

# Mendocino Coast Health Care District Warrant List

June 23--July 22, 2023

Payee	For	Date Last Paid	Amount
<b>Automated Payments</b>			
CHFFA	HELP II Loan	6/28/2023	13,802.02
BNY Mellon - Bank of America	Revenue Bond Analysis Charge (Net)	7/3/2023 7/17/2023	51,691.19 1,480.23
<b>Payments Made</b>			
		Date Paid	Amount
CA Secretary of State	Registry Filing Fee	6/27/2023	6.00
BETA Healthcare	Liability Insurance	6/28/2023	935.42
K McKee & Co.	Payroll Services	7/3/2023	248.00
Mendo Litho	Copy Costs	7/3/2023	329.46
Mendocino Community Network	Phone/Internet	7/3/2023	18.04
Adventist Health Mendocino Coast	Maintenance and Improv.	7/5/2023	1,092,727.00
BNY Mellon	G.O. Bond Paying Agent	7/7/2023	750.00
Petrak & Associates	Medicare Cost Reports	7/7/2023	520.00
Mendocino Community Network	Phone/Internet	7/7/2023	93.21
Mendocino County	Property Tax Admin	7/10/2023	20,035.32
BETA Healthcare	D&O Insurance	7/10/2023	24,280.00
Streamline	Website Services	7/10/2023	2,988.00
K McKee & Co.	Accounting	7/13/2023	750.00
K McKee & Co.	Accounting	7/13/2023	118.75
<b>Payments Due</b>			
		Billing Date	Amount
Tri-Counties Business Visa	PST to PDF Converter	6/30/2023	69.00
Jackson Law Offices	Legal Services	7/3/2023	2,275.00
Internal Revenue Service	PCORI Filing	7/6/2023	22.95
Bank of America Credit Card	Bank Charges?	7/7/2023	2.29
Devenney Group	Architectural Planning	7/21/2023	43,814.50
Stanford Inn	Retreat Lunch	7/21/2023	240.00

## Notes

\*Per terms of the engagement letter with K. McKee & Co., additional charges are paid immediately upon invoicing.

**ACCOUNT SUMMARY**

Credit Limit	\$2,000.00
Credit Available	\$1,931.00
Statement Closing Date	June 30, 2023
Days in Billing Cycle	30
Previous Balance	\$0.00
- Payments & Credits	\$0.00
+ Purchases & Other Charges	\$69.00
+ Cash Advances	\$0.00
+ Finance Charges	\$0.00
= New Balance	\$69.00

**PAYMENT INFORMATION**

New Balance	\$69.00
<b>Minimum Payment Due</b>	<b>\$50.00</b>
<b>Payment Due Date</b>	<b>July 26, 2023</b>

Questions? 24-Hour Customer Service 1-800-809-2244  
 Write: P.O. Box 31112  
 Tampa, FL 33631-3112  
 Online: TriCountiesBank.com

Notice: SEE REVERSE SIDE FOR MORE IMPORTANT INFORMATION

**TRANSACTIONS**

Tran Date	Post Date	Reference Number	Transaction Description	Amount
		<b>JAMES TIPPETT</b>	<b>TOTAL 4007831000045586</b>	<b>\$69.00</b>
06/21	06/22	24906415Q54G3D7V5	DRI*RecoveryTools myord.com MN MCC: 5734 MERCHANT ZIP: 55343 SALES TAX: \$ 0.14 TAX INCLUDED: 1	69.00

**REWARDS SUMMARY**

Cashback earned on statement	\$1.04
Cashback earned year to date	\$1.04

Please note:  
 Cashback rewards are distributed quarterly, or upon request.  
 Limitations apply.

