#### **Monthly Expenditure Report**



**Reporting Month: November 2020 Budget Fiscal Year: 2020-2021** 

NC Name: Tarzana Neighborhood Council

		Monthly Cash Re	conciliation		
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$41747.59	\$5427.64	\$36319.95	\$0.00	\$0.00	\$36319.95

		Monthly Cash Fl	ow Analysis		
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office		\$237.64		\$0.00	
Outreach	\$40377.99	\$190.00	\$36319.95	\$0.00	\$36319.95
Elections		\$0.00		\$0.00	
Community Improvement Project	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Neighborhood Purpose Grants	\$15206.86	\$5000.00	\$0.00	\$0.00	\$0.00
Funding Requests Und	der Review: \$0.00	Encumbrar	nces: \$0.00	Previous Expend	itures: \$13837.26

			Expenditures			
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	NET ATLANTIC INC	11/04/2020	November 2020 Mailing list maintenance	General Operations Expenditure	Outreach	\$40.00
2	THE WEB CORNER, INC	11/06/2020	November 2020 Website maintenance	General Operations Expenditure	Outreach	\$150.00
3	APPLEONE EMPLOYMENT SV	11/07/2020	Board minutes Sept 2020	General Operations Expenditure	Office	\$204.80
4	OFFICE DEPOT #661	11/24/2020	Office Supplies-paper	General Operations Expenditure	Office	\$32.84
5	Prince of Peace Chrch Fscl Agnts Fr	11/17/2020	Resolved: The TNC Board approves the request from the POP/West Valley Food Pantry for an NPG in the amount of \$5000.00. The NPG is for the purchase of food during the November a	Neighborhood Purpose Grants		\$5000.00
	Subtotal:		1			\$5427.64

			Outstanding Expenditures	6		
#	Vendor	Date	Description	Budget Category	Sub-category	Total
	Subtotal: Outstanding	g				\$0.00

#### INVOICE



Page 1 of 1

Invoice S	Summary
Account	1002581
Reference	Invoice 1002581-163
Date	2020-11-01
Due Date	2020-12-01
Total (\$)	40.00
Amount Due (\$)	0.00

Harvey Goldberg Tarzana Neighborhood Council 19798 Greenbriar Drive Tarzana, CA 91356

Description

Pro Bandwidth Usage

Max: 0.031 GB

Service Name: 'tarzana-neighborhood-council'

Pro Anno List

Max: 2195 Members

Service Name: 'tarzana-neighborhood-council'

Amount (\$)

0.00

40.00

Please tear off and return the bottom portion with your payment. Thank you.

Harvey Goldberg Tarzana Neighborhood Council 19798 Greenbriar Drive Tarzana, CA 91356



Payment	Summary
Account	1002581
Reference	Invoice 1002581-163
Due Date	2020-12-01
Amount Due (\$)	0.00

Net Atlantic, Inc. 10 Federal St., Suite 26 Salem, MA 01970 The Web Corner, Inc.

19509 Ventura Blvd. Tarzana, CA 91356

#### **Invoice**

Date	Invoice #
11/1/2020	21162

Bill To	200
Tarzana Neighborhood Council PO Box 571016 Tarzana, CA 91357	44.0

P.O. No.	Terms	Project
	Due on Receipt	

Quantity	Description		Rate	Amount
	Monthly Maintenance: includes up to 1.5 hours for; phone support, web develop requests, & website adjustments Monthly Hosting for tarzananc.org Email Archiving:  1 Accounts l.shaffer@tarzananc.org (inlcuded in maintenance)	ment,	150.00 15.00 3.00	150.00 0.00 0.00
Please remit paym Thank you for you	nent at your earliest convenience.  ur business!		Total	\$150.00

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AppleOne Employment P.O. Box 29048 TIN 95-2580864

# City of LA - DONE -TARZANA NC

Accounts Payable

Glendale CA 91209-9048

Tel: 818-240-8688

Los Angeles, CA 90012

Customer

Site No: 0048 00950101 10/10/2020

Invoice

Period Invoice No: S8434348

Amount Due: \$204.80

Payment UPON RECEIPT

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C-132956 Shaffer,Len

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Kramer, Patricia

10/10/2020

Please remit payment to: P.O. Box 29048 **Appleone Employment Services** 

Glendale, CA 91209-9048

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You can now pay electronically through

