

Monthly Expenditure Report



Reporting Month: March 2020

Budget Fiscal Year: 2019-2020

**NC Name: Lake Balboa
Neighborhood Council**

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$26057.94	\$4871.45	\$21186.49	\$1077.10	\$0.00	\$20109.39

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$26412.83	\$1371.45	\$7686.49	\$577.10	\$7109.39
Outreach		\$0.00		\$0.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$11500.00	\$0.00	\$11500.00	\$0.00	\$11500.00
Neighborhood Purpose Grants	\$5500.00	\$3500.00	\$2000.00	\$500.00	\$1500.00
Funding Requests Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$17354.89	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	GOOGLE GSUITE_lakebal	03/01/2020	(Credit card transaction)	General Operations Expenditure	Office	\$114.00
2	PUBLIC STORAGE 26311	03/03/2020	(Credit card transaction)	General Operations Expenditure	Office	\$345.00
3	PIP PRINTING #756	03/04/2020	(Credit card transaction)	General Operations Expenditure	Office	\$70.44
4	PIP PRINTING #756	03/13/2020	(Credit card transaction)	General Operations Expenditure	Office	\$24.63
5	AT&T Messaging	02/24/2020	February 2020 payment for AT&T Messaging Center	General Operations Expenditure	Office	\$16.30
6	AT&T Messaging	10/17/2019	AT&T messaging service - ongoing expenses	General Operations Expenditure	Office	\$48.90
7	BRIDGEGAP TEMPORARY STAFFING AND SERVICES AGENCY	09/05/2019	Bridgegap Minute taking invoice	General Operations Expenditure	Office	\$167.31

8	James Brown	10/17/2019	Reimburse James Brown for expenses	General Operations Expenditure	Office	\$144.10
9	Mary Pennomon	10/17/2019	Reimburse refreshments for October mtg	General Operations Expenditure	Office	\$86.29
10	Carol Newman	03/10/2020	Motion to Reimburse Board member Carol Newman for purchasing Refreshments for March NC meeting.	General Operations Expenditure	Office	\$54.48
11	Southern California Preparedness Foundation	03/11/2020	Motion to allocate \$1500 for an NPG to Southern California Preparedness Foundation in support of the 13th Annual Valley Disaster Preparedness Fair on or about Saturday October 10th, 2020.	Neighborhood Purpose Grants		\$1500.00
12	AARON SHEPHERD DEVANDY	02/28/2020	Payment for Web Hosting, Maintenance and Content Creation February and March 2020.	General Operations Expenditure	Office	\$300.00
13	Northridge Hospital Foundation	03/02/2020	Motion to approve an NPG for \$2000 to Northridge Hospital Foundation (Center for Assault Treatment Services) (C.A.T.S.)	Neighborhood Purpose Grants		\$2000.00
Subtotal:						\$4871.45

Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	Kristen Fujitaki	03/10/2020	Motion to Reimburse Board member Kristen Fujitaki for purchasing Refreshment for February NC meeting.	General Operations Expenditure	Office	\$18.99
2	ONEgeneration Senior Enrichment Center	03/19/2020	This grant will support the 12th Annual Senior Symposium on May 16th, 2020.	Neighborhood Purpose Grants		\$500.00
3	BRIDGEGAP TEMPORARY STAFFING AND SERVICES AGENCY	03/23/2020	Minutes and Editing for 02/05/2020 NC meeting	General Operations Expenditure	Office	\$219.45
4	BRIDGEGAP TEMPORARY STAFFING AND SERVICES AGENCY	03/23/2020	Minutes and editing for 03/04/2020 NC meeting	General Operations Expenditure	Office	\$219.45
5	Google LLC	04/01/2020	G Suite Basic for March 2020	General Operations Expenditure	Office	\$119.21
Subtotal: Outstanding						\$1077.10

Receipts:

We're confirming that a payment in the amount of \$345.00 was made on 03/02/2020 from your Master Card CreditCard account ending in 1518 and entry type is manual.

Your confirmation number for this transaction is 098820.

Your Account Details [Log In](#)

LINDA GRAVANI

ACCOUNT NUMBER: 19335173

PHONE: (818) 481-0714

EMAIL: treasurer@lakebalboanc.org

Payment Details

STORAGE LOCATION: 7660 Balboa Blvd
Van Nuys, CA 91406
(818) 528-6371

SPACE NUMBER: A001

SPACE SIZE: 5x18



Invoice

Invoice number: 3701701248

Google LLC

1600 Amphitheatre Pkwy

Mountain View, CA 94043

United States

Federal Tax ID: 77-0493581

Bill to

Treasurer LBNC

Lake Balboa Neighborhood Council

PO Box 7720

Lake Balboa, CA 91409

United States

Details

Invoice number3701701248
Invoice dateFeb 29, 2020
Billing ID3957-9213-5547
Domain namelakebalboanc.org

Google Cloud - G Suite

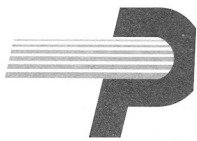
Total in USD **\$114.00**

Summary for Feb 1, 2020 - Feb 29, 2020

Subtotal in USD \$114.00
Tax (0%) \$0.00
Total in USD \$114.00

You will be automatically charged for any amount due.

Subscription	Description	Interval	Quantity	Amount(\$)
G Suite Basic	Usage	Feb 1 - Feb 29	19	114.00
Subtotal in USD				\$114.00
Tax (0%)				\$0.00
Total in USD				\$114.00



16525 Sherman Way
Tel: (818) 986
pipsfv.cc

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Lake Balboa Neighborhood Council
PO Box 7720
Lake Balboa CA 91409-7688
Kristen Fujikati
E-Mail: kristen@lakebalboanc.org

PIP Printing 756
16525 Sherman Way Unit C-11
Van Nuys, CA 91406
818-986-9245

03/04/2020 15:55:00
Merchant ID: *****0596
Device ID: 0801
Terminal ID: PP01.