1147 0001 VVG 002 7 31 230630 0 PAGE 1 of 2 13 4094 1000 BP3 1862

Please detach bottom portion and submit with payment using enclosed envelope





Tri Counties Bank  
 P.O. Box 909  
 Chico CA 95927

**Payment Information**

Account Number:	XXXX XXXX XXXX 5578
<b>Payment Due Date</b>	<b>July 26, 2023</b>
<b>New Balance</b>	<b>\$69.00</b>
Minimum Payment Due	\$50.00
Past Due Amount	\$0.00
Amount Enclosed:	\$ <input type="text"/>

Make Check Payable to:

ACCOUNTS PAYABLE 1862  
 MENDOCINO COAST HLTH CARE  
 PO BOX 579 S206  
 FORT BRAGG CA 95437-0579  


Tri Counties Bank  
 PO Box 60532  
 City Of Industry CA 91716-0532  


400783100004557800005000000069008

Customer service contact address:

Digital River, Inc.  
10380 Bren Road West  
Minnetonka, MN 55343  
USA

MENDOCINO COAST HEALTH CARE DISTRICT  
JADE TIPPETT  
P.O. BOX 579  
FORT BRAGG, CA 95437  
USA

20-JUN-2023

**Invoice for order # 875067003 dated 20-JUN-2023**

Seller of the product:

Digital River GmbH  
Scheidtweilerstr. 4  
50933 Cologne  
Germany

Publisher:

RecoveryTools Inc  
890, Vegas Mall , Sector14, Dwarka  
110078 Delhi  
India

Tax ID Number: DE194149069

Item #	Description	Qty.	Unit Price	Sales Tax	Amount
300857071p	Advik Outlook PST Converter - Business License Delivery date: no later than 22-JUN- 2023	1	USD 69.00	0% <sup>1 2 3</sup>	USD 0.00
				<b>Net total</b>	<b>USD 69.00</b>
				<b>Sales Tax</b>	<b>USD 0.00</b>
				<b>Total amount</b>	<b>USD 69.00</b>

**Sequential invoice no.:** e5-US-2023-00000793622  
**Payment Type:** Credit Card (Visa)

- 1) USSG2: Standard Seller collected use tax applies because of sale from outside jurisdiction.
- 2) USSG173: Standard Seller Collected Use Tax Applies Because of Sale from Outside Jurisdiction.
- 3) USSG187: Standard Seller Collected Use Tax Applies Because of Sale from Outside Jurisdiction.  
The order has been paid in full.

# Jackson Law Offices

310 S. Main Street, #2  
Fort Bragg, CA 95437

Phone # (707) 962-0222  
Fax # (707) 962-0269  
E-mail jackson@mcn.org

# Statement

Date

7/3/2023

To:

Mendocino Coast Hospital District  
Lee Finney, Chair  
P.O. Box ~~569~~ 579  
Fort Bragg, CA 95437

					Terms	Amount Due
						\$2,275.00
Date	Transaction				Amount	Balance
03/31/2023 07/01/2023	Balance forward INV #19328. Due 07/01/2023.				2,275.00	0.00 2,275.00
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due	
0.00	2,275.00	0.00	0.00	0.00	\$2,275.00	

Overdue accounts are charged interest at the rate of 18% annually.