S ApplePay

Visit www.ApplePay.com or Call (866)898-7152 for details

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# City of Los Angeles

DONE- TARZANA NC (009501010048) icia Week	
	Employee Name: Kramer, Patricia Serial Number: XJ86961720
Imaged on $10/12/2020$	Web TimeCard Client Name: city of

Sat 10/10/2020 8:00 AM 5:00 PM 1:00 8:00 8:00 0:0 0:0

Submitted By:

SubTotals

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Patricia Kramer|patkramerwrites@aol.com on 10/11/2020

Alma Martinez (AE) on 10/12/2020

Preapproved By:
Approved By: Processed By: ajmartinez on 10/12/2020 <not available> on <not available>



Shipping Address TARZANA NEIGHBORHOOD COUNCIL 200 N SPRING ST STE 224 LOS ANGELES, CA 90012-3238

Additional Information-Carton: 1 of 1

#### \*\*\* PACKING LIST \*\*\*

Order Number 139986386-001

Billing Address HARVEY GOLDBERG 200 N SPRING ST STE 224 LOS ANGELES, CA 90012-3238 Customer Information Customer #: 45919857 Contact: HARVEY GOLDBERG Phone #: 818-343-8270 OFFICE DEPOT OFFICE MAX 1-800-GO-DEPOT 3366 EAST WILLOW STREET SIGNAL HILL, CA 90755



Order Date: 11/24/2020

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OFFICE SUPPLIES

### In-Store Pick Up

Order#:

139986386-001

**Customer:** 

TARZANA NEIGHBORHOOD COUNCIL, HARVEY GOLDBERG

**Pickup Customer:** 

Additional

**Customer Data:** 

**Order Time:** 

11/24/2020 01:30 PM

Pickup Time:

11/24/2020 01:38 PM

**Return to Stock:** 

11/30/2020

Package #:

1 of 1

**Hold Location:** 

**OMNI STATION** 

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PAID

Status:

Ready for Pickup

Order Number

\*1399863860016\*

TUC OFFICE DEPOT 11-24-2020



Harvey Goldberg <goldberg.harvey@gmail.com>

#### Order Confirmation #139986386-001

1 message

OfficeDepotOrders@officedepot.com <OfficeDepotOrders@officedepot.com> Reply-To: OfficeDepotOrders@officedepot.com To: HARVEYGOLDBERG@sbcglobal.net

Tue. Nov 24, 2020 at 1:30 PM

#### In Store Pickup for: HARVEY GOLDBERG

Office Depot Store # 661 6227 TOPANGA CANYON BLVD ERWIN ST & TOPANGA CANYON BLVD WOODLAND HILLS, CA 91367

#### Office DEPOT. Office Max

#### Thanks, HARVEY GOLDBERG. We're on it.

We've received your order. We're working to get it ready for pick-up at the Office Depot Store you've selected. In accordance with CDC guidelines, all persons are required to have their nose and mouth covered before entering the store.

#### In This Pick-Up Order:



Boise® X-9® Multi-Use Copy Paper, Letter Size (8 1/2" x 11"), 20 Lb, Bright White, Ream Of 500 Sheets, Case Of 10 Reams

Quantity Ordered: 1

Item # 196517

\$29.99

#### **Order Summary**

Order Number 139986386-001 **Delivery Method** In Store Pick-up

**Order Date** 11/24/2020 Status In Process



#### **Payment Summary**

Subtotal				\$29,99
Tax		, îkur.		\$2.85
Delivery F	'ee			\$0.00
Misc.				0.00
Total			MasterCard, last 4 digit	<b>\$32.84</b> s: 5734