Credit Sale:

Transaction #: 1
Card Type: MasterCard
Account: *****1518
Entry: Chip

Amount: USD\$70.44

STAN: 001
Auth. Code: 006659
Batch Number: 1
Response: AUTH/TKT
TRANS ID: MCPWZDE2V0304
PROCESS AS: CREDIT

Mode: Issuer
AID: A0000000041010
TVR: 0000088000
IAD: 0110607003220000ADFC000000000000
OOF

TSI: E800
ARC: 00
AC: 8C0978645E107F9E
ATC: 005F
APPLAB: MASTERCARD

PIN BYPASSED

CUSTOMER COPY

Thank you!

Invoice

No.

90860

Date

3/3/20

Customer P.O. No.

Jim Stein

QUANTITY		AMOUNT	
40	Agenda , 8.5 x 11 White 20# E	as	\$ 15.96
40	Jan MER, 8.5 x 11 White 20#	les	\$ 11.96
17	2019 White Paper, 8.5 x 11 W	d on 2 sides	\$ 6.78
17	LA Watchdog on Budget, 8.5	printed on 2 sides	\$ 5.08
17	NPG One Generation, 8.5 x 1	nted on 2 sides	\$ 5.08
17	NPG Valley Disaster Fair, 8.5	, printed on 2 sides	\$ 8.48
17	Spring Egg Roll, 8.5 x 11 Whi		\$ 0.85
17	Jeremy Pisanil Application, 8	ts, printed on 1 side	\$ 3.38
17	Luis Tipalti Application, 8.5 x	printed on 1 side	\$ 3.38
17	Stacy Rotter Application, 8.5	printed on 1 side	\$ 3.38
Sales Rep: Mellissa		SUB TOTAL	\$ 64.33
Taken by: Mellissa		TAX	\$ 6.11
Account Type: Charge		SHIPPING	\$ 0.00
Agenda		TOTAL	\$ 70.44

PIP PRINTING is not responsible for typesetting errors that you fail to correct. We are also not responsible for loss of customer stock up to 10%.

PLEASE PAY FROM THIS INVOICE. No other invoice will be sent. Indicate on your check which invoice numbers you are paying.

TERMS: Due and payable upon receipt.

NOTE: There will be a service charge of 1-1/2% per month on all past due invoices.

Printed Name: _____

Received By: ☒ _____ Date: _____

☐ Cash Deposit: _____

☐ Check # Amount: _____

☐ PIP Charge Balance Due: _____

☐ Credit Card _____



See Reverse Side for Terms & Conditions



16525 Sherman Way • Suite C-11 • Van Nuys, CA 91406
Tel: (818) 986-9245 • Fax: (818) 995-7955
pipsfv.com • dox@pipsfv.com

Invoice

No.

90951

Date

3/10/20

*Customer P.O. No.

Jim Stein

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Lake Balboa Neighborhood Council
PO Box 7720
Lake Balboa CA 91409-7688
Kristen Fujikati
E-Mail: kristen@lakebalboanc.org

PIP Printing 756
16525 Sherman Way Unit -11
Van Nuys, CA 91414
818-986-9245

03/13/2020 14:58:54
Merchant ID: *****0596
Device ID: 0801
Terminal ID: PP01.

Credit Sale:

Transaction #: 3
Card Type: MasterCard
Account: *****1518
Entry: Chip

Amount: USD\$24.63

STAN: 003
Auth. Code: 001828
Batch Number: 7
Response: AUTH/TKT
TRANS ID: MCPBPT90J0313
PROCESS AS: CREDIT

Mode: Issuer
AID: A00000000041010
TVR: 0000088000
IAD: 0110607003220000DB63000000000000
00FF

TSI: E800
ARC: 00
AC: 9BE9C6C70471AB02
ATC: 0060
APPLAB: MASTERCARD

PIN BYPASSED

CUSTOMER COPY

Thank you!



See Reverse Side for Terms & Conditions

DESCRIPTION

AMOUNT

E - 1st page in color, 8.5 x 11 White 20# Bond 8.5 x 11, Printed on 1 side
E - pages 2-38 B&W, 8.5 x 11 White 20# Bond 8.5 x 11, 19 sheets, printed

\$ 2.50

\$ 19.99

PAID

THE PACKACE

SUB TOTAL

\$ 22.49

TAX

\$ 2.14

SHIPPING

\$ 0.00

TOTAL

\$ 24.63

sible for typesetting errors
e are also not responsible
to 10%.

PLEASE PAY FROM THIS INVOICE. No other invoice will be sent. Indicate on your check which invoice numbers you are paying.

TERMS: Due and payable upon receipt.

NOTE: There will be a service charge of 1-1/2% per month on all past due invoices.

Printed Name: _____

Received By: ☒ _____ Date: _____

☐ Cash Deposit: _____

☐ Check # Amount: _____

☐ PIP Charge Balance Due: _____

☒ Credit Card *MC*



at&t

AT&T MESSAGING
PO BOX 480010
CHARLOTTE, NC 28269-5300

CUSTOMER NUMBER

3214430

INVOICE DATE

02/01/2020

Page 1 of 1

Bill-To Customer:



LAKE BALBOA NEIGHBORHOOD C
C/O DEPT OF NGHBRHD EMPWRM
PO BOX 7720
VAN NUYS, CA 91409-7720

1322
T6 P1



Customer Number	Billing Period	Date Due	Previous Balance	Payments	Credits	Current Charges	TOTAL DUE
3214430	02/01/2020 02/29/2020	02/29/2020	\$.00	\$0.00	\$.00	\$16.30	\$16.30

Payments - Thank You

Description of Current Charges & Credits

Description	Qty	Unit Price	Ext. Price
Unified Messaging Lite DID 8187799026	February service 1	\$14.95	\$14.95
City Utility Users Tax			\$1.35

CUSTOMER NUMBER	
3214430	
INVOICE NUMBER	
7510272	
DUE DATE	AMOUNT PAID
02/29/2020	

Please detach & enclose with payment



at&t

REMIT TO:

LAKE BALBOA NEIGHBORHOOD C
C/O DEPT OF NGHBRHD EMPWRM
PO BOX 7720
VAN NUYS, CA 91409-7720

AT&T MESSAGING
PO BOX 840486
DALLAS, TX 75284-0486

01001 32144300000000000001630



AT&T MESSAGING
PO BOX 480010
CHARLOTTE, NC 28269-5300

CUSTOMER NUMBER

3214430

INVOICE DATE

10/01/2019

Page 1 of 1

Bill-To Customer:



LAKE BALBOA NEIGHBORHOOD C
C/O DEPT OF NGHBRHD EMPWRM
PO BOX 7720
VAN NUYS, CA 91409-7720

1551
T7 P1



Customer Number	Billing Period	Date Due	Previous Balance	Payments	Credits	Current Charges	TOTAL DUE
3214430	10/01/2019 10/31/2019	10/30/2019	\$65.20	\$32.60	\$0.00	\$16.30	\$48.90

Payments - Thank You

09/13/2019

\$32.60

Description of Current Charges & Credits

Unified Messaging Lite DID
8187799026

October service

Qty

1

Unit Price

\$14.95

Ext. Price

\$14.95

City Utility Users Tax

\$1.35

CUSTOMER NUMBER

3214430

INVOICE NUMBER

7486260

DUE DATE

10/30/2019

AMOUNT PAID

Please detach & enclose with payment



REMIT TO:

LAKE BALBOA NEIGHBORHOOD C
C/O DEPT OF NGHBRHD EMPWRM
PO BOX 7720
VAN NUYS, CA 91409-7720

AT&T MESSAGING
PO BOX 840486
DALLAS, TX 75284-0486

01001 32144300000000000004890



NC Name: Lake Balboa

Meeting Date: 5/1/19

Budget Fiscal Year: 2018-2019

Agenda Item No: 24

Board Motion and/or Public Benefit Statement (CIP and NPG):

Approval of Budget packet for 2019-2020 fiscal year

Method of Payment: (Select One)

☐ Check☐ Credit Card☐ Board Member Reimbursement

Vote Count

Recused Board Members must leave the room prior to any discussion and may not return to the room until after the vote is complete.

Please leave the room prior to any discussion and may not return to the room until after the vote is complete.							
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Carla Bautista	ALASR				X		
James Brown	1st VP, RSR	X					
Ruth Dorse	OSR	X					
Kristin Fujitaki	ALASR	X					
Linda Gravani	Pres, BSR	X					
Byron Gutierrez	ALECISR	X					
James Hart	Treasurer, RSR				X		
Sandy Joseph	2nd VP, RSR	X					
Cindy Kurland	RSR	X					
Maddie McKay	Youth Rep				X		
Allen Nelson	Comms, OSR	X					
Carol Newman	Secretary, BSR	X					
Mary Pennomon	SSR	X					
Linda Pruett	OSR	X					
Tom Riley	RSR	X					
Karen Schatz	RSR	X					
Jim Stein	2nd Signer, BSF	X					
Board Quorum:	Total:	14			3		

Board Quorum:

Total:

14

2

Total:	14			3	
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We, the authorized signers of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Authorized Signature

Print/Type Name: James Hart

Date: 5/21/19

Authorized Signature

Print/Type Name: Jim Stein

Date: 5/21/19

Bridgegap*Making it better together!*

10008 National Blvd #319
Los Angeles, CA 90034-3809
Phone 213.797.0999

Invoice

DATE: AUGUST 15, 2019

TO:

James Hart
LBNC Treasurer
P.O. Box 7720
Lake Balboa, CA 91353-0457
818-779-9026

COMMENTS OR SPECIAL INSTRUCTIONS: MINUTES

ASSIGNED SPECIALIST	NEIGHBORHOOD COUNCIL	ACCOUNT NUMBER	MEETING DATE	TIME	TERMS
Staff	LBNC	300	08/07/2019	0630	Due on receipt

TIME IN	DESCRIPTION	TIME OUT	TOTAL
	Minutes		3.5
	Editing		3
SUBTOTAL HOURS			6.5
RATE PER HOUR			25.74
TOTAL DUE			167.31

Invoice Number 100312

If you have any questions concerning this work order, contact Terrence Gomes, info@BTSASA.com

THANK YOU FOR YOUR BUSINESS!



NC Name: Lake Balboa

Meeting Date: 5/1/19

Budget Fiscal Year: 2018-2019

Agenda Item No: 24

Board Motion and/or Public Benefit Statement (CIP and NPG):

Approval of Budget packet for 2019-2020 fiscal year

Method of Payment: (Select One)

☐ Check☐ Credit Card☐ Board Member Reimbursement

Vote Count

Recused Board Members must leave the room prior to any discussion and may not return to the room until after the vote is complete.

Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Carla Bautista	ALASR				X		
James Brown	1st VP, RSR	X					
Ruth Dorse	OSR	X					
Kristin Fujitaki	ALASR	X					
Linda Gravani	Pres, BSR	X					
Byron Gutierrez	ALECISR	X					
James Hart	Treasurer,RSR				X		
Sandy Joseph	2nd VP, RSR	X					
Cindy Kurland	RSR	X					
Maddie McKay	Youth Rep				X		
Allen Nelson	Comms,OSR	X					
Carol Newman	Secretary,BSR	X					
Mary Pennomon	SSR	X					
Linda Pruett	OSR	X					
Tom Riley	RSR	X					
Karen Schatz	RSR	X					
Jim Stein	2nd Signer,BSP	X					
Quorum:	Total:	14			3		

Board Quorum:	Total:	14			3	
We, the authorized signers of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.						

