Membership dues and assessments.....	65,484	33,516	31,968
Net income (loss) - special events.....	27,955	54,201	-26,246
Total revenue.....	95,189	90,400	4,789
EXPENSES			
Grants and similar amounts paid.....	19,415	52,253	-32,838
Professional fees/pymt to contractors....	500	500	0
Printing, publications, and postage.....	224	245	-21
Other expenses.....	72,713	66,189	6,524
Total expenses.....	92,852	119,187	-26,335
NET ASSETS OR FUND BALANCES			
Excess or (deficit) for the year.....	2,337	-28,787	31,124
Net assets/fund bal. at beg. of year.....	24,517	53,304	-28,787
Net assets/fund bal. at end of year.....	26,854	24,517	2,337

ROTARY CLUB OF ATASCADERO CALIFORNIA

23-7193833

	2023	2022	Diff
RECEIPTS AND REVENUES			
Gross sales or receipts.....	43,610	63,794	-20,184
Gross dues and assessments from members..	65,484	33,516	31,968
Gross contributions, gifts, & grants.....	1,750	2,683	-933
Total gross receipts.....	110,844	99,993	10,851
Total costs.....	0	0	0
Total gross income.....	110,844	99,993	10,851
EXPENSES			
Total expenses.....	108,507	128,780	-20,273
Excess receipts over expenses.....	2,337	-28,787	31,124
FILING FEE			
Filing fee.....	0	0	0
Balance due.....	0	0	0

Forms needed for this return

Federal: 990-EZ, Sch G, Sch O

California: 199, 8453-EO (199), e-file Instructions, RRF-1

Carryovers to 2024

None

The organization's Federal tax return is NOT FINISHED until you complete the following instructions.

Prior to transmission of the return

Form 990-EZ

The organization should review their Federal Return along with any accompanying schedules and statements.

Paperless e-file

The organization should read, sign and date the Form 8879-TE, IRS e-file Signature Authorization.

Even Return

No payment is required.

After transmission of the return

Receive acknowledgement of your e-file transmission status.

Within several hours, access the program and get your first acknowledgement (ACK) that the program has received your transmission file.

Access the program again after 24 and then 48 hours to receive your Federal ACKs.

Keep a signed copy of Form 8879-TE, IRS e-file Signature Authorization in your files for 3 years.

Do not mail:

Form 8879-TE IRS e-file Signature Authorization

The entity's 2023 California tax return is **NOT FINISHED** until you complete the following instructions.

Prior to transmission of the return

Form 199

The entity should review their 2023 California Exempt Income Tax Return along with any accompanying schedules and statements.

Form 8453-EO

The entity should review, sign and date Form 8453-EO prior to e-filing the return.

Even Return

No payment is required.

After transmission of the return

Receive acknowledgement of your e-file transmission status.

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your California acknowledgements.

Keep a signed copy of Form 8453-EO in your files for 4 years.

Do Not Mail:

Form 8453-EO

Franchise Tax Board, PO Box 942857, Sacramento CA 94257-0531

**IRS E-file Signature Authorization
for a Tax Exempt Entity**

For calendar year 2023, or fiscal year beginning 7/01, 2023, and ending 6/30, 202024

2023

Department of the Treasury
Internal Revenue Service

**Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer ROTARY CLUB OF ATASCADERO CALIFORNIA EIN or SSN 23-7193833

Name and title of officer or person subject to tax

ROBERT BORISH Treasurer

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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	<input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b <u>95,189.</u>
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____, and that I have examined a copy of the 2023 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

I authorize NICHOLAS MEDEIROS, CPA, PC to enter my PIN 00155 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 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 entity, I will enter my PIN as my signature on the tax year 2023 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.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

96906123456
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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.