#### Questions? We're here to help.

Call 800.GO.DEPOT (1-800) 463-3768 Text (1-904) 853-3768

Visit Our Help Center

# 🗃 Sign up for emails & get 20% off one qualifying regular priced item.

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





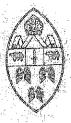
This form is to be completed by the applicant seeking the Neighborhood Purposes Grant and submitted to the Neighborhood Council from whom the grant is being sought. All applications for grants must be reviewed and approved in a public meeting. Upon approval of the application the Neighborhood Council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

lame	of NC from which you are seekin	g this grant:	I al Zalia IN	eignioor	11000 0	Carlon	
SEC	TION I- APPLICANT INFORMATION	se e procedit di co	and the second s	egineline i le le			
	POP/West ValleyFo	od Panti	95-334990 Federal I.D. # (EIN	<ul> <li>North Views Tuest (NOTE)</li> </ul>	ornia	01/23 Date of 50	1(c)(3)
	5700 Rudnick Ave		Woodland	l Hills	CA	Status (if 91367	applicable
	Organization Mailing Address		City		State	Zip Co	<b>le</b>
1c)	and the second s		The said of same of		·		
	Business Address (If different)		City		State	Zip Co	de
1d)	PRIMARY CONTACT INFORMATION Debbie Decker 818-	on: 346-695	5 ExecDirect	or@wes	valleyfo	odpantr	/.org
	Name		Phone	2114 O 11 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	Email		
2}	Type of Organization- Please sele  Public School (not to include prive Attach Signed letter on School	te schools)	or 501(c)(3) Attach II	Non-Profit (ol) RS Determinati	er than religious on <b>Letter</b>	institutions)	
3)	Name / Address of Affiliated Organ	zation (if appli	cable)	City	State	Zip Co	de
SEC	CTION II - PROJECT DESCRIPTION		Samuel William Committee and C			Ha yes dilitation	
4)	Please describe the purpose and	intent of the g	rant.	The state of the s	The property of the same of the same of		
	The West Valley Food Pantr banded together over 35 yea San Fernando Valley and ha stuffs, and also serve the cli- food and money received fro Because of COVID- 19, the the unpresidented need. Un	y is a local lars ago to fe is over 200 ents daily C im the local Pantry curre ortunately,	non-profit coalition beding the hungry volunteers that pour efforts are made community and ently feeds approthose numbers a	y in our com ourchase, plo ade possible our coalitior ximately 13 are increasir	imunity. It is the contribution of the contrib	delivery of utions of b a month of ally each w	oth due to
5)	(Grants cannot be used as reward	is or prizes fo	r individuals)				
	The Neighborhood Council's the clients during the Nover	additional nber and De	funding will go di eciember holiday	rectly towar season. Th	d purchasii ough we ca	ng food to i an't supply	eed

turkeys for all the families, with this grant we can supply many of them with the side dishes, such as stuffing, instant potatoes, canned vegetables, gavey mix and pie filling and mix. This

will help brighten a hurting community.