Authorized Signature

Print/Type Name: James Hart

Date: 5/21/19

Authorized Signature

Print/Type Name: Jim Stein

Date: 5/21/19



16525 Sherman Way • Suite C-11 • Van Nuys, CA 91406
 Tel: (818) 986-9245 • Fax: (818) 995-7955
 pipsfv.com • dox@pipsfv.com

Invoice

No. **87160**

Date 6/4/19

Customer P.O. No.
 James Brown

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Lake Balboa Neighborhood Council
 PO Box 7720
 Lake Balboa CA 91409-7688
 James Brown
 Phone: 818-779-9026

QUANTITY	DESCRIPTION	AMOUNT
20	NO Fireworks Signs 12x18 4/0 4Mil Coroplast w/ H Stakes, 12 x 18 White Briteline IM3201 (matte finish), printed on 1 side	\$ 131.60
NO Fireworks Signs		
		SUB TOTAL \$ 131.60
		TAX \$ 12.50
		SHIPPING \$ 0.00
		TOTAL \$ 144.10

PAID

PIP Printing 756
 16525 Sherman Way Unit C-11
 Van Nuys, CA 91406
 818-986-9245

06/05/2019 12:05:20
 Merchant ID: *****0596
 Device ID: 0811
 Terminal ID: PPX1.

Credit Sale:

Transaction #: 1
 Card Type: Visa
 Account: *****8188
 Entry: Chip

Amount: \$144.10

STAN: 001
 Auth. Code: 005473
 Response: AUTH/TKT
 ACI Code: E
 TRANS ID: 309156689229818

Mode: Issuer
 AID: A0000000031010
 TVR: 8080008000
 IAD: 060F120360B000
 TSI: 6800
 ARC: 00

CUSTOMER COPY

Thank you!

le for typesetting errors
 are also not responsible
 10%.

PLEASE PAY FROM THIS INVOICE. No other invoice will be sent. Indicate on your check which invoice numbers you are paying.

TERMS: Due and payable upon receipt.

NOTE: There will be a service charge of 1-1/2% per month on all past due invoices.

Printed Name: _____

Received By: **X** _____ Date: **6-5-19**

☐ Cash Deposit: _____

☐ Check # _____ Amount: _____

☐ PIP Charge Balance Due: _____

☐ Credit Card _____



See Reverse Side for Terms & Conditions



Date: 10/12/19



NC Name: Lake Balboa

Meeting Date: 5/1/19

Budget Fiscal Year: 2018-2019

Agenda Item No: 24

Board Motion and/or Public Benefit Statement (CIP and NPG):

Approval of Budget packet for 2019-2020 fiscal year

Method of Payment: (Select One)

☐ Check☐ Credit Card☐ Board Member Reimbursement

Vote Count

Recused Board Members must leave the room prior to any discussion and may not return to the room until after the vote is complete.

[illegible]

Board Quorum:

Total:

14

2

Total:	14			3	
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We, the authorized signers of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Authorized Signature

Print/Type Name: James Hart

Date: 5/21/19

Authorized Signature

Print/Type Name: Jim Stein

Date: 5/21/19

Drink

Mary



St: 47 Reseda

Sherman Way & Reseda

18215 Sherman Way

Reseda CA 91335

SparklingIceClassicLennade/17o	1 @	.7999	0.7999 T
CRV	1 @	.05	0.05 T
SparklingIceStrubryLennade/17o	1 @	.7999	0.7999 T
CRV	1 @	.05	0.05 T
SparklingIceStrubryLennade/17o	1 @	.7999	0.7999 T
CRV	1 @	.05	0.05 T
SparklingIceBlkRsplyWater/17o	1 @	.7999	0.7999 T
CRV	1 @	.05	0.05 T
SparklingIceStrubryLennade/17o	1 @	.7999	0.7999 T
CRV	1 @	.05	0.05 T
SparklingIceStrubryLennade/17o	1 @	.7999	0.7999 T
CRV	1 @	.05	0.05 T
SparklingIceClassicLennade/17o	1 @	.7999	0.7999 T
CRV	1 @	.05	0.05 T
HalloweenMonsterMunchMix124ct	1 @	4.99	4.9900
DisneyEvrydayReuseableBagLgAs	1 @	.9999	0.9999 T

SUBTOTAL		\$11.94
TAX		\$0.66
TOTAL		\$12.60
CASH		\$20.00
CHANGE		\$7.40

TOTAL OF ALL 3
RECEIPTS: \$86.29

Exchange or Store Credit

Within 9 days of purchase

Up to 9 Items with receipt

Seasonal items are final sale

Thanks for Shopping!



990047030839814550181713

ITEMS SOLD 9

10-02-2015 02:12PM 0047 03 4550

Maria

Tell us how we're doing!

Visit WWW.TELL99.COM and

complete a quick survey for a
chance to win a \$100 gift card

Thanks for Shopping!

EL POLLO LOCO

RESTAURANT 3457
STORE 3457
17240 Saticoy St.
Van Nuys, CA. 91406
TEL (818) 774-1173

173 Angelica

Chk 946 Oct02'19 04:59P Gst 0

To Go	
2 ChknNchosCb @ 5.00	10.00
2 Chkn Nachos	
2 Chips	
2 SM DRINK	
1 ChknMeal 16p	31.99
16pc LG/THG	
Regular	
LG Rice	
LG Beans	
Lg-Corn	
4Corn/4Flour	
10 SP-Taco Carbon @ 1.99	19.90
Cash	61.00
Food	61.89
[10373]	
Coupon	6.99-
Tax	5.22
Payment	60.12
Change Due	0.88

TELL US ABOUT US

Take our survey and get
a code for \$1 off your
next purchase of \$5 or more
Call 1-877-375-4968
Visit www.eplfeedback.com

Restaurant Number: 3457
Survey ID: 1002 19172 0946
Coupon Code:6772

Survey Validation Code

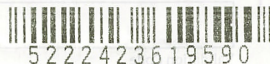
GET A FREE POLLO BOWL

WHEN YOU JOIN LOCO REWARDS!
Receive after your first
Regularly priced purchase.

\$1 spent = 1 point
100 points = \$10 Reward

Plus, get a birthday reward
and special offers
throughout the year.
Learn more:
elpolloloco.com/rewards

Scan the bar code below within
48 hours of purchase to earn
points with your
Loco Rewards app.