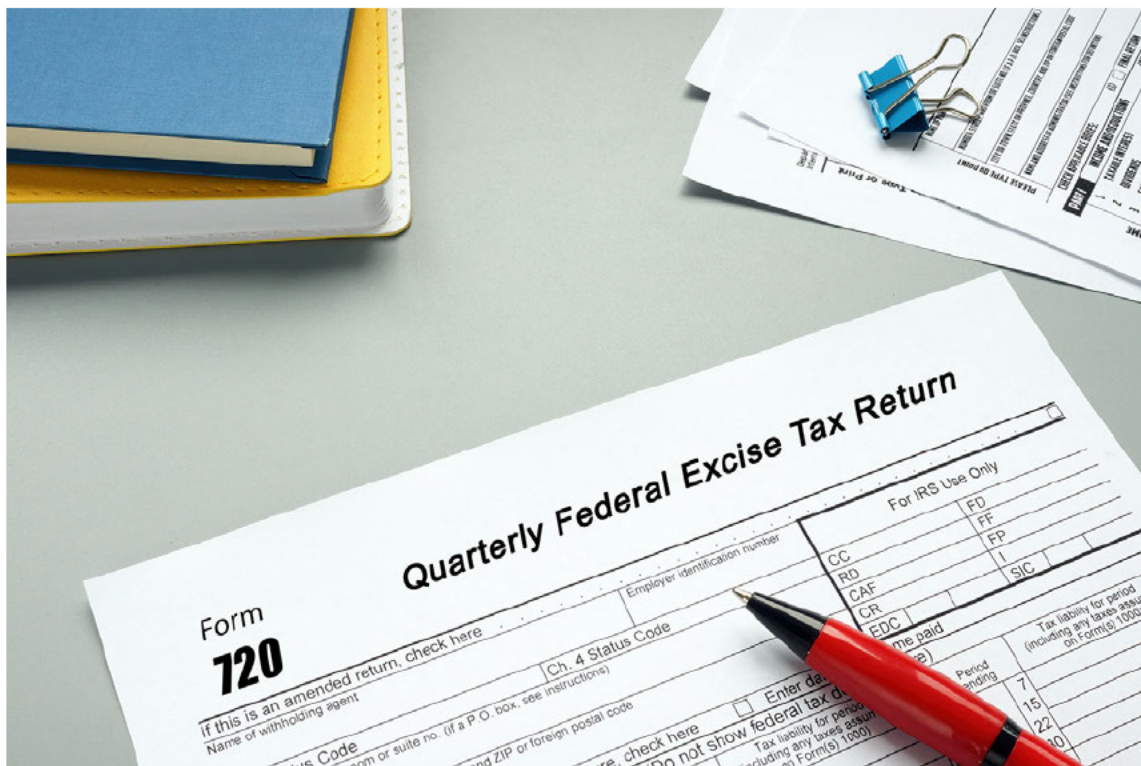
## Jade Tippett

**From:** P&A Group <publicrelations@padmin.com>  
**Sent:** Thursday, July 13, 2023 8:02 AM  
**To:** Jade Tippett  
**Subject:** Upcoming PCORI Filing Deadline



[View in browser](#)

## PCORI Filing Due July 31, 2023



Dear P&A Group HRA/MERP Client,

The PCORI (Patient Centered Outcomes Research Institute) fee payment and filing for HRA/MERP plan years ending in 2022 is due July 31, 2023.

First introduced in the Affordable Care Act (ACA), PCORI fees apply to all Health Reimbursement Arrangements (HRAs), Medical Expense Reimbursement Plans (MERPs), and self-funded medical plans through 2029. This fee is per enrollee and helps fund research of various medical treatment options.

## How to Extract a Headcount

To obtain a headcount for the PCORI filing fee, please [log into HR Connect](#) at [padmin.com](#). Go to "Archived Reports" and select the monthly account balance report. This report includes the data for you to obtain the headcount required with the PCORI filing fee.

[How to Log Into HR Connect](#)

## Questions?

For more information and to access the schedule of fees and Form 720, please click [here](#).

If you have any questions, please contact your P&A Group Client Support Specialist Monday - Friday, 8:30 a.m. - 5:00 p.m. ET.

Thank you,  
P&A Group

[Contact Sales](#)



P&A Group  
17 Court Street, Suite 500  
Buffalo, NY 14202  
[www.padmin.com](#)

No longer want to receive these emails?  
[Unsubscribe.](#)

# Quarterly Federal Excise Tax Return

OMB No. 1545-0023

See the instructions for Form 720.

Go to [www.irs.gov/Form720](http://www.irs.gov/Form720) for instructions and the latest information.