S   S   S   S   S   S   S   S   S   S	nay also provide the Budget Outline on a separate sheet if n Personnel Related Expenses	Regreeted of NC	Total Projected C	ost
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Food purchased from local grocerly stores \$5000.00   \$5,000.00   \$			\$	
Food purchased from local grocery stores \$5000.00 \$5,000.00 \$5,000.00 \$\$    S			Territoria de la compansión de la compan	
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Anount state TOTAL amount of the grant funding requested with this application:    No   Yes   Yes, please list names of NCs:	Food purchased from local grocery stores	the second s		
we you (applicant) applied to any other Neighborhood Councils requesting funds for this project?  In the Implementation of this specific program or purpose described in Question 4 contingent on any other factors unces or funding? (Including NPG applications to other NCs)  No  Yes			***	- Hitelita   1944   1944   1944   1944   1944   1944   1944   1944   1944   1944   1944   1944   1944   1944
Source of Funding? (Including NPG applications to other NCs) No. Yes If Yes, please describe:    Source of Funding	No 🖸 Yes If Yes, please list names of N	Cs:		ctors (
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If yes, did you request that the board member consult the Office of the City Attorney before filling this application.  If yes, did you request that the board member consult the Office of the City Attorney before filling this application or participates in the discussion and voting of this NPG, the NC Funding Program will deny the paymer grant in its entirety.]  TON - PCLARATION AND SIGNATURE esty after that, it further affirm that I have read the documents "What is a Public Benefit," and "Constructive grant in the application and that no conflict of interest and completes the object of this application and affirm that I have read the documents "What is a Public Benefit," and "Consess Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am su application. I further affirm that I fit grant received is not used in accordance with the terms of the application. I further affirm that I fit grant received is not used in accordance with the terms of the application. I further affirm that I fit grant received is not used in accordance with the terms of the application. I further affirm that I fit grant received is not used in accordance with the terms of the application. I further affirm that I fit grant received is not used in accordance with the terms of the application. I further affirm that I fit grant received is not used in accordance with the terms of the application. I further affirm that I fit grant received is not used in accordance with the terms of the application. I further affirm that I fit grant received is not used in accordance with the terms of the application. I further affirm that I fit grant received is not used in accordance with the terms of the application. I further affirm that I fit grant received is not used in accordance with the terms of the application. I further affirm that I fit grant received is not used in accordance with the terms of the application. I further affirm that I fit grant received is not used in accordance with the terms of the applica		Amount	Total Projected C	ost
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Start date: 11 / 19 / 20 10b) Date Funds Required: 11 / 20 / 20 10c) Expected Completion Date: 12 / 31 (After completion of the project, the applicant should submit a Project Completion Report to the Neighborhood IION IV - POTENTIAL CONFLICTS OF INTEREST  Do you (applicant) have a current of former relationship with a Board Member of the NC?  No 1 / 9s			<u> </u>	
Do you (applicant) have a current or former relationship with a Board Member of the NC?  Name of NC Board Member  If yes, please describe below:  Relationship to Applicant  In the Application in the Applicant  Relationship to Applicant  In the Applicant  Relationship to Applicant  Relationship to Applicant  In the Applicant  Relationship to Applicant  In the Signature Date  Pater Signature  Date  Date  Ann Gillinger  Secretary  Relationship to Applicant  In the Signature Date  D	Start date: 11 //9 /20 10h) Date Funds Required: 1	1 , 20,20 10c) Expected C	ompletion Date: 12 port to the Neighborh	/31 lood C
No	The state of the s			
Name of NC Board Member Relationship to Applicant  If yes, did you request that the board member consult the Office of the City Attorney before filing this application. The Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*  Relationship to Applicant  Relationship to Application  Relationship to Application  (Preset that the Doard Member of the City Attorney before filing this application  (Preset and completes the payment  Relationship to Application  (Preset that the City Attorney before filing this application  (Preset and Company to the Neighborhood Communicated otherwise accurately stated. I further affirm that it have read the documents "What is a Public Benefit," and "Corposest" of this application and affirm that the proposed project(s) and/or program(s) fall within the criteria of the project/program and that no conflict of interest exist that would prevent the awarding of the Neighborhood Souncil to whom I am supplication. I further affirm that if the grant received is not used in accordance with the terms of the application. I further affirm that if the grant received is not used in accordance with the terms of the application. I further affirm that if the grant received is not used in accordance with the terms of the application. I further affirm that if the grant received is not used in accordance with the terms of the application. I further affirm that if the grant received is not used in accordance with the terms of the application. I further affirm that if the grant received is not used in accordance with the terms of the application. I further affirm that if the grant received is not used in accordance with the terms of the application. I further affirm that if the grant received is not used in accordance with the terms of the ap	Do you (applicant) have a current or former relationship	with a Board Member of the N	G?	
