

Monthly Expenditure Report



Reporting Month: November 2020

Budget Fiscal Year: 2020-2021

NC Name: Tarzana Neighborhood Council

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

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$40377.99	\$237.64	\$36319.95	\$0.00	\$36319.95
Outreach		\$190.00		\$0.00	
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 Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$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 Fsl 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:						\$5427.64

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

Net Atlantic, Inc.
10 Federal St., Suite 26
Salem, MA 01970
978-219-1920

INVOICE



Page 1 of 1

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

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

<u>Description</u>	<u>Amount (\$)</u>
Pro Bandwidth Usage Max: 0.031 GB Service Name: 'tarzana-neighborhood-council'	0.00
Pro Anno List Max: 2195 Members Service Name: 'tarzana-neighborhood-council'	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

TNC Net Atlantic 11-1-2020

The Web Corner, Inc.

19509 Ventura Blvd.

Tarzana, CA 91356

Invoice

Date	Invoice #
11/1/2020	21162

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

PAID
11/06/2020

P.O. No.	Terms	Project
	Due on Receipt	

Quantity	Description	Rate	Amount
1	Monthly Maintenance: includes up to 1.5 hours for; phone support, web development, requests, & website adjustments	150.00	150.00
0	Monthly Hosting for tarzananc.org	15.00	0.00
0	Email Archiving:	3.00	0.00
	1 Accounts l.shaffer@tarzananc.org (included in maintenance)		

Please remit payment at your earliest convenience.

Thank you for your business!

Total

\$150.00



AppleOne

AppleOne Employment
P.O. Box 29048

Glendale CA 91209-9048

Tel: 818-240-8688

Email:

TIN 95-2580864

City of LA - DONE -TARZANA NC

Accounts Payable

Los Angeles, CA 90012

Invoice

Customer 00950101

Site No: 0048

Period 10/10/2020

Invoice No: S8434348

Amount Due: \$204.80

Payment UPON RECEIPT

Contract #	Requestor	Location	Name	Weekend	Invoice Date	Reg Hrs	Reg Rate	OT Hrs	OT Rate	Misc Hrs	Misc Rate	Amount
C-132956	Shaffer, Len	Tarzana Nc	Kramer, Patricia	10/10/2020	10/14/2020	8.00	\$25.60	0.00	\$0.00	0.00	\$0.00	\$204.80
Sub Total For						8.00	0.00	0.00	0.00	0.00		\$204.80
Grand Total Invoice Amount						8.00	0.00	0.00	0.00	0.00		\$204.80

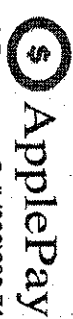
Please remit payment to:

Appleone Employment Services

P.O. Box 29048

Glendale, CA 91209-9048

You can now pay electronically through



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

*Sept 2020
board mtg minutes*

TNE AppleOne S8434348



AppleOne
AppleOne Employment Services

City of Los Angeles

Invoice: S8434348 Line: 1 178017 XJ86961720

Web TimeCard

Client Name: City of LA - DONE- TARZANA NC (009501010048) Imaged on 10/12/2020
Employee Name: Kramer, Patricia
Serial Number: XJ86961720 Week Ending: 10/10/2020

Day	Date	IN	OUT	Lunch	Total	Reg	Over	Double
-----	------	----	-----	-------	-------	-----	------	--------

Sat	10/10/2020	8:00 AM	5:00 PM	1:00	8:00	8:00	0:00	0:00
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SubTotals 08:00 08:00 00:00 00:00

Submitted By: Patricia Kramer|patkramerwrites@aol.com on 10/11/2020
Preapproved By: Alma Martinez (AE) on 10/12/2020
Approved By: <not available> on <not available>
Processed By: ajmartinez on 10/12/2020

*Approved by 11/4/2020
ajmartinez*



*** PACKING LIST ***

OFFICE DEPOT OFFICE MAX
1-800-GO-DEPOT
3366 EAST WILLOW STREET
SIGNAL HILL, CA 90755

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

Billing Address
HARVEY GOLDBERG
200 N SPRING ST STE 224
LOS ANGELES, CA 90012-3238

Order Number
139986386-001

Customer Information
Customer #: 45919857
Contact: HARVEY GOLDBERG
Phone #: 818-343-8270



1399863860016

Order Date: 11/24/2020

Additional Information--
Carton: 1 of 1

Qty	Units	Item Number	Description
1		196517	PAPER,X-9,8.5"X11",20LB,10CA

OFFICE SUPPLIES

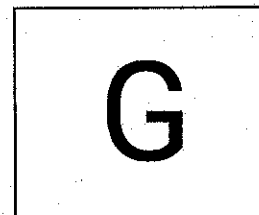
In-Store Pick Up

Order#: 139986386-001
Customer: TARZANA NEIGHBORHOOD
COUNCIL, HARVEY GOLDBERG

Pickup Customer:

Additional

Customer Data:



PAID

Order Time: 11/24/2020 01:30 PM

Status: Ready for Pickup

Pickup Time: 11/24/2020 01:38 PM

Return to Stock: 11/30/2020

Package #: 1 of 1

Order Number:



1399863860016

Hold Location: OMNI STATION

TNC OFFICE DEPOT 11-24-2020



Harvey Goldberg <goldberg.harvey@gmail.com>

Order Confirmation #139986386-001

1 message

OfficeDepotOrders@officedepot.com <OfficeDepotOrders@officedepot.com>

Tue, Nov 24, 2020 at 1:30 PM

Reply-To: OfficeDepotOrders@officedepot.com

To: HARVEYGOLDBERG@sbcglobal.net

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.
OfficeMax®****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****\$29.99****Quantity Ordered: 1****Item # 196517****Order Summary****Order Number**