5222423619590

ORDER #

946

James
Hey how are you!
This is the best refreshment
Mary

EN TU PROXIMA VISITA RECIBE \$1 DE DESCUENTO EN TU PROXIMA VISITA GET \$1 OFF ON YOUR NEXT VISIT RECIBE \$1 DE DESCUENTO EN TU PROXIMA VISITA GET \$1 OFF ON YOUR NEXT VISIT

EL POLLO LOCO
RESTAURANT 3457
STORE 3457
17240 Saticoy St.
Van Nuys, CA. 91406
TEL (818) 774-1173

173 Angelica

Chk 947 Oct02'19 05:02P Gst 0

To Go

1 500 Dbl Chk Sal	7.99
Creamy Cilantro	
1 500 Dbl Chk Sal	7.99
Creamy Cilantro	
Cash	13.60
Food	15.98
[10371]	
Coupon	1.99-
10 %	
Senior	1.60-
Tax	1.18
Payment	13.57
Change Due	0.03

TELL US ABOUT US

Take our survey and get
a code for \$1 off your
next purchase of \$5 or more
Call 1-877-375-4968
Visit www.eplfeedback.com

Restaurant Number: 3457
Survey ID: 1002 19172 0947
Coupon Code: 6772

Survey Validation Code

GET A FREE
POLLO BOWL

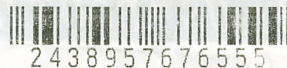
WHEN YOU JOIN LOCO REWARDS!
Receive after your first
Regularly priced purchase.

\$1 spent = 1 point
100 points = \$10 Reward

Plus, get a birthday reward
and special offers
throughout the year.

Learn more:
elpolloloco.com/rewards

Scan the bar code below within
48 hours of purchase to earn
points with your
Loco Rewards app.



2438957676555

ORDER #

947

GET \$1 OFF ON YOUR

RECIBE \$1 DEDISCUENTO EN TU PROXIMA VISITA

GET \$1 OFF ON YOUR NEXT VISIT

RECIBE \$1 DEDISCUENTO EN TU PROXIMA VISITA

GET \$1 OFF ON YOUR NEXT VISIT



NC Name: Lake Balboa

Meeting Date: 5/1/19

Budget Fiscal Year: 2018-2019

Agenda Item No: 24

Board Motion and/or Public Benefit Statement (CIP and NPG):

Approval of Budget packet for 2019-2020 fiscal year

Method of Payment: (Select One)

☐ Check☐ Credit Card☐ Board Member Reimbursement

Vote Count

Recused Board Members must leave the room prior to any discussion and may not return to the room until after the vote is complete.

[illegible]

Board Quorum:

Total:

14

2

Total:	14			3	
--------	----	--	--	---	--

We, the authorized signers of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Authorized Signature

Print/Type Name: James Hart

Date: 5/21/19

Authorized Signature

Print/Type Name: Jim Stein

Date: 5/21/19

Reimburse Mary Pennemon for providing refreshments at the October 2nd general board mtg.

☐ Check☐ Credit Card☐ Board Member Reimbursement

Vote Count

Recused Board Members must leave the room prior to any discussion and may not return to the room until after the vote is complete.

Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Carla Bautista	2nd VP, RSR	X					
James Brown	1st VP, RSR	X					
Ruth Doxsee	alt signer, RSR				X		
Kristin Fujitaki	Comms, OSR	X					
Linda Gravani	Pres, BSR	X					
James Hart	Treasurer, RSR					X	
Sandy Joseph	RSR	X					
Gary, Kay	ALASR				X		
Danica Middleton	Secretary, RSR					X	
Allen Nelson	ALASR					X	
Carol Newman	BSR	X					
Mary Pennomon	SSR	X					
Linda Pruett	OSR	X					
Tom Riley	OSR	X					
Linda Schwering	ALECISR	X					
Emma Scott	YSR				X		
Jim Stein	2nd Signer,BSF	X					
Board Quorum:	Total:	11			3	3	

We, the authorized signers of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Authorized Signature:

Print/Type Name: James Hart

Print/Type Name: **Jim Stein**

Date: 10/12/19

Date: 10/12/19

CAROL NEWMAN



Van Nuys #48
6100 Sepulveda Blvd
Van Nuys, CA 91411

2 @ 9.95		
137959 WHOLE COMBO	19.90	A
2 @ 9.95		
138167 WHOLE PEP	19.90	A
138166 WHOLE CHEESE	9.95	A
SUBTOTAL	49.75	
TAX	4.73	
**** TOTAL		
CASH	60.00	
CHANGE	5.52	

A 9.5% Tax	4.73
TOTAL TAX	4.73
TOTAL NUMBER OF ITEMS SOLD =	5
06/07/2020 16:47 48 503 256 9	

XXXXXXXXXXXXXXXXXXXX
Concession 503-256
XXXXXXXXXXXXXXXXXXXX

OP#: 9 Name: Griselda Cruz
Thank You!
Please Come Again
Whse:48 Trn:503 Trn:256 OP:9

Neighborhood Council Funding Program

APPLICATION for Neighborhood Purposes Grant (NPG)



This form is to be completed by the applicant seeking the Neighborhood Purposes Grant and submitted to the Neighborhood Council from whom the grant is being sought. All applications for grants must be reviewed and approved in a public meeting. Upon approval of the application the Neighborhood Council (NC) shall submit the application along with all required documentation to the Office of the City Clerk, NC Funding Program.

Name of NC from which you are seeking this grant: Lake Balboa

SECTION I - APPLICANT INFORMATION

- 1a) Southern California Preparedness Foundation 47-2811120 CA 01/21/2015
Organization Name Federal I.D. # (EIN#) State of Incorporation Date of 501(c)(3) Status (if applicable)
- 1b) 19300 Rinaldi St. Unit 7333 Northridge CA 91327-8818
Organization Mailing Address City State Zip Code
- 1c) _____
Business Address (If different) City State Zip Code
- 1d) **PRIMARY CONTACT INFORMATION:**
William (Bill) Hopkins, Jr. 818-835-5384 Bill.Hopkins@SoCalPrep.us
Name Phone Email
- 2) **Type of Organization- Please select one:**
☐ Public School *(not to include private schools)* **or** ☒ 501(c)(3) Non-Profit *(other than religious institutions)*
Attach Signed letter on School Letterhead Attach IRS Determination Letter
- 3) _____
Name / Address of Affiliated Organization (if applicable) City State Zip Code

SECTION II - PROJECT DESCRIPTION

- 4) Please describe the purpose and intent of the grant.