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If yes, did you request that the board member consult the Office of the City Attorney before filing this application.   If yes No *(Please note that if a Board Member of the NC has a conflict of interest and completes to or participates in the discussion and voting of this NPG, the NC Funding Program will deny the paymer grant in its entirety.)  **RONV-DECLARATION AND SIGNATURE**  Beby affirm that, to the best of my knowledge, the information provided herein and communicated otherwise accurately stated. I further affirm that I have read the documents "What is a Public Benefit," and "Corest" of this application and affirm that the proposed project(s) and/or program(s) fall within the criteria of the project/program and that no conflict of interest exist that would prevent the awarding of the Neighborhood council to whom I am su application. I further affirm that if the grant received is not used in accordance with the terms of the apid here, said funds shall be returned immediately to the Neighborhood Council to whom I am su defens a payment of the proposed project (s) and/or program(s) fall within the criteria of interest exist that would prevent the awarding of the Neighborhood Council to whom I am su application. I further affirm that if the grant received is not used in accordance with the terms of the apid here, said funds shall be returned immediately to the Neighborhood Council.  Executive Director of Non-Profit Corporation or School Principal - REGUIRED*  Debbie Decker  Exec. Director  PRINT Name  Title Signature  Date  **ONT Name**  10/22/**  Ann Gillinger  Secretary  **ONT Name**  10/22/**  Ann Gillinger  Secretary  **ONT Name**  10/22/**	Name of the poets menue:			
Tyes No *[Please note that if a Board Member of the NC has a conflict of interest and completes to or participates in the discussion and voting of this NPG, the NC Funding Program will deny the paymer grant in its entirety.)  **RION V - DECLARATION AND SIGNATURE**  Beby affirm that, to the best of my knowledge, the information provided herein and communicated otherwise accurately stated. I further affirm that I have read the documents "What is a Public Benefit," and "Corest" of this application and affirm that the proposed project(s) and/or program(s) fall within the criteria of conflict of interest exist that would prevent the awarding of the Neighborhood Scouncil to whom I am supplication. I further affirm that if the grant received is not used in accordance with the terms of the application. I further affirm that if the grant received is not used in accordance with the terms of the application. I further affirm that if the grant received is not used in accordance with the terms of the application. I further affirm that if the grant received is not used in accordance with the terms of the application. I further affirm that if the grant received is not used in accordance with the terms of the application. I further affirm that if the grant received is not used in accordance with the terms of the application. I further affirm that if the grant received is not used in accordance with the terms of the application. I further affirm that if the grant received is not used in accordance with the terms of the application. I further affirm that if the grant received is not used in accordance with the terms of the application. I further affirm that if the grant received is not used in accordance with the terms of the application. I further affirm that if the grant received is not used in accordance with the terms of the Neighborhood Council.  Debbie Decker Exec Director Authority Au				
Tyes No *[Please note that if a Board Member of the NC has a conflict of interest and completes to or participates in the discussion and voting of this NPG, the NC Funding Program will deny the paymer grant in its entirety.)  **RION V - DECLARATION AND SIGNATURE**  Beby affirm that, to the best of my knowledge, the information provided herein and communicated otherwise accurately stated. I further affirm that I have read the documents "What is a Public Benefit," and "Corest" of this application and affirm that the proposed project(s) and/or program(s) fall within the criteria of conflict of interest exist that would prevent the awarding of the Neighborhood Scouncil to whom I am supplication. I further affirm that if the grant received is not used in accordance with the terms of the application. I further affirm that if the grant received is not used in accordance with the terms of the application. I further affirm that if the grant received is not used in accordance with the terms of the application. I further affirm that if the grant received is not used in accordance with the terms of the application. I further affirm that if the grant received is not used in accordance with the terms of the application. I further affirm that if the grant received is not used in accordance with the terms of the application. I further affirm that if the grant received is not used in accordance with the terms of the application. I further affirm that if the grant received is not used in accordance with the terms of the application. I further affirm that if the grant received is not used in accordance with the terms of the application. I further affirm that if the grant received is not used in accordance with the terms of the application. I further affirm that if the grant received is not used in accordance with the terms of the Neighborhood Council.  Debbie Decker Exec Director Authority Au			for film the and	cation
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Debbie Decker Exec. Director / William 10/22/1  PRINT Name Title Signature Date  b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*  Ann Gillinger Secretary Chan Lillinger 10/22/1	accurately stated. I further affirm that I have read the state of this application and affirm that the proposed partition project/program and that no conflict of interest exposes Grant. I affirm that I am not a current Board Melapplication. I further affirm that if the grant received applications and funds shall be returned immediately to the	le documents "What is a Pi project(s) and/or program(s) exist that would prevent the mber of the Neighborhood C is not used in accordance v the Neighborhood Council.	iping Benefit, and fall within the criteri awarding of the N ouncil to whom I ar	a of a eighbo n subi
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o) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*  Ann Gillinger Secretary Gen Lillinger 10/22/	Debbie Decker Exec. Directo	1. WHERMAN	10	/22/20
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PRINT Name Title Signature Date	Ann Gillinger Secretary	Claim Del	Clare of the contract of the c	
	PRINT Name Title	✓ Signature		Date
pram at (213) 978-1058 or clerk.nefunding@lacity.org for instructions on completing this form				