139986386-001

Delivery Method

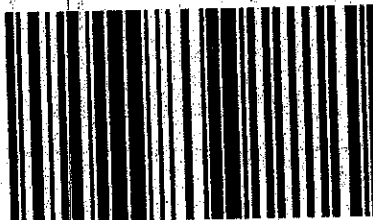
In Store Pick-up

Order Date

11/24/2020

Status

In Process



139986386001

Payment Summary

Subtotal	\$29.99
Tax	\$2.85
Delivery Fee	\$0.00
Misc.	0.00
Total	\$32.84

MasterCard, last 4 digits: 5734

Questions? We're here to help.**Call 800.GO.DEPOT (1-800) 463-3768 Text (1-904) 853-3768****Visit Our Help Center**

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20% off one qualifying regular priced item.
Exclusions apply. Online only. Sign Up

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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.

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

SECTION I - APPLICANT INFORMATION

- 1a) POP/West Valley Food Pantry 95-3349988 California 01/23/85
Organization Name *Federal I.D. # (EIN#)* *State of Incorporation* *Date of 501(c)(3) Status (if applicable)*
- 1b) 5700 Rudnick Ave Woodland Hills CA 91367
Organization Mailing Address *City* *State* *Zip Code*
- 1c) _____ _____ _____ _____
Business Address (if different) *City* *State* *Zip Code*
- 1d) **PRIMARY CONTACT INFORMATION:**
Debbie Decker 818-346-6955 ExecDirector@westvalleyfoodpantry.org
Name *Phone* *Email*
- 2) **Type of Organization- Please select one:**
☐ Public School (not to include private schools) ☒ 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.

The West Valley Food Pantry is a local non-profit coalition of churches and temples that banded together over 35 years ago to feeding the hungry in our community. It serves the west San Fernando Valley and has over 200 volunteers that purchase, pick up, take delivery of food stuffs, and also serve the clients daily. Our efforts are made possible by contributions of both food and money received from the local community and our coalition members. Because of COVID- 19, the Pantry currently feeds approximately 13,000 people a month due to the unprecedented need. Unfortunately, those numbers are increasing dramatically each week.

- 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)

The Neighborhood Council's additional funding will go directly toward purchasing food to feed the clients during the November and December holiday season. Though we can't supply 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, gavy mix and pie filling and mix. This will help brighten a hurting 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
		\$	\$
		\$	\$
		\$	\$

6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	Food purchased from local grocery stores	\$5000.00	\$5,000.00
		\$	\$
		\$	\$

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

☒ No ☐ Yes

If Yes, please list names of NCs: _____

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: \$ _____

10a) Start date: 11/19/20 10b) Date Funds Required: 11/20/20 10c) Expected Completion Date: 12/31/20
 (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

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*

Debbie Decker

Exec. Director

PRINT Name

Title

Signature

10/22/20

Date

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

Ann Gillinger

Secretary

PRINT Name

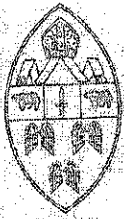
Title

Signature

10/22/20

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



The Episcopal Diocese
of Los Angeles

LINKING CONGREGATIONS
AND INSTITUTIONS IN
LOS ANGELES, ORANGE,
RIVERSIDE, SAN BERNARDINO,
SANTA BARBARA AND
VENTURA COUNTIES

THE CATHEDRAL CENTER
OF ST. PAUL

840 ECHO PARK AVENUE
LOS ANGELES,
CALIFORNIA
90026

(213) 482-2040

FACSIMILE
(213) 482-5304

MAIL
POST OFFICE BOX 512164
LOS ANGELES,
CALIFORNIA
90051

December 12, 2003

To Whom It May Concern:

Prince of Peace Church, as a parish of the Episcopal Church in the Diocese 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

TJF/jlg

Internal Revenue Service

Department of the Treasury

P.O. Box 2508
Cincinnati, OH 45201

Date: May 10, 2001

Protestant Episcopal Church in the
United States of America
815 2nd Avenue
New York, NY 10017-4503

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 status.

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 Code. 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 Code.

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

1. 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 names or addresses;
 - b. Were deleted from the roster; or
 - c. Were added to the roster.
3. For those subordinates added, attach:
 - a. 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;
 - c. A list of those to which the Service previously issued exemption rulings or 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 subordinates where the mailing address is a P.O. Box.
4. 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
31-1629166

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,

A handwritten signature in dark ink, appearing to read "John E. Ricketts". The signature is fluid and cursive, with the first name "John" being the most prominent.

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
Founded 1821 • Incorporated 1848

Phone:
212-716-6077

Fax:
212-867-0395

MEMORANDUM

May 15, 2001

TO: Bishop, Treasurer & Chancellor

FROM: Stephen C. Duggan
Treasurer

RE: Episcopal Church Federal Group Tax Exemption for Dioceses,
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

EPISCOPAL CHURCH CENTER

215 SECOND AVENUE • NEW YORK, NEW YORK 10017-4594 • 212-867-8400 • 1-800-334-7626



Department of the Treasury
Internal Revenue Service

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 91367-6238005

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 () _____ Hours _____

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

Sincerely yours,

E. M. Washington

E. M. WASHINGTON
CHIEF, TAXPAYER RELATIONS BRANCH

Enclosure(s):
Copy of this letter

TUC NPG WV FOOD PANTRY 11-2020 BAC.