Participation in the 13th Annual Valley Disaster Preparedness Fair on or about Saturday, October 10, 2020, sponsored by the Southern California Preparedness Foundation. A 10ft x10ft space will be provided to the neighborhood council for Outreach operations. Neighborhood Council name, meeting location, and website address will appear on the event flyer and Fair website (www.ValleyDisasterFair.com). Neighborhood Council participation and information may also appear on various additional Fair promotional materials. Family registration information is requested of Fair attendees, and to the extent it is obtained, will be provided to participating neighborhood councils to assist with NC Outreach efforts. Venue is ADA compliant.

- 5) **How will this grant be used to primarily support or serve a public purpose and benefit the public at-large. (Grants cannot be used as rewards or prizes for individuals)**

This Emergency and Disaster Preparedness Fair, which typically sees 7,000+, benefits the Neighborhood Council stakeholders and surrounding communities by increasing family and neighborhood awareness, providing education and training, and enhancing whole community disaster preparedness. This event is family-friendly, open to the public, and free to attendees. Complimentary Family Emergency Preparedness (EP) Starter kits (while supplies last), will be given to registered families attending the Fair. Additionally, a free lunch is offered while supplies last. The grant money will be used to procure supplies, services, and rentals in support of the Annual Valley Disaster Preparedness Fair which provides Family Emergency Preparedness Starter Kits, informative presentations, displays and basic trainings, in a family-friendly and accessible environment.

SECTION III - PROJECT BUDGET OUTLINE

You may also provide the Budget Outline on a separate sheet if necessary or requested.

6a)	Personnel Related Expenses	Requested of NC	Total Projected Cost
	None	\$	\$
		\$	\$
		\$	\$

6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	Supplies, services, and rentals for Annual Valley Disaster Preparedness Fair	\$ 1500.00	\$ 64,000.00
		\$	\$
		\$	\$

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?

☐ No ☒ Yes If Yes, please list names of NCs: Various Neighborhood Councils

8) Is the implementation of this specific program or purpose described in Question 4 contingent on any other factors or sources or funding? (Including NPG applications to other NCs) ☒ No ☐ Yes If Yes, please describe:

Source of Funding	Amount	Total Projected Cost
	\$	\$
	\$	\$
	\$	\$

9) What is the TOTAL amount of the grant funding requested with this application: \$ 1500.00

10a) Start date: 02 / 1 / 20 10b) Date Funds Required: 06 / 1 / 20 10c) Expected Completion Date: 10 / 10 / 20
(After completion of the project, the applicant should submit a Project Completion Report to the Neighborhood Council)

SECTION IV - POTENTIAL CONFLICTS OF INTEREST

11a) Do you (applicant) have a current or former relationship with a Board Member of the NC?

☐ No ☒ Yes If Yes, please describe below:

Name of NC Board Member	Relationship to Applicant
Linda Pruett	Southern California Preparedness Foundation board member

11b) If yes, did you request that the board member consult the Office of the City Attorney before filing this application?
☒ Yes ☐ No ***(Please note that if a Board Member of the NC has a conflict of interest and completes this form, or participates in the discussion and voting of this NPG, the NC Funding Program will deny the payment of this grant in its entirety.)**


SECTION V - DECLARATION AND SIGNATURE

I hereby affirm that, to the best of my knowledge, the information provided herein and communicated otherwise is truly and accurately stated. I further affirm that I have read the documents "What is a Public Benefit," and "Conflicts of Interest" of this application and affirm that the proposed project(s) and/or program(s) fall within the criteria of a public benefit project/program and that no conflict of interest exist that would prevent the awarding of the Neighborhood Purposes Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am submitting this application. I further affirm that if the grant received is not used in accordance with the terms of the application stated here, said funds shall be returned immediately to the Neighborhood Council.

12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED*

William J. Hopkins, Jr. President & Director  2/12/20
PRINT Name Title Signature Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*

Dave Brown Logistics & Director  2/12/20
PRINT Name Title Signature Date

* If a current Board Member holds the position of Executive Director or Secretary, please contact the NC Funding Program at (213) 978-1058 or clerk.ncfunding@lacity.org for instructions on completing this form



**Southern
California
Preparedness
Foundation**
A 501(c)(3) nonprofit

Valley Disaster Preparedness Fair 2020



WWW.VALLEYDISASTERFAIR.COM

Saturday, October 10, 2020 (10/10/20) 9:00 am – 1:00 pm

QUESTIONS? INFO@VALLEYDISASTERFAIR.COM

FASTER FAIR CHECK-IN WITH ONLINE REGISTRATION • OPENS JULY 1
REGISTRATION ALSO AVAILABLE AT THE FAIR

Northridge Fashion Center—Pacific Theaters Parking Lot
(9400 Shirley Ave., south of Plummer St.)

**A FUN AND FREE FAMILY EVENT THAT JUST MIGHT SAVE YOUR
LIFE, YOUR PET'S LIFE, OR THE LIFE OF A LOVED ONE.**



**Exhibits • Demonstrations • Displays • Speakers • Special Events • Bloodmobile
Pet Preparedness • Free Parking • Free Admission • Free Lunch* • It's All Free!**

Complimentary **Family Emergency Preparedness (EP) Starter Kit*** for registered families
attending the Fair. One kit per registered family. (While supplies last.)



*While supplies last. EP Kits to attending registered families only.

Events, exhibitors, and features subject to availability and may change.