# The Episcopal Diocese of Los Angeles

LINKING GONGREGATIONS AND INSTITUTIONS IN LOS ANGELES; ORANGE, RIVERSIDE, SAN BERNARDING, SANTA BARBARA AND VENTURA COUNTIES.

THE CATHEDRAL CENTER OF ST. PAUL

840 ECHO PARK AVENUE LOS ANGELES CALIFORNIA 90025

(213) 482-2040

FACSIMBLE (213) 482-5304

MAIL POST OFFICE BOX 5 12164 LOS ANGELES, CALIFORNÍA 9005 1 December 12, 2003

#### To Whom It May Concern:

Prince of Peace Church, as a parish of the Episcopal Church in the Dipcese of Los Angeles, is an entity of the Domestic and Foreign Missionary Society of the Protestant Episcopal Church in the United States of America, also known as The Episcopal Church. The Society is a 501(c)(3) exempt organization, not a 509(a) foundation. All entities of the Society, including Prince of Peace Church, derive their tax exempt status as 501(c)(3) entities from the status of this Society of which they are a part. The tax identification number of the Society is 13-5562208; the group exemption number is 3741.

A fuller explanation of this tax exemption is given in letters from the Internal Revenue Service, dated May 10, 2001, and from the Treasurer of the Society, dated May 15, 2001, copies of which are attached

Sincerely,

Ted J. Forbath

Director of Finance

T.F.jlg

Internal Revenue Service

Date: May 10, 2001

Protestant Episcopal Church in the United States of American 815 2<sup>nd</sup> Avenue New York, NY 10017-4503 Department of the Treasury

P.O. Box 2508 Cincinnati, OH 45201

Person to Contact:
Dottie Downing #31-02736
Customer Service Specialist
Toll Free Telephone Number:
8:00 A.M. to 9:30 P.M. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
31-1629166
Group Exemption Number:
3741

Dear Sir or Madam:

This is in response to your request for a letter affirming your organization's current exempt

In January 1940 we issued a determination letter that recognized your organization as exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on the information submitted, we recognized the subordinates named on the list your organization supplied as exempt from federal income tax under section 501(c)(3) of the Gode. Also, we classified those subordinates as organizations that are not private foundations because they are organizations of the type described in sections 509(a)(1) and 170(b)(1)(A)(i) of the Gode.

Donors may deduct contributions to your organization's subordinates as provided in section 170 of the Code. Bequests, legacies, devises, transfers or gifts to the subordinates or for their use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Your organization and its subordinates are not required to file federal income tax returns unless subject to the tax on unrelated business income under section 511 of the Code. If subject to this tax, the organization must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization or its subordinates' present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Unless specifically excepted, your organization and its subordinates are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid each employee during a calendar year. This does not apply, however, if your organization makes or has made a timely election under section 3121(w) of the Code to be exempt from such tax. Your organization and its subordinates are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Each year, at least 90 days before the end of your organization's annual accounting period please compile and forward the following information:

## Protestant Episcopal Church in the United States of America 31-1629166

- A statement describing any changes during the year in the purposes, character, or method of operation of your organization's subordinates:
- 2 A list showing the names, mailing addresses (including Postal ZIP Codes), actual addresses if different, and employer identification numbers of subordinates that:
  - a. Changed hames or addresses;
  - b. Were deleted from the roster, or
  - c. Were added to the loster.
- For those subordinates added, attach.
  - A statement that the information on which your organization's present group exemption letter is based applies to the new subordinates;
  - b. A statement that each has given your organization written authorization to add its name to the roster;
  - A list of those to which the Service previously issued exemption rulings of determination letters;
  - d. A statement that none of the subordinates is a private foundation as defined in section 509(a) of the Code if the group exemption letter covers organizations described in section 501(c)(3);
  - e. The street address of suborc'inates where the mailing address is a P.O. Box.
- If applicable, a statement that your organization's group exemption roster did not change since the previous report.