ERO's signature Nicholas Medeiros, CPA Date _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

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)

OMB No. 1545-0047

2023

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

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning 7/01, **2023**, and ending 6/30, **2024**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C ROTARY CLUB OF ATASCADERO CALIFORNIA PO BOX 100 ATASCADERO, CA 93423	D Employer identification number 23-7193833
		E Telephone number 949-456-0398
		F Group Exemption Number 0573

G Accounting Method: Cash Accrual Other (specify): _____

H Check if the organization is **not** required to attach Schedule B (Form 990).

I Website: N/A

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. \$ 110,844.

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.

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	1,750.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	65,484.
	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	43,610.
c Less: direct expenses from gaming and fundraising events	6c	15,655.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	27,955.	
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	95,189.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	See Schedule O 19,415.
	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	500.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	224.
	16 Other expenses (describe in Schedule O)	16	See Schedule O 72,713.
17 Total expenses. Add lines 10 through 16	17	92,852.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	2,337.
	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	24,517.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	26,854.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2023)

Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	39,553.	12,900.
23 Land and buildings		
24 Other assets (describe in Schedule O) See Schedule O	12,428.	14,761.
25 Total assets	51,981.	27,661.
26 Total liabilities (describe in Schedule O) See Schedule O	27,464.	807.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	24,517.	26,854.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 DONATIONS AND CONTRIBUTIONS		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	24,986.
29 INTERNATIONAL SERVICE AND EDUCATION		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	9,535.
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	34,521.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BOB TANAKA PAST PRESIDENT	5	0.	0.	0.
JITEN PATEL Secretary	2	0.	0.	0.
ROBERT BORISH PRES/TRASURER	2	0.	0.	0.
ART EVERETT Director	2	0.	0.	0.
KEN WEATHERS Executive Dir.	2	0.	0.	0.

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 Schedule O to respond to any question in this Part V. []

Table with columns for question number, description, and Yes/No checkboxes. Rows include questions 33 through 41 regarding IRS reporting, organizational changes, income, and state filing.

42a The organization's books are in care of: ROBERT BORISH Telephone no. 805-466-7121 Located at: PO BOX 100 ATASCADERO CA ZIP + 4 93422

Table with columns for question number, description, and Yes/No checkboxes. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here [] N/A and enter the amount of tax-exempt interest received or accrued during the tax year. 43 N/A

Table with columns for question number, description, and Yes/No checkboxes. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

	Yes	No
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.	46	X

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.

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	
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."		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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. Yes No

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		
	ROBERT BORISH Type or print name and title		Treasurer		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Nicholas Medeiros, CPA	Nicholas Medeiros, CPA			P00972307
	Firm's name	NICHOLAS MEDEIROS, CPA, PC		Firm's EIN	82-2928744
	Firm's address	8930 MORRO RD ATASCADERO, CA 93422		Phone no.	805-466-7249

May the IRS discuss this return with the preparer shown above? See instructions Yes No

BAA

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

ROTARY CLUB OF ATASCADERO CALIFORNIA

Employer identification number

23-7193833

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		CLUB FUND RAIS (event type)	(event type)	None (total number)	(add column (a) through column (c))	
Revenue	1	Gross receipts	43,610.		43,610.	
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	43,610.		43,610.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	15,655.		15,655.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				15,655.
	11	Net income summary. Subtract line 10 from line 3, column (d)				27,955.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

- 9 Enter the state(s) in which the organization conducts gaming activities: _____
- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b If "No," explain: _____
- 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name -----

Address -----

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name -----

Address -----

16 Gaming manager information:

Name -----

Gaming manager compensation \$ _____

Description of services provided -----

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year... \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O
(Form 990)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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 Form 990-EZ.

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

ROTARY CLUB OF ATASCADERO CALIFORNIA

23-7193833

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid In Excess of \$5,000

Class of Activity:	EDUCATION FOUNDATION	
Donee's Name:	ROTARY FOUNDATION OF ATASCADERO	
Donee's Address:	PO BOX 100	
	ATASCADERO CA 93422	
Relationship of Donee:	RELATED ORGANIZATION	
Cash Amount Given:		\$ 19,415.

Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion.....	\$ 1,989.
BAD DEBT.....	1,670.
BANK FEES.....	28.
CHAMBER DUES.....	150.
CLUB SERVICE.....	1,357.
CLUB SOCIAL EVENTS.....	3,671.
Conferences, Conventions, and Meetings.....	3,503.
DISTRICT DUES.....	2,862.
GOVERNMENT FEES.....	100.
INTERNATIONAL SERVICE EXPENSE.....	9,535.
INTL DUES.....	5,450.
MEMBER LUNCH EXPENSES.....	32,925.
MERCHANT FEES.....	623.
STORAGE.....	626.
SUPPLIES.....	1,711.
VOCATIONAL SERVICES.....	800.
WEBSITE.....	942.
YOUTH SERVICES EXPENSE.....	4,771.
Total	<u>\$ 72,713.</u>

Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable.....	\$ 11,390.	\$ 13,073.
Prepaid Expenses and Deferred Charges.....	1,038.	1,688.
Total	<u>\$ 12,428.</u>	<u>\$ 14,761.</u>

Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses.....	\$ 11.	\$ 807.
Grants Payable.....	27,453.	0.
Total	<u>\$ 27,464.</u>	<u>\$ 807.</u>

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

TO PROVIDE SERVICE TO THE LOCAL COMMUNITY AND SUPPORT THE ROTARY FOUNDATION OF
ATASCADERO

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) 7/01/2023, and ending (mm/dd/yyyy) 6/30/2024.

Corporation/Organization name: ROTARY CLUB OF ATASCADERO CALIFORNIA. California corporation number: 1215066. FEIN: 23-7193833. Street address: PO BOX 100, ATASCADERO, CA 93423.

A First return. B Amended return. C IRC Section 4947(a)(1) trust. D Final information return? E Check accounting method. F Federal return filed? G Is this a group filing? H Is this organization in a group exemption. I Did the organization have any changes to its guidelines not reported to the FTB? J If exempt under R&TC Section 23701d, has the organization engaged in political activities? K Is the organization exempt under R&TC Section 23701g? L Is the organization a limited liability company? M Did the organization file Form 100 or Form 109 to report taxable income? N Is the organization under audit by the IRS or has the IRS audited in a prior year? O Is federal Form 1023/1024 pending?

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 16 rows and 3 columns. Rows include Receipts and Revenues (1-8), Expenses (9-10), and Payments (11-16). Total gross income is 110,844. Total expenses are 108,507. Balance due is 0.

Sign Here: Signature of officer, Title: TREASURER, Date. Paid Preparer's Use Only: Preparer's signature: NICHOLAS MEDEIROS, CPA, Firm's name: NICHOLAS MEDEIROS, CPA, PC, 8930 MORRO RD, ATASCADERO, CA 93422. Telephone: 805-466-7249. May the FTB discuss this return with the preparer shown above? See instructions. Yes [X] No []

CACA1112L 01/02/24

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	●	1	
	2	Interest	●	2	
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	●	7	43,610.
8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	43,610.	
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule. SEE STATEMENT 2	●	9	19,415.
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STMT 3	●	11	0.
	12	Other salaries and wages	●	12	
	13	Interest	●	13	
	14	Taxes	●	14	
	15	Rents	●	15	
	16	Depreciation and depletion (See instructions)	●	16	
	17	Other expenses and disbursements. Attach schedule. SEE STATEMENT 4	●	17	89,092.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	108,507.

