Monthly Expenditure Report

Reporting Month: June 2024 **Budget Fiscal Year: 2023-2024**

NC Name: Empowerment Congress Southwest

Monthly Cash Reconciliation					
Beginning Balance	**Total Spent**	**Remaining Balance**	**Outstanding**	**Commitments**	**Net Available**
$32380.16	$10316.00	$22064.16	$0.00	$0.00	$22064.16

Monthly Cash Flow Analysis					
Budget Category	**Adopted Budget**	**Total Spent this Month**	**Unspent Budget Balance**	**Outstanding**	**Net Available**
Office	$9700.00	$316.00	$2509.38	$0.00	$2509.38
Outreach		$0.00		$0.00	
Elections		$0.00		$0.00	
Community Improvement Project	$4800.00	$0.00	$4800.00	$0.00	$4800.00
Neighborhood Purpose Grants	$2500.00	$10000.00	$-7500.00	$0.00	$-7500.00
Funding Requests Under Review: $0.00		Encumbrances: $0.00		Previous Expenditures: $6874.62	

Expenditures						
#	**Vendor**	**Date**	**Description**	**Budget Category**	**Sub-category**	**Total**
1	EIG CONSTANTCONTACT.CO	06/01/2024	For Payment of recurring Constant Contact bill. June 2024 Invoice	General Operations Expenditure	Office	$52.00
2	PUBLIC STORAGE 23601	06/03/2024	4 Payment of recurring Public Storage bill. June2024 Invoice	General Operations Expenditure	Office	$264.00
3	New Direction Community Programs	06/04/2024	ECSWANDC Approve 2024 NPG application up to $5000.00 from: KRST Unity Center	Neighborhood Purpose Grants		$5000.00
4	Rich Mgmt/What's Good Dev.	06/05/2024	ECSWANDC Approve 2024 NPG application up to $5000.00 from: What's Good Neighborhood Development	Neighborhood Purpose Grants		$5000.00
	Subtotal:					**$10316.00**

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

Payment Receipt for June 1, 2024

Thank you for your recent payment. Your payment receipt is found below.

Attention: Tunisia Johnson
ECSWANDC
8475 S. Vermont Ave. #207
Los Angeles, CA 90044
US
3108070403

User Name: ecswandc
Today's Date: June 1, 2024

Payment Date: June 1, 2024
Payment Method: MC (last 4 digits: 5269)
Amount: $52.00

Thank you for your payment!

Amounts shown may reflect sales tax which is applicable in certain areas.

You can view payment receipts at any time in the Billing tab of your account.

Important Notice: To help maintain Constant Contact's strong sending reputation, we have implemented a monthly email send allowance and overage fee if the allowance is exceeded. This charge will be reflected on your next invoice, if you exceed the allowance. While most of our customers won't be impacted, click here to learn more.

We appreciate your business.
Best Regards,
Constant Contact Billing
1601 Trapelo Road, Suite 329 - Waltham, MA 02451

Questions? Please give us a call!
US / Canada Toll Free: (855) 229-5506
UK Toll Free: 0808-234-0942
Outside US / Canada: 0808-234-0945

Need to cancel your account? Just give us a call!
US / Canada Toll Free: 855-229-5506
UK Toll Free: 0808-234-0945
Outside US / Canada: +1 781-472-8120

Please do not reply to this email, as the reply address does not go to a monitored mailbox. If you have additional questions, please visit our Help Center at https://www.constantcontact.com/help.

Office of the City Clerk – Administrative Services Division
Neighborhood Council Funding Program
Proxy Authorization Form

For Empowerment Congress Southwest Area Neighborhood Dev Council Neighborhood Council

Date: February 6, 2024

Motion/Action:
Discussion and possible motion to approve the ECSWANDC 2023 - 2024 Fiscal Year Administrative Packet.

If the proxy authorization is for a payment request, please complete the following:

Vendor Name	Invoice Number	Date of Invoice	Amount
Total			

Reason for Proxy Authorization:
ECSWANDC placed into EE on October 5, 2023.

Department Authorizing Payment:

☐ Office of the City Clerk

☑ Department of Neighborhood Empowerment

Staff Name: Mario Hernandez
Title: Project Coordinator
Signature: _____ Date: Feb 6, 2024

Authorization: Atziri Camarena
Title: Director of Civic Leadership
Signature: _____ Date: Feb 6, 2024

Thanks for your AutoPay payment!

Hi Lonella,

We’re confirming that a payment in the amount of $264.00 was made on 06/02/2024 from your Master Card CreditCard account ending in 5269 and entry type is manual.

Your confirmation number for this transaction is 085493.

Your Account Details

Log In

LONELLA ENIX

ACCOUNT NUMBER:	54144069
PHONE:	(310) 807-0403
EMAIL:	tunisiajohnson@gmail.com

Payment Details

STORAGE LOCATION: 1546 W El Segundo
Gardena, CA 90249
(424) 229-9410

SPACE NUMBER: B202

SPACE SIZE: 5x10

PAYMENT AMOUNT: $264.00

	PAST DUE/DUE NOW	DUE NEXT 07/01/2024
RENT	$0.00	$264.00
TOTAL	**$0.00**	**$264.00**

Glad to have you with us,
Your Public Storage Team

Public Storage

CONNECT:

BLOG

Please do not reply to this email; it will not get through. If you'd like to reach us please contact your location manager or visit PublicStorage.com or at Public Storage P.O. Box 25050 Glendale, CA 91221-5050. Thanks!

The information contained in this email message is confidential and intended only for the recipient to which it was addressed.

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Office of the City Clerk – Administrative Services Division
Neighborhood Council Funding Program
Proxy Authorization Form

For Empowerment Congress Southwest Area Neighborhood Dev Council Neighborhood Council

Date: February 6, 2024

Motion/Action:
Discussion and possible motion to approve the ECSWANDC 2023 - 2024 Fiscal Year Administrative Packet.

If the proxy authorization is for a payment request, please complete the following:

Vendor Name	Invoice Number	Date of Invoice	Amount
Total			

Reason for Proxy Authorization:
ECSWANDC placed into EE on October 5, 2023.

Department Authorizing Payment:

☐ Office of the City Clerk

☑ Department of Neighborhood Empowerment

Staff Name: Mario Hernandez
Title: Project Coordinator
Signature: _____ Date: Feb 6, 2024

Authorization: Atziri Camarena
Title: Director of Civic Leadership
Signature: _____ Date: Feb 6, 2024

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: ECSWANDC

SECTION I- APPLICANT INFORMATION

1a)	New Direction Community Programs	95-4443705	CA	1995
	Organization Name	*Federal I.D. # (EIN#)*	*State of Incorporation*	*Date of 501(c)(3) Status (if applicable)*

1b)	8124 S. Western Ave	Los Angeles	CA	90047
	Organization Mailing Address	*City*	*State*	*Zip Code*

1c)				
	Business Address (If different)	*City*	*State*	*Zip Code*

1d) ***PRIMARY CONTACT INFORMATION:***

Pastor Richard Adrian	323.291.0035	pastor_adrian@ndcp.org
Name	*Phone*	*Email*

2) **Type of Organization- Please select one:**

☐ Public School *(not to include private schools)* **Attach Signed letter on School Letterhead**

or

☑ 501(c)(3) Non-Profit *(other than religious institutions)* **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 purpose and intent of the grant is to enhance the operation and effectiveness of our Compassion Access Center (CAC) in providing social service assistance to the homeless and food insecure populations year-round.

Our CAC currently operates every Wednesday from 10 am - 2 pm conducting compassionate outreach to homeless encampments and transportation back to the center, where we conduct intake assessments using LAHSA's Coordinated Entry System (CES) and Homeless Management Information System (HMIS). After which, we provide case management to develop individual housing plans and make mainstream social service referrals, which we status progress weekly. Our CAC also provides compassionate services for all client populations such as continential breakfast, lunch, showers with change of clothes, toiletry bags and blankets.

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 grant will be used to serve and benefit the homeless and food insecure populations by providing i) case management services to the homeless to transition them from the streets to shelters, interim or permanent housing, and ii) by providing the compassionate services mentioned above that will generate hope in their hearts to not give up, because there are people who care and are willing to help them overcome their needs.

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
Case Manager	$2,500	$2,500
Intake Worker	$1,500	$2,000
Compassion Server	$1,000	$2,000

6b)

Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Food & Supplies	$0	$5,000
	$	$
Utilities	$0	$2,000

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?
☑ No ☐ Yes If Yes, please list names of NCs: _____

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: $5,000.00

10a) Start date: 05/01/24 **10b) Date Funds Required:** 07/01/24 **10c) Expected Completion Date:** 12/31/24
(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*

Pastor Richard Adrian	Executive DIrector	Richard Adrian	5/10/24
PRINT Name	*Title*	*Signature*	*Date*

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

Deborah Bell-Holt	Secretary	Deborah E Bell-Holt	5/10/24
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**

Internal Revenue Service

Date: October 24, 2003

New Direction Community Programs
1213 W 47th St
Los Angeles, CA 90037-2833

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Richard E. Owens 31-07974
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 6:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
95-4443705

Dear Sir or Madam:

This is in response to your request of October 24, 2003 regarding your organization's tax-exempt status.

In September 1996 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Based on information subsequently submitted, we classified your organization as a private foundation within the meaning of section 509(a) of the Code. In that letter we did not determine whether the organization was an operating foundation as defined in section 4942(j)(3) of the code.

If your organization's purposes, character, method of operations, or sources of support have changed, please let us know so we can consider the effect of the change on the organization's exemption and foundation status.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to the organization or for its 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 is required to file Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as a Private Foundation. Form 990-PF must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. A penalty of $20 a day is charged when a return is filed late, unless there is a reasonable cause for the delay. However, the maximum penalty charged cannot exceed $10,000 or 5 percent of the organization's gross receipts for the year; whichever is less. This penalty may also be charged if a return is not complete, so please be sure the return is complete before filing it.

Your organization is 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. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA). However, since your organization is a private foundation, it is subject to excise tax under Chapter 42 of the Code. Your organization may also be subject to other federal excise taxes.

New Direction Community Programs
95-4443705

Your organization is not required to file federal income tax returns unless it is 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 present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Section 6104 of the Internal Revenue Code requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. The law also requires organizations that received recognition of exemption on July 15, 1987, or later, 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. Organizations that received recognition of exemption before July 15, 1987, and had a copy of their exemption application on July 15, 1987, are also 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. For additional information on disclosure requirements, please refer to Internal Revenue Bulletin 1999 - 17.

As this letter could help resolve any questions about your organization's exemption and foundation status, you should keep it with the organization's permanent records.

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

This letter affirms your organization's exemption status.

Sincerely,

John E. Ricketts

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

Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification (BAC) Form

NC Name:	**Meeting Date:**
Budget Fiscal Year:	**Agenda Item No:**
Board Motion and/or Public Benefit Statement (CIP and NPG):	
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
Board Quorum:	**Total:**						

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: Tunisia Johnson	Authorized Signature: Marcello Robinson
Print/