This annual event is managed and produced by: www.SoCalPrep.us • Info@SoCalPrep.us



**Southern
California
Preparedness
Foundation**
A 501(c)(3) nonprofit

Valley Disaster Preparedness Fair 2020



WWW.VALLEYDISASTERFAIR.COM

Sábado, 10 de Octubre, 2020 (10/10/20) 9:00 am – 1:00 pm

¿TIENE PREGUNTAS? INFO@VALLEYDISASTERFAIR.COM

REGISTRESE EN LÍNEA PARA UN REGISTRO RÁPIDO EL DÍA DE LA FERIA • REGISTRACION SE ABRERA JULIO 1

HABRA REGISTRACION DISPONIBLE EL DIA DE LA FERIA

Northridge Fashion Center—En el estacionamiento del Pacific Theaters
(9400 Shirley Ave., al sur de Plummer St.)

**UN EVENTO FAMILIAR, DIVERTIDO Y GRATUITO QUE PODRIA SALVARLE LA VIDA,
LA VIDA DE SU MASCOTA, O LA VIDA DE UN SER QUERIDO.**



Exhibiciones • Demostraciones • Presentadores • Eventos Especiales • Bloodmobile • Preparación para Mascotas • Estacionamiento Gratuito • Entrada Gratuita • Almuerzo Gratis* • ¡Todo es Gratis!

Kit de Inicio de Preparación para Emergencias Familiares (EP)* para familias registradas a asistiendo la Feria. Un kit por familia registrada. (Mientras duren las reservas.)



***Mientras duren las reservas. Kits EP para asistir solo a familias registradas.**

Eventos, expositores y características sujetas a disponibilidad y pueden cambiar.

Este evento anual es gestionado y producido por: www.SoCalPrep.us • Info@SoCalPrep.us



February 12, 2020

To Whom It May Concern:

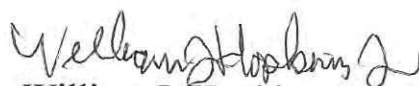
Re: Neighborhood Purposes Grant Request by Southern California Preparedness Foundation in Support of the 13th Annual Valley Disaster Preparedness Fair

Please be advised that the following persons are on the Board of Directors of the Southern California Preparedness Foundation, a 501(c)(3) nonprofit corporation (EIN: 47-2811120):

Name	Foundation Position	Neighborhood Council
William J. Hopkins, Jr.	President and Director	Granada Hills North board member
Dave Brown	Logistics and Director	North Hills West board member
Linda M. Pruett	Corporate Secretary and Director	Lake Balboa board member

Please direct any questions to William Hopkins at Bill.Hopkins@SoCalPrep.us.

Sincerely,


William J. Hopkins, Jr.
President and Director

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JAN 21 2015

SOUTHERN CALIFORNIA PREPAREDNESS
FOUNDATION
19300 RINALDI ST UNIT 7333
NORTHRIDGE, CA 91327-8818

Employer Identification Number:
47-2811120
DLN:
26053420004015
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
December 29, 2014
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 5436

SOUTHERN CALIFORNIA PREPAREDNESS

Sincerely,

A handwritten signature in black ink that reads "Tamera Rippanda". The script is fluid and cursive, with the first name "Tamera" and last name "Rippanda" clearly distinguishable.

Director, Exempt Organizations



Aaron DeVandry - Concept To Web
818-613-8261

5005 Stone Fence Dr
Colorado Springs, Colorado
80922
United States

Billed To
Lake Balboa Neighborhood Council
15701 Sherman Way
Van Nuys, California
91409
United States

Date of Issue
02/27/2020

Invoice Number
LBNC88

Due Date
03/28/2020

Amount Due (USD)
\$300.00

Description	Rate	Qty	Line Total
Web Hosting, Maintenance, & Content Creation February 2020	\$150.00	1	\$150.00
Web Hosting, Maintenance, & Content Creation March 2020	\$150.00	1	\$150.00
Subtotal			300.00
Tax			0.00
Total			300.00
Amount Paid			0.00
Amount Due (USD)			\$300.00

Notes

Please make any check payments out to "Aaron DeVandry - Concept To Web" and list the invoice # on the check.
Thank you, Lake Balboa NC!

-Aaron

Neighborhood Council Funding Program
APPLICATION for Neighborhood Purposes Grant (NPG)



This form is to be completed by the applicant seeking the Neighborhood Purposes Grant and submitted to the Neighborhood Council from whom the grant is being sought. All applications for grants must be reviewed and approved in a public meeting. Upon approval of the application the Neighborhood Council (NC) shall submit the application along with all required documentation to the Office of the City Clerk, NC Funding Program.

Name of NC from which you are seeking this grant: LAKE BALBOA Neighborhood Council

SECTION I - APPLICANT INFORMATION

- 1a) Northridge Hospital Foundation 23-7444901 CA April 1975
Organization Name Federal I.D. # (EIN#) State of Incorporation Date of 501(c)(3) Status (if applicable)
- 1b) 8210 Etiwanda Avenue Reseda CA 91335
Organization Mailing Address City State Zip Code
- 1c) 18300 Roscoe Blvd Northridge CA 91325
Business Address (if different) City State Zip Code
- 1d) **PRIMARY CONTACT INFORMATION:**
Joni Novosel, Director (818) 718-5936 Joni.Novosel@dignityhealth.org
Name Phone Email
- 2) Type of Organization- Please select one:
☐ Public School (not to include private schools) or ☒ 501(c)(3) Non-Profit (other than religious institutions)
Attach Signed letter on School Letterhead Attach IRS Determination Letter
- 3) Northridge hospi.Foundation-Center for Assault Treatment Services Van Nuys, CA 91405
Name / Address of Affiliated Organization (if applicable) City State Zip Code

SECTION II - PROJECT DESCRIPTION

- 4) Please describe the purpose and intent of the grant.

The purpose of this request is to support the Center for Assault Treatment Services (C.A.T.S). C.A.T.S us dedicated to our communities by treating children and adults affected by violence. C.A.T.S has severed the Valley since 1975 helping 17,7000 victims of violence. Located in the family Justice Center with other partners who are co-located under one roof with one common goal to dedicate our organizations to the prevention of child maltreatment, domestic violence, huan trafficking and sexual assault. Your support will continue to provide for the uncompensated care provided to victims and support us in carrying out our mission.

