



Confirmation

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Your Form 990-N(e-Postcard) has been submitted to the IRS

- **Organization Name:** SOLEDAD COMMUNITY HEALTH CARE DISTRICT FOUNDATION
- **EIN:** 942783041
- **Tax Year:** 2022
- **Tax Year Start Date:** 07-01-2022
- **Tax Year End Date:** 06-30-2023
- **Submission ID:** 10065520240237314559
- **Filing Status Date:** 01-23-2024
- **Filing Status:** Accepted

MANAGE FORM 990-N SUBMISSIONS



Confirmation

[Privacy Policy](#)

Print this page for your records. The Confirmation Number below is proof that you successfully filed your 199N e-Postcard.

We received your 199N e-Postcard on 1/22/2024
11:02:58 PM.

Confirmation Number: 00000100582302202

Entity ID:

1005823

Entity Name:

SOLEDAD
COMMUNITY
HEALTH CARE
DISTRICT
FOUNDATION

Account Period Information

Account Period

Beginning:

7/1/2022

Account Period

Ending:

6/30/2023

This is not your entity's first year in business.

Your entity has not terminated or gone out of business.

Your entity has not changed the account period.

Gross Receipts: \$20526

This is not an amended return.

An IRS Form 1023/1024 is not pending.

Entity Information

FEIN:

942783041

Doing Business

As:

Website

Address:

Entity's Mailing Address

612 Main Street
Soledad CA
93960

Principal Officer's Information

Jo Ann Moline
36520 Mission
Rd
Soledad CA
93960

Contact Information

Name:
Brent Green
Phone:
831-674-5562

After we process your 199N e-Postcard, you may receive a bill if the three year gross receipt average is greater than the amount allowed for filing a 199N e-Postcard.

Print

Log Out

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.

SOLEDAD COMMUNITY HEALTH CARE DISTRICT FOUNDATION <small>Name of Organization</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report
List all DBAs and names the organization uses or has used 612 MAIN STREET <small>Address (Number and Street)</small>	State Charity Registration Number <u>41997</u>
SOLEDAD, CA 93960 <small>City or Town, State, and ZIP Code</small>	Corporation or Organization No. <u>D-1005823</u>
(831) 678-2462 <small>Telephone Number</small>	Federal Employer ID No. <u>94-2783041</u>
E-mail Address	

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 7/01/22 ending 6/30/23) list:

Total Revenue \$ <small>(including noncash contributions)</small>	<u>20,526.</u>	Noncash Contributions \$	<u>0.</u>	Total Assets \$	<u>52,385.</u>
Program Expenses \$	<u>37,858.</u>	Total Expenses \$	<u>45,641.</u>		

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"/>
SEE STATEMENT 1		
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 checked="" type="checkbox"/>	<input 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.

JO ANN MOLINE	PRESIDENT	
<small>Signature of Authorized Agent</small>	<small>Printed Name</small>	<small>Title</small>
		<small>Date</small>

2022

CALIFORNIA STATEMENTS
SOLEDAD COMMUNITY HEALTH CARE DISTRICT
FOUNDATION

PAGE 1

94-2783041

STATEMENT 1
FORM RRF-1, PART B, LINE 6
NUMBER AND DATES OF RAFFLES

ONE RAFFLE - HELD ON MAY 12, 2023



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

**ANNUAL TREASURER'S REPORT
 ATTORNEY GENERAL OF CALIFORNIA**

Section 12586, California Government Code
 11 Cal. Code Regs., Section 301

(FORM CT-TR-1)

(For Registry Use Only)

Soledad Community Health Care District Foundation		State Charity Registration Number <u>041997</u>	
Name of Organization		Corporation or Organization No. <u>1005823</u>	
612 Main Street		Federal Employer I.D. No. <u>94-2783041</u>	
Address (Number and Street)			
Soledad, CA 93960			
City or Town, State and ZIP Code			

For annual accounting period (beginning 07 / 01 / 2022 ending 06 / 30 / 2023)

BALANCE SHEET

ASSETS

Cash	\$ 32,443
Savings	\$ 19,942
Investment	\$
Land/Buildings	\$
Other Assets	\$
TOTAL ASSETS	\$ 52,385

LIABILITIES

Accounts Payable	\$
Salary Payable	\$
Other Liabilities	\$
TOTAL LIABILITIES	\$ -0-

FUND BALANCE

Total Assets less Total Liabilities	\$ 52,385
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REVENUE STATEMENT

REVENUE

Cash Contributions	\$ 20,518
Noncash Contributions	\$
Program Revenue	\$
Investments	\$ 8
Special Events	\$
Other Revenue	\$
TOTAL REVENUE	\$ 20,526

EXPENSES

Compensation of Officers/Directors	\$
Compensation of Staff	\$
Fundraising Expenses	\$
Rent	\$
Utilities	\$
Supplies/Postage	\$ 1,051
Insurance	\$
Other Expenses	\$ 44,590
TOTAL EXPENSES	\$ 45,641

NET REVENUE

Total Revenue less Total Expenses	\$(25,115)
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I hereby 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.

Signature of Authorized Agent	Jo Ann Moline	President	01/25/24
	Printed Name	Title	Date