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		39,553.	●	12,900.
2 Net accounts receivable		11,390.	●	13,073.
3 Net notes receivable			●	
4 Inventories			●	
5 Federal and state government obligations			●	
6 Investments in other bonds			●	
7 Investments in stock			●	
8 Mortgage loans			●	
9 Other investments. Attach schedule			●	
10 a Depreciable assets				
b Less accumulated depreciation				
11 Land			●	
12 Other assets. Attach schedule. STM 5		1,038.	●	1,688.
13 Total assets		51,981.		27,661.
Liabilities and net worth				
14 Accounts payable		11.	●	807.
15 Contributions, gifts, or grants payable		27,453.	●	
16 Bonds and notes payable			●	
17 Mortgages payable			●	
18 Other liabilities. Attach schedule				
19 Capital stock or principal fund		24,517.	●	26,854.
20 Paid-in or capital surplus. Attach reconciliation			●	
21 Retained earnings or income fund			●	
22 Total liabilities and net worth		51,981.		27,661.

Schedule M-1 Reconciliation of income per books with income per return
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	●	7 Income recorded on books this year not included in this return. Attach schedule	●
2 Federal income tax	●	8 Deductions in this return not charged against book income this year. Attach schedule	●
3 Excess of capital losses over capital gains	●	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule	●	10 Net income per return. Subtract line 9 from line 6	
5 Expenses recorded on books this year not deducted in this return. Attach schedule	●		
6 Total. Add line 1 through line 5			

ROTARY CLUB OF ATASCADERO CALIFORNIA

23-7193833

Statement 1
Form 199, Part II, Line 7
Other Income

Income from Special Events..... \$ 43,610.
 Total \$ 43,610.

Statement 2
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

Class of Activity: EDUCATION FOUNDATION
 Donee's Name - Ind ROTARY FOUNDATION OF ATASCADERO
 Donee's Street Address: PO BOX 100
 Donee's City ATASCADERO
 Donee's State CA
 Donee's Zip code 93422
 Relationship of Donee: RELATED ORGANIZATION
 Organizational Status of Donee: 501(c) (3)
 Cash and Noncash Amount: \$ 19,415.
 Total \$ 19,415.

Statement 3
Form 199, Part II, Line 11
Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Total Compensation</u>	<u>Contribution to EBP & DC</u>	<u>Expense Account/ Other</u>
BOB TANAKA PO BOX 100 ATASCADERO, CA 93423	PAST PRESIDENT 5.00	\$ 0.	\$ 0.	\$ 0.
JITEN PATEL PO BOX 100 ATASCADERO, CA 93423	Secretary 2.00	0.	0.	0.
ROBERT BORISH PO BOX 100 ATASCADERO, CA 93423	PRES/TRASURER 2.00	0.	0.	0.
ART EVERETT PO BOX 100 ,	Director 2.00	0.	0.	0.
KEN WEATHERS PO BOX 100 ,	Executive Dir. 2.00	0.	0.	0.
Total		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

ROTARY CLUB OF ATASCADERO CALIFORNIA

23-7193833

Statement 4
Form 199, Part II, Line 17
Other Expenses

Accounting Fees.....	\$	500.
Advertising and Promotion.....		1,989.
BAD DEBT.....		1,670.
BANK FEES.....		28.
CHAMBER DUES.....		150.
CLUB SERVICE.....		1,357.
CLUB SOCIAL EVENTS.....		3,671.
Conferences, Conventions, and Meetings.....		3,503.
DISTRICT DUES.....		2,862.
GOVERNMENT FEES.....		100.
INTERNATIONAL SERVICE EXPENSE.....		9,535.
INTL DUES.....		5,450.
MEMBER LUNCH EXPENSES.....		32,925.
MERCHANT FEES.....		623.
Postage and Shipping.....		224.
Special Event Expenses.....		15,655.
STORAGE.....		626.
SUPPLIES.....		1,711.
VOCATIONAL SERVICES.....		800.
WEBSITE.....		942.
YOUTH SERVICES EXPENSE.....		4,771.
	Total \$	<u>89,092.</u>

Statement 5
Form 199, Schedule L, Line 12
Other Assets

Prepaid Expenses and Deferred Charges.....		<u>1,688.</u>
	Total \$	<u>1,688.</u>

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities



(For Registry Use Only)