- 5) How will this grant be used to primarily support or serve a public purpose and benefit the public at-large. (Grants cannot be used as rewards or prizes for individuals)

This funding will benefit the public by both being there to suppor victims of abuse through the best possible evidencecollection and educate our youth so that we can change the culture of sexual violence in the community. Our certified advanced-trained Forensic Nurse Examiners (FNE) have provided forensic medical evidentiary examinations and interview in a safe and supportive environment to over 17,700 children and adults affected by violence since 1997. All services are provided free of charge to victims 24/7/365 days a year. In addition C.A.T.S is a team member of the local Sexual Assault Response Team (SART) and Domestic Assault Response Team (DART) and the only partner that provides medical evidentiary examinations and collection of evidence. Through our yearly community outreach we provide free educationon our free services to thousands of professionals in our community.

SECTION III - PROJECT BUDGET OUTLINE

You may also provide the Budget Outline on a separate sheet if necessary or requested.

6a)	Personnel Related Expenses	Requested of NC	Total Projected Cost
	N/A Salaries supported by Northridge Hospital	\$	\$723,000
		\$	\$
		\$	\$

6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	To support our center to help our community from Assault and classes on Safe Date to prevent violence in youth	2,000	\$85,000
		\$	\$
		\$	\$

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?

☐ No ☐ Yes

If Yes, please list names of NCs: ARLETA NEIGHBORHOOD COUNCIL, Lake Balboa, and Reseda

8) Is the implementation of this specific program or purpose described in Question 4 contingent on any other factors or sources or funding? (Including NPG applications to other NCs) ☐ No ☐ Yes If Yes, please describe:

Source of Funding	Amount	Total Projected Cost
Victory for Victims Walk Run	\$155,000	\$85,000
Hospital Underwrites Staff Salaries	\$723,000	\$723,000
PLEASE SEE #4 ON DESCRIPTION ON THE PURPOSE OF FUNDING	\$	\$

9) What is the TOTAL amount of the grant funding requested with this application: \$2,000.00

10a) Start date: APRIL 25, 2020 10b) Date Funds Required: APRIL 25, 2020 10c) Expected Completion Date: 12/31, 2020

(After completion of the project, the applicant should submit a Project Completion Report to the Neighborhood Council)

SECTION IV - POTENTIAL CONFLICTS OF INTEREST

11a) Do you (applicant) have a current or former relationship with a Board Member of the NC?

☒ No ☐ Yes If Yes, please describe below:

Name of NC Board Member	Relationship to Applicant

11b) If yes, did you request that the board member consult the Office of the City Attorney before filing this application?

☐ Yes ☒ No *(Please note that if a Board Member of the NC has a conflict of interest and completes this form, or participates in the discussion and voting of this NPG, the NC Funding Program will deny the payment of this grant in its entirety.)

SECTION V - DECLARATION AND SIGNATURE

I hereby affirm that, to the best of my knowledge, the information provided herein and communicated otherwise is truly and accurately stated. I further affirm that I have read the documents "What is a Public Benefit," and "Conflicts of Interest" of this application and affirm that the proposed project(s) and/or program(s) fall within the criteria of a public benefit project/program and that no conflict of interest exist that would prevent the awarding of the Neighborhood Purposes Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am submitting this application. I further affirm that if the grant received is not used in accordance with the terms of the application stated here, said funds shall be returned immediately to the Neighborhood Council.

12a) Executive Director of Non-Profit Corporation or School Principal -REQUIRED*

Joni Novosel Director Joni Novosel 11/24/19
PRINT Name Title Signature Date

12b) Secretary of Non-profit Corporation or Assistant School Principal -REQUIRED*

Priscilla Lomeli Admin. Executive [Signature] 11/24/19
PRINT Name Title Signature Date

* If a current Board Member holds the position of Executive Director or Secretary, please contact the NC Funding Program at (213) 978-1058 or clerk.ncfunding@lacity.org for instructions on completing this form

CINCINNATI OH 45999-0038

In reply refer to: 0248254921
Aug. 01, 2018 LTR 4168C 0
23-7444901 000000 00
00027131
BODC: TE

NORTHRIDGE HOSPITAL FOUNDATION
% RANDY BRADLEY
18300 ROSCOE BLVD
NORTHRIDGE CA 91325

041611

Employer ID number: 23-7444901
Form 990 required: YES

Dear Taxpayer:

We're responding to your request dated July 23, 2018, about your tax-exempt status.

We issued you a determination letter in April 1975, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Section 509(a)(3) as a Type I supporting organization. A Type I supporting organization is operated, supervised, or controlled by one or more publicly supported charities.

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

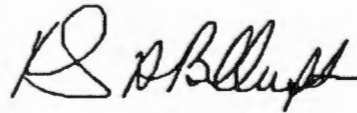
0248254921
Aug. 01, 2018 LTR 4168C 0
23-7444901 000000 00
00027132

NORTHRIDGE HOSPITAL FOUNDATION
% RANDY BRADLEY
18300 ROSCOE BLVD
NORTHRIDGE CA 91325

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,

A handwritten signature in black ink, appearing to read "K. A. Billups", written in a cursive style.

Kim A. Billups, Operations Manager
Accounts Management Operations 1

0248254921
Aug. 01, 2018 LTR 4168C 0
23-7444901 000000 00
00027132

NORTHRIDGE HOSPITAL FOUNDATION
% RANDY BRADLEY
18300 ROSCOE BLVD
NORTHRIDGE CA 91325

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,

A handwritten signature in black ink, appearing to read "K. A. Billups". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Kim A. Billups, Operations Manager
Accounts Management Operations 1

Motion to approve an NPG for \$2000 to Northridge Hospital Foundation
(Center for Assault Treatment Services (C.A.T.S.))

☐ Board Member Reimbursement

Recused Board Members must leave the room prior to any discussion and may not return to the room until after the vote is complete.

5

Date: 2.29.2020