Check here if:

- Final return  
 Address change

Name <b>Mendocino Coast Health Care District</b> Number, street, and room or suite no. (If you have a P.O. box, see the instructions.)	Quarter ending <b>June 30, 2022</b> Employer identification number <b>95-2627981</b>
P.O. Box 579 City or town, state or province, country, and ZIP or foreign postal code <b>Fort Bragg, CA 95437</b>	

### FOR IRS USE ONLY

T	
FF	
FD	
FP	
I	
T	

### Part I

IRS No.	Environmental Taxes (attach Form 6627; ODCs are ozone-depleting chemicals)	Tax	IRS No.	
53	Domestic petroleum superfund tax		53	
18	Domestic petroleum oil spill tax		18	
16	Imported petroleum products superfund tax		16	
21	Imported petroleum products oil spill tax		21	
54	Chemicals (other than ODCs)		54	
17	Imported chemical substances		17	
98	ODCs		98	
19	ODC tax on imported products		19	
<b>Communications and Air Transportation Taxes (see instructions)</b>		<b>Tax</b>		
22	Local telephone service and teletypewriter exchange service		22	
26	Transportation of persons by air		26	
28	Transportation of property by air		28	
27	Use of international air travel facilities		27	
	<b>Fuel Taxes</b>	<b>Number of gallons</b>	<b>Rate</b>	
60	(a) Diesel, tax on removal at terminal rack		\$ .244	
	(b) Diesel, tax on taxable events other than removal at terminal rack		.244	
	(c) Diesel, tax on sale or removal of biodiesel mixture (not at terminal rack)		.244	
104	Diesel-water fuel emulsion		.198	104
105	Dyed diesel, LUST tax		.001	105
107	Dyed kerosene, LUST tax		.001	107
119	LUST tax, other exempt removals (see instructions)		.001	119
35	(a) Kerosene, tax on removal at terminal rack (see instructions)		.244	
	(b) Kerosene, tax on taxable events other than removal at terminal rack		.244	
69	Kerosene for use in aviation (see instructions)		.219	69
77	Kerosene for use in commercial aviation (other than foreign trade)		.044	77
111	Kerosene for use in aviation, LUST tax on nontaxable uses		.001	111
79	Other fuels (see instructions)			79
62	(a) Gasoline, tax on removal at terminal rack		.184	
	(b) Gasoline, tax on taxable events other than removal at terminal rack		.184	
13	Any liquid fuel used in a fractional ownership program aircraft		.141	13
14	Aviation gasoline		.194	14
112	Liquefied petroleum gas (LPG) (see instructions)		.183	112
118	"P Series" fuels		.184	118
120	Compressed natural gas (CNG) (see instructions)		.183	120
121	Liquefied hydrogen		.184	121
122	Fischer-Tropsch process liquid fuel from coal (including peat)		.244	122
123	Liquid fuel derived from biomass		.244	123
124	Liquefied natural gas (LNG) (see instructions)		.243	124

IRS No.		Rate	Tax	IRS No.	
33	<b>Retail Tax</b> —Truck, trailer, and semitrailer chassis and bodies, and tractor	12% of sales price		33	
29	<b>Ship Passenger Tax</b> Transportation by water	Number of persons \$3 per person	Tax	29	
31	<b>Other Excise Tax</b> Obligations not in registered form	Amount of obligations \$.01	Tax	31	
30	<b>Foreign Insurance Taxes</b> —Policies issued by foreign insurers	Premiums paid	Rate	Tax	30
	Casualty insurance and indemnity bonds		\$.04		
	Life insurance, sickness and accident policies, and annuity contracts		.01		
Reinsurance		.01			
<b>Manufacturers Taxes</b>		Number of tons	Sales price		
36	Coal—Underground mined		\$1.10 per ton		36
37			4.4% of sales price		37
38	Coal—Surface mined		\$.55 per ton		38
39			4.4% of sales price		39
108	Taxable tires other than bias ply or super single tires	Number of tires		Tax	108
109	Taxable bias ply or super single tires (other than super single tires designed for steering)				109
113	Taxable tires, super single tires designed for steering				113
40	Gas guzzler tax. Attach Form 6197. Check if one-time filing <input type="checkbox"/>				40
97	Vaccines (see instructions)				97
	Reserved for future use	Sales price	2.3% of sales price		
<b>1</b>	<b>Total.</b> Add all amounts in Part I. Complete Schedule A unless one-time filing		\$		