The above information should be sent to the following address:

Internal Revenue Service Center Attn: Entity Control Unit Ogden, UT 84409 Protestant Episcopal Church in the United States of America

If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection.

Your organization's Group Exemption Number is 3741.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely

John E. Ricketts, Director, TE/GE Customer Account Services



#### THE DOMESTIC AND FOREIGN MISSIONARY SOCIETY OF THE PROTESTANT EPISCOPAL CHURCH IN THE UNITED STATES OF AMERICA Pourced 1821 · Incomprated 1848

Phone 212-716-6077

212-867-0395

#### MEMORANDUM

May 15, 2001

Bishop, Treasurer & Chancellor TO:

Stephen C. Duggan FROM:

Treasurer

Episcopal Church Federal Group Tax Exemption for Dioceses, RE:

Parishes and Institutions

Enclosed is a letter from the IRS dated May 10, 2001 re-affirming the federal group tax exemption that the Episcopal Church has held for itself and covered dioceses, parishes and other qualified institutions since 1940. Please note that because your diocese elected to be covered by the National Church's group exemption, it may use the Church's Group Exemption No. 3741 for all appropriate purposes and need not seek separate exemptions for itself or any of its covered congregations or institutions.

In order to make appropriate annual filings with the IRS, we need to have from each diocese by September 30, 2001, an updated list of the congregations and institutions that should be covered by the group exemption for the following year. Please use the pages in the 2001 Episcopal Church Annual for this purpose, merely by making appropriate deletions by hand and by listing additions or corrections on a separate sheet.

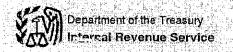
· If you have any questions about this exemption, please call or write me here in New York or David Beers, Chancellor to the Presiding Bishop, in Washington DC.

Faithfully

Stephen C. Duggan

Treasurer

SCD:shh



FRESNO, CA 93888

In reply refer to: 8916623593 June 16, 1998 LTR 147C 95-3349988 000000 00 000 06579

PRINCE OF PEACE EPISCOPAL CHURCH % RECTOR WARDENS & VESTRYMEN 5700 RUDNICK AVE WOODLAND HILLS CA 91367-6238008

Employer Identification Number: 95-3349988 IRS Control Number:

Dear Taxpayer:

Your employer identification number (EIN) is 95-3349988. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence or documents.

If you have any questions about this letter, please write to us at the address shown at the top of the first page of this letter. If you prefer, you may call the IRS telephone number listed in your local directory. An employee there may be able to help you, but the office at the address shown on this letter is most familiar with your case.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( )

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,

te M. Ilashington

E. M. WASHINGTON CHIEF, TAXPAYER RELATIONS BRANCH

Enclosure(s): Copy of this letter

Office of the City Clerk				The second secon			<b>1</b>	
Administrative Services Division	o arriva	1/	II					
Neighborhood Council (NC) Funding	g Program	Hucey	1/ Jus				TOTAL STATE	
Board Action Certification Form  NC Name: Tarzana Meeting Date: 11-10-2020								
NC Name: Farzaria Budget Fiscal Year: 2020-2021	on the state of th		Agenda Item N		<u> </u>			
Board Motion and/or Public	Resolved: The TNC Board	l approves the re	Manual Landson Company	Carlo	ood Pantry for an	NPG in the amoi	nt of \$5000.00.	
Benefit Statement (CIP and NPG):	The NPG is for the purcha	se of food during	g the November a	nd December holi	day seasons. Fun	ids to come from	Unaflocated.	
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David Garfinkle	Board Member	٨		Napanina William				
Pam Blattner	Board Member	γ						
Harvey Goldberg	Treasurer	, K						
Eran R. Heissler	1st VP	(					,	
Devon Cromwell	Board Member	X				and the second s		
Joyce Greene	Board Member	X						
Kenneth Schwartz	Board Member	L	4			armonia de d		
Susan Rogen	Board Member						A STATE OF THE STA	
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We, the Treasurer and the Second Signer 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.								
Treasurer's Signature	Second Signer's Signature							
Print/Type Name: Harvey	Print/Type Name: Leonard J Shaffer							
Date: //	Date: 11-10-22							

TUC NPG WYFOOD PANTRY 11-1000 BAC.