

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2022

Open to Public Inspection

A For the 2022 Calendar year, or tax year beginning 2022-07-01 and ending 2023-06-30

B Check if available:

☐ Terminated for Business☒ Gross receipts are normally \$50,000 or lessC Name of Organization: SALINAS AREA RIF PROGRAM18451 Foxtail Court, SalinasCA, US, 93908

D Employee Identification

Number 23-7448169

E Website:

sameF Name of Principal Officer: David Varner18451 Foxtail Court, SalinasCA, US, 93908

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.



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Electronic Notice-Form 990-N (e-Postcard)

Organization Address and Principal Officer Information

Organization's legal name: **SALINAS AREA RIF PROGRAM**

If your organization conducts business using another name (DBA), enter other name:

* = required field

Organization:

DBA Name

DBA Name - continued

ENTER ADDITIONAL DBA NAMES

Country*

US - United States

Number and Street (or PO Box)*

18451 Foxtail Court

City or Town*

Salinas

State*

CA - California

Zip Code*

93908

Organization's website address, if applicable

same

Principal Officer:

Type of Name*

Person

Person Name*

David Varner

Country*

US - United States

Number and Street (or PO Box)*

18451 Foxtail Court

City or Town*

Salinas

State*

CA - California

Zip Code*

93908

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