**Part II**

IRS No.	Patient-Centered Outcomes Research Fee (see instructions)	(a) Avg. number of lives covered (see inst.)	(b) Rate for avg. covered life	(c) Fee (see instructions)	Tax	IRS No.
133	Specified health insurance policies				22.95	133
	(a) With a policy year ending before October 1, 2022		\$2.79			
	(b) With a policy year ending on or after October 1, 2022, and before October 1, 2023		\$3.00			
	Applicable self-insured health plans					
	(c) With a plan year ending before October 1, 2022	5	\$2.79	13.95		
	(d) With a plan year ending on or after October 1, 2022, and before October 1, 2023	3	\$3.00	9.00		
41	Sport fishing equipment (other than fishing rods and fishing poles)		Rate		Tax	41
110	Fishing rods and fishing poles (limits apply, see instructions)		10% of sales price			110
42	Electric outboard motors		3% of sales price			42
114	Fishing tackle boxes		3% of sales price			114
44	Bows, quivers, broadheads, and points		11% of sales price			44
106	Arrow shafts		\$.59 per shaft			106
140	Indoor tanning services		10% of amount paid			140
64	Inland waterways fuel use tax	Number of gallons	Rate		Tax	64
125	LUST tax on inland waterways fuel use (see instructions)		\$.29			125
51	Section 40 fuels (see instructions)		.001			51
117	Biodiesel sold as but not used as fuel					117
20	<b>Floor Stocks Tax</b> —Ozone-depleting chemicals (floor stocks). Attach Form 6627.					20
150	<b>Excise Tax on Repurchase of Corporate Stock.</b> Attach Form 7208.					150
<b>2</b>	<b>Total.</b> Add all amounts in Part II			\$	22 95	




**Part III**

<b>3</b>	<b>Total tax.</b> Add Part I, line 1, and Part II, line 2 . . . . .		<b>3</b>		<b>22</b>	<b>95</b>
<b>4</b>	<b>Claims</b> (see instructions; complete Schedule C) . . . . .	<b>4</b>				
<b>5</b>	<b>Deposits made for the quarter</b> . . . . .	<b>5</b>				
	<input type="checkbox"/> Check here if you used the safe harbor rule to make your deposits.					
<b>6</b>	<b>Overpayment from previous quarters</b> . . . . .	<b>6</b>				
<b>7</b>	<b>Enter the amount from Form 720-X included on line 6, if any</b> . . . . .	<b>7</b>				
<b>8</b>	<b>Add lines 5 and 6</b> . . . . .	<b>8</b>				
<b>9</b>	<b>Add lines 4 and 8</b> . . . . .	<b>9</b>				
<b>10</b>	<b>Balance Due.</b> If line 3 is greater than line 9, enter the difference. Pay the full amount with the return (see instructions)	<b>10</b>			<b>22</b>	<b>95</b>
<b>11</b>	<b>Overpayment.</b> If line 9 is greater than line 3, enter the difference. Check if you want the overpayment: <input type="checkbox"/> <b>Applied to your next return, or</b> <input type="checkbox"/> <b>Refunded to you.</b>	<b>11</b>				

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS (see instructions)?  **Yes.** Complete the following.  **No**

Designee name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature:  Date: 16/27/23 Title: **Treasurer**

Type or print name below signature. **Jade Tippett** Telephone number **707-489-4986**

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN			
Firm's address	Phone no.			

# Form 720-V, Payment Voucher

## Purpose of Form

Complete Form 720-V if you're making a payment by check or money order with Form 720, Quarterly Federal Excise Tax Return. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

If you have your return prepared by a third party and a payment is required, provide this payment voucher to the return preparer.

