

LODI COMMUNITY FOUNDATION

Name of Organization

List all DBAs and names the organization uses or has used

PO BOX 1327

Address (Number and Street)

LODI, CA 95241

City or Town, State, and ZIP Code

Telephone Number

E-mail Address

Check if:

- Change of address
 Amended report

State Charity Registration Number **CT0253041**

Corporation or Organization No. **3964543**

Federal Employer ID No. **81-4691752**

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 01/01/2023 ending 12/31/2023) list:

Total Revenue (including noncash contributions) \$ 43,816 Noncash Contributions \$ 0 Total Assets \$ 102,298
Program Expenses \$ 18,787 Total Expenses \$ 25,488

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?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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.

John Ledbetter
Signature of Authorized Agent

JOHN LEDBETTER
Printed Name

PRESIDENT
Title

5/15/24
Date

(FORM CT-TR-1)

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

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

LODI COMMUNITY FOUNDATION

Name of Organization

PO BOX 1327

Address (Number and Street)

LODI, CA 95241

City or Town, State and ZIP Code

State Charity Registration Number **CT0253041**

Corporation or Organization No. **3964543**

Federal Employer I.D. No. **81-4691752**

For annual accounting period (beginning 01/01/2023 ending 12/31/2023)

BALANCE SHEET

ASSETS

Cash	\$	25,934.
Savings	\$	6,436.
Investment	\$	69,928.
Land/Buildings	\$	
Other Assets	\$	
TOTAL ASSETS	\$	102,298.

LIABILITIES

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

FUND BALANCE

Total Assets less Total Liabilities	\$	102,298.
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REVENUE STATEMENT

REVENUE

Cash Contributions	\$	6,971.
Noncash Contributions	\$	
Program Revenue	\$	32,869.
Investments	\$	3,976.
Special Events	\$	
Other Revenue	\$	
TOTAL REVENUE	\$	43,816.

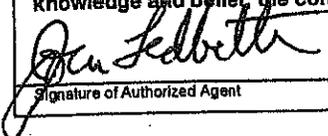
EXPENSES

Compensation of Officers/Directors	\$	
Compensation of Staff	\$	
Fundraising Expenses	\$	
Rent	\$	
Utilities	\$	
Supplies/Postage	\$	
Insurance	\$	1,260.
Other Expenses	\$	24,227.
TOTAL EXPENSES	\$	25,487.

NET REVENUE

Total Revenue less Total Expenses	\$	18,329.
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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

JOHN LEDBETTER

Printed Name

PRESIDENT

Title

5/15/24

Date