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

<p>ROTARY CLUB OF ATASCADERO CALIFORNIA Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used PO BOX 100 Address (Number and Street)</p> <hr/> <p>ATASCADERO, CA 93423 City or Town, State, and ZIP Code</p> <hr/> <p>949-456-0398 RBORISH@NORTHCOUNTYTX.C Telephone Number E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>30537</u></p> <hr/> <p>Corporation or Organization No. <u>1215066</u></p> <hr/> <p>Federal Employer ID No. <u>23-7193833</u></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice**

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/23 ending 6/30/24) list:

Total Revenue \$ (including noncash contributions) 95,189. **Noncash Contributions \$** 0. **Total Assets \$** 27,661.

Program Expenses \$ 56,652. **Total Expenses \$** 108,507.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, did the organization receive any governmental funding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization hold a raffle for charitable purposes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 Does the organization conduct a vehicle donation program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

	ROBERT BORISH	TREASURER	
Signature of Authorized Agent	Printed Name	Title	Date

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)

OMB No. 1545-0047

2023

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 For the **2023** calendar year, or tax year beginning 7/01, **2023**, and ending 6/30, **2024**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C ROTARY CLUB OF ATASCADERO CALIFORNIA PO BOX 100 ATASCADERO, CA 93423	D Employer identification number 23-7193833
		E Telephone number 949-456-0398
		F Group Exemption Number 0573

G Accounting Method: Cash Accrual Other (specify): _____

H Check if the organization is **not** required to attach Schedule B (Form 990).

I Website: N/A

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. \$ 110,844.

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.

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	1,750.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	65,484.
	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	43,610.
c Less: direct expenses from gaming and fundraising events	6c	15,655.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	27,955.	
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	95,189.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	See Schedule O	19,415.
	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	500.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	224.
	16 Other expenses (describe in Schedule O)	See Schedule O	72,713.
17 Total expenses. Add lines 10 through 16	17	92,852.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	2,337.
	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	24,517.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	26,854.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2023)

Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	39,553.	12,900.
23 Land and buildings		
24 Other assets (describe in Schedule O) See Schedule O	12,428.	14,761.
25 Total assets	51,981.	27,661.
26 Total liabilities (describe in Schedule O) See Schedule O	27,464.	807.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	24,517.	26,854.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 DONATIONS AND CONTRIBUTIONS		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	24,986.
29 INTERNATIONAL SERVICE AND EDUCATION		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	9,535.
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	34,521.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BOB TANAKA PAST PRESIDENT	5	0.	0.	0.
JITEN PATEL Secretary	2	0.	0.	0.
ROBERT BORISH PRES/TRASURER	2	0.	0.	0.
ART EVERETT Director	2	0.	0.	0.
KEN WEATHERS Executive Dir.	2	0.	0.	0.

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 Schedule O to respond to any question in this Part V. []

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 33 through 41 regarding IRS reporting, organizational changes, income, and state filing.

42a The organization's books are in care of: ROBERT BORISH Telephone no. 805-466-7121 Located at: PO BOX 100 ATASCADERO CA ZIP + 4 93422

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 42b and 42c regarding foreign financial accounts and offices.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here [] N/A and enter the amount of tax-exempt interest received or accrued during the tax year. 43 N/A

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

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. 46 Yes No X

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 Schedule C, Part II. 47 Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 48 Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes No

b If "Yes," was the related organization a section 527 organization? 49b Yes No

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 (Forms W-2/1099-MISC/1099-NEC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

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.