Don't file Form 720-V if you're paying the balance due on line 10 of Form 720 using EFTPS.

## Specific Instructions

**Box 1.** If you don't have an EIN, you may apply for one online by visiting [www.irs.gov/EIN](http://www.irs.gov/EIN). You may also apply for an EIN by faxing or mailing Form SS-4, Application for Employer Identification Number, to the IRS. However, if you're making a one-time filing, enter your social security number.

**Box 2.** Enter the amount paid from line 10 of Form 720.

**Box 3.** Darken the circle identifying the quarter for which the payment is made. Darken only one circle.

**Box 4.** Enter your name and address as shown on Form 720.

- Enclose your check or money order made payable to "United States Treasury." Be sure to enter your EIN (SSN for one-time filing), "Form 720," and the tax period on your check or money order. Don't send cash. Don't staple this voucher or your payment to the return (or to each other).

- Detach the completed voucher and send it with your payment and Form 720. See *Where To File* in the Instructions for Form 720.

Form 720-V (2023)

Detach here and mail with your payment and Form 720.

<b>Form 720-V</b> Department of the Treasury Internal Revenue Service	<b>Payment Voucher</b> Don't staple or attach this voucher to your payment.	OMB No. 1545-0023 <b>2023</b>				
<b>1</b> Enter your employer identification number (EIN). See instructions.  <div style="text-align: center;">95-2628981</div>	<b>2</b> Enter the amount of your payment. Make your check or money order payable to "United States Treasury."	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Dollars</td> <td style="width: 20%;">Cents</td> </tr> <tr> <td style="text-align: center;">22</td> <td style="text-align: center;">95</td> </tr> </table>	Dollars	Cents	22	95
Dollars	Cents					
22	95					
<b>3</b> Tax Period  <table style="width: 100%; text-align: center;"> <tr> <td><input type="radio"/> 1st Quarter</td> <td><input type="radio"/> 3rd Quarter</td> </tr> <tr> <td><input checked="" type="radio"/> 2nd Quarter</td> <td><input type="radio"/> 4th Quarter</td> </tr> </table>	<input type="radio"/> 1st Quarter	<input type="radio"/> 3rd Quarter	<input checked="" type="radio"/> 2nd Quarter	<input type="radio"/> 4th Quarter	<b>4</b> Enter your business name (individual name if sole proprietor). <b>Mendocino Coast Health Care District</b> Enter your address. <b>P.O. Box 579</b> City or town, state or province, country, and ZIP or foreign postal code <b>Fort Bragg, CA 95437</b>	
<input type="radio"/> 1st Quarter	<input type="radio"/> 3rd Quarter					
<input checked="" type="radio"/> 2nd Quarter	<input type="radio"/> 4th Quarter					

MENDOCINO COAST HEALTH CARE DISTRICT

██████████ 2475  
June 08, 2023 - July 07, 2023

Company Statement

Business Card

**Account Information:**  
www.bankofamerica.com

**Mail Billing Inquiries to:**  
BANK OF AMERICA  
PO BOX 660441  
DALLAS, TX 75266-0441

**Mail Payments to:**  
BUSINESS CARD  
PO BOX 15796  
WILMINGTON, DE 19886-5796

**Customer Service:**  
1.800.673.1044, 24 Hours

**Outside the U.S.:**  
1.509.353.6656, 24 Hours

**For Lost or Stolen Card:**  
1.800.673.1044, 24 Hours

**Business Offers:**  
www.bankofamerica.com/mybusinesscenter

**Payment Information**

New Balance Total ..... \$2.29  
Past Due Amount ..... \$2.29  
**Minimum Payment Due** ..... **\$2.29**  
**Payment Due Date** ..... **08/03/23**

**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance.

**Account Summary**

Previous Balance ..... \$2.29  
Payments and Other Credits ..... \$0.00  
Balance Transfer Activity ..... \$0.00  
Cash Advance Activity ..... \$0.00  
Purchases and Other Charges ..... \$0.00  
**Fees Charged** ..... **\$0.00**  
**Finance Charge** ..... **\$0.00**  
New Balance Total ..... \$2.29  
  
Credit Limit ..... \$0  
Credit Available ..... \$0.00  
Statement Closing Date ..... 07/07/23  
Days in Billing Cycle ..... 30

**Finance Charge Calculation**

Your **Annual Percentage Rate (APR)** is the annual interest rate on your account.

	Annual Percentage Rate	Balance Subject to Interest Rate	Finance Charges by Transaction Type
PURCHASES	0.00%	\$0.00	\$0.00
CASH	0.00%	\$0.00	\$0.00

V = Variable Rate (rate may vary), Promotional Balance = APR for limited time on specified transactions.

**Important Messages**

Your Current Payment Due has not been received and your account is past due. Please call us at the number on this statement to discuss possible payment alternatives to bring your account up to date.

Account Number: ██████████ 2475  
June 08, 2023 - July 07, 2023

New Balance Total ..... \$2.29  
**Minimum Payment Due** ..... **\$2.29**  
**Payment Due Date** ..... **08/03/23**

Enter payment amount

\$

For change of address/phone number, see reverse side.



BUSINESS CARD  
PO BOX 15796  
WILMINGTON, DE 19886-5796



MENDOCINO COAST HEALTH CARE DISTRICT \*\*N0001098  
PO BOX 579  
FORT BRAGG, CA 95437-0579

Mail this coupon along with your check payable to:  
BUSINESS CARD,  
or make your payment online at  
www.bankofamerica.com



July 21, 2023  
 Invoice No: 20260

MENDOCINO COAST HEALTHCARE DISTRICT  
 Mendocino Coast Health Care District  
 P.O. Box 579  
 Fort Bragg, CA 95437-0579

Project 18000.00 MCDH - MENDOCINO COAST DISTRICT HOSPITAL CONCEPTUAL  
 DESIGN CONCEPT DEVELOPMENT

**Professional Services for the Period: June 1, 2023 to June 30, 2023**

Phase	100	BASIC SERVICES				
<b>Phase</b>		<b>Phase Fee</b>	<b>Percent Complete</b>	<b>Fee Earned</b>	<b>Prior Billing</b>	<b>Current Fee</b>
ARCHITECTURAL SPECIAL PLANNING		97,650.00	98.00	95,697.00	87,885.00	7,812.00
COST ESTIMATING SUPPORT		16,000.00	100.00	16,000.00	0.00	16,000.00
OPERATIONAL PLANNING		25,000.00	79.00	19,750.00	19,750.00	0.00
Total Fee		138,650.00		131,447.00	107,635.00	23,812.00
			<b>Total Fee</b>			<b>23,812.00</b>
<b>Billing Limits</b>			<b>Current</b>	<b>Prior</b>	<b>To-Date</b>	
Expenses			0.00	3,608.97	3,608.97	
Limit					11,310.00	
Remaining					7,701.03	
				<b>Phase Total</b>		<b>\$23,812.00</b>

---

Phase	101	ASA #1: STRUCTURAL				
Total Fee		44,450.00				
Percent Complete		95.00	Total Earned	42,227.50		
			Previous Fee Billing	22,225.00		
			Current Fee Billing	20,002.50		
			<b>Total Fee</b>	<b>20,002.50</b>		

Project	18000.00	MCDH - CONCEPTUAL DESIGN CONCEPT	Invoice	20260
<b>Billing Limits</b>		<b>Current</b>	<b>Prior</b>	<b>To-Date</b>
Expenses		0.00	0.00	0.00
Limit				2,945.00
Remaining				2,945.00
			<b>Phase Total</b>	<b>\$20,002.50</b>
			<b>Total this Invoice</b>	<b><u><u>\$43,814.50</u></u></b>

Project Manager     David Healy