

Form **990-N****Electronic Notice (e-Postcard) for  
Tax-Exempt Organization Not Required to File  
Form 990 or 990-EZ****2023**

Electronic Filing Only – Do Not Mail

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

Check if applicable

☐ Termination**Organization name and address**SOLEDAD COMMUNITY HEALTH CARE DISTRICT  
FOUNDATION  
612 MAIN STREET  
SOLEDAD, CA 93960**Employer identification number**

94-2783041

**Telephone Number**

(831) 678-2462

**CLIENT'S  
COPY**Other names the  
organization uses

Website:&gt;

Check > ☒ if the organization's gross receipts are normally not more than \$50,000 (\$5,000 for a 509(a)(3) supporting organization)Principal Officer  
Information

<b>Name</b>	JO ANN MOLINE
<b>Address</b>	612 MAIN STREET SOLEDAD, CA 93960

Form 990-N, also known as the e-Postcard, must be filed  
electronically with the Internal Revenue Service. There will be no  
paper form accepted by the Internal Revenue Service.

**Do Not** mail this form to the Internal Revenue Service.

01:20 PM

Green's Accounting

Client SCHCDFND - Soledad Community Health Care District EIN: 94-2783041  
US Ext. Even Return.....\$0  
US Even Return.....\$0

## Activity

-----  
Extension - Federal Extension

US - ACCEPTED 11/13 (Current Status)  
Submission ID: 77114620243180040y9p

## Previous Activity

- 11/13 Sent to the IRS
- 11/13 Sent to Lacerte
- 11/13 Received at Lacerte
- 11/13 Ready to Send
- 11/13 Passed Validation

US - ACCEPTED 07/30 (Current Status)  
Submission ID: 771146202521100u55qm

## Previous Activity

- 07/30 Sent to Lacerte
  - 07/30 Ready to Send
  - 07/30 Passed Validation
  - 07/30 Sent to the IRS
  - 07/30 Failed Validation
  - 07/30 Received at Lacerte
-



# 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 7/30/2025 12:42:05 PM.

**Confirmation Number:** 00000100582321103

**Entity ID:**

1005823

**Entity Name:**

SOLEDAD  
COMMUNITY  
HEALTH CARE  
DISTRICT  
FOUNDATION

**CLIENT'S  
COPY**

## Account Period Information

**Account Period**

**Beginning:**

7/1/2023

**Account Period**

**Ending:**

6/30/2024

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:** \$36143

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](#)

Copyright © 2025 State of California



MAIL TO:  
Registry of Charities and Fundraisers  
P.O. Box 903447  
Sacramento, CA 94203-4470

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814

WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://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 301-307, and 310

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.

<b>SOLEDAD COMMUNITY HEALTH CARE DISTRICT FOUNDATION</b>		<b>CLIENT'S COPY</b>
Name of Organization		
List all DBAs and names the organization uses or has used		
<b>612 MAIN STREET</b>		
Address (Number and Street)		
<b>SOLEDAD, CA 93960</b>		State Charity Registration Number <b>41997</b>
City or Town, State, and ZIP Code		Corporation or Organization No. <b>D-1005823</b>
<b>(831) 678-2462</b>		Federal Employer ID No. <b>94-2783041</b>
Telephone Number	Email Address	

### ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310) 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)	<u>36,143.</u>	Noncash Contributions \$	<u>0.</u>	Total Assets \$	<u>64,180.</u>
Program Expenses \$	<u>17,406.</u>	Total Expenses \$	<u>24,348.</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"/>
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.

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

2023

**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 11, 2024



MAIL TO:  
Registry of Charities and Fundraisers  
P.O. Box 903447  
Sacramento, CA 94203-4470

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814

WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://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>41997</u>
Name of Organization 612 Main Street	Corporation or Organization No. <u>1005823</u>
Address (Number and Street) Soledad, CA 93960	Federal Employer I.D. No. <u>94-2783041</u>
City or Town, State and ZIP Code	

For annual accounting period ( beginning 07 / 01 / 23 ending 06 / 30 / 24 )

## BALANCE SHEET

### ASSETS

Cash	\$ 64,180
Savings	\$
Investment	\$
Land/Buildings	\$
Other Assets	\$
<b>TOTAL ASSETS</b>	<b>\$ 64,180</b>

### LIABILITIES

Accounts Payable	\$
Salary Payable	\$
Other Liabilities	\$
<b>TOTAL LIABILITIES</b>	<b>\$ -0-</b>

### FUND BALANCE

Total Assets less Total Liabilities	\$ 64,180
-------------------------------------	-----------

## REVENUE STATEMENT

### REVENUE

Cash Contributions	\$ 36,135
Noncash Contributions	\$
Program Revenue	\$
Investments	\$ 8
Special Events	\$
Other Revenue	\$
<b>TOTAL REVENUE</b>	<b>\$ 36,143</b>

### NET REVENUE

Total Revenue less Total Expenses	\$ 11,795
-----------------------------------	-----------

### EXPENSES

Compensation of Officers/Directors	\$
Compensation of Staff	\$
Fundraising Expenses	\$
Rent	\$
Utilities	\$
Supplies/Postage	\$ 914
Insurance	\$
Other Expenses	\$ 23,434
<b>TOTAL EXPENSES</b>	<b>\$ 24,348</b>

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.

Jo Ann Moline

President

Signature of Authorized Agent

Printed Name

Title

Date