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. [] Yes [] No

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 ROBERT BORISH, Date, Treasurer. Paid Preparer Use Only: Print/Type preparer's name Nicholas Medeiros, CPA, Preparer's signature Nicholas Medeiros, CPA, Date, Check [X] if self-employed, PTIN P00972307, Firm's name NICHOLAS MEDEIROS, CPA, PC, Firm's address 8930 MORRO RD ATASCADERO, CA 93422, Firm's EIN 82-2928744, Phone no. 805-466-7249.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

ROTARY CLUB OF ATASCADERO CALIFORNIA

Employer identification number

23-7193833

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		CLUB FUND RAIS (event type)	(event type)	None (total number)	(add column (a) through column (c))	
Revenue	1	Gross receipts	43,610.		43,610.	
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	43,610.		43,610.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	15,655.		15,655.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				15,655.
	11	Net income summary. Subtract line 10 from line 3, column (d)				27,955.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name -----

Address -----

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name -----

Address -----

16 Gaming manager information:

Name -----

Gaming manager compensation \$ _____

Description of services provided -----

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year... \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O
(Form 990)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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 Form 990-EZ.

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

ROTARY CLUB OF ATASCADERO CALIFORNIA

23-7193833

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid In Excess of \$5,000

Class of Activity:	EDUCATION FOUNDATION	
Donee's Name:	ROTARY FOUNDATION OF ATASCADERO	
Donee's Address:	PO BOX 100	
	ATASCADERO CA 93422	
Relationship of Donee:	RELATED ORGANIZATION	
Cash Amount Given:		\$ 19,415.

Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion.....	\$ 1,989.
BAD DEBT.....	1,670.
BANK FEES.....	28.
CHAMBER DUES.....	150.
CLUB SERVICE.....	1,357.
CLUB SOCIAL EVENTS.....	3,671.
Conferences, Conventions, and Meetings.....	3,503.
DISTRICT DUES.....	2,862.
GOVERNMENT FEES.....	100.
INTERNATIONAL SERVICE EXPENSE.....	9,535.
INTL DUES.....	5,450.
MEMBER LUNCH EXPENSES.....	32,925.
MERCHANT FEES.....	623.
STORAGE.....	626.
SUPPLIES.....	1,711.
VOCATIONAL SERVICES.....	800.
WEBSITE.....	942.
YOUTH SERVICES EXPENSE.....	4,771.
Total	<u>\$ 72,713.</u>

Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable.....	\$ 11,390.	\$ 13,073.
Prepaid Expenses and Deferred Charges.....	1,038.	1,688.
Total	<u>\$ 12,428.</u>	<u>\$ 14,761.</u>

Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses.....	\$ 11.	\$ 807.
Grants Payable.....	27,453.	0.
Total	<u>\$ 27,464.</u>	<u>\$ 807.</u>

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

TO PROVIDE SERVICE TO THE LOCAL COMMUNITY AND SUPPORT THE ROTARY FOUNDATION OF ATASCADERO

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

California e-file Return Authorization for Exempt Organizations

FORM

2023

8453-EO

Exempt Organization name ROTARY CLUB OF ATASCADERO CALIFORNIA	Identifying number 23-7193833
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Part I Electronic Return Information (whole dollars only)

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5).....	1	110,844.
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14).....	2	110,844.
3 Total expenses and disbursements (Form 199, line 9).....	3	108,507.
4 Tax due (Form 109, line 23).....	4	
5 Overpayment (Form 109, line 24).....	5	

Part II Settle Your Account Electronically for Taxable Year 2023

6 Direct Deposit of refund (Form 109 only.)

7 Electronic funds withdrawal 7a Amount _____ 7b Withdrawal date (mm/dd/yyyy) _____

Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

Part IV Banking Information (Have you verified the exempt organization's banking information?)

10 Routing number _____

11 Account number _____ 12 Type of account: Checking Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2023 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.

Sign Here Signature of officer _____ Date _____ **TREASURER** Title _____

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature NICHOLAS MEDEIROS, CPA	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input checked="" type="checkbox"/>	ERO's PTIN P00972307
	Firm's name (or yours if self-employed) and address NICHOLAS MEDEIROS, CPA, PC	Firm's FEIN 82-2928744			
	8930 MORRO RD	CA ZIP code 93422			
					ATASCADERO

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature _____	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address _____	Firm's FEIN		
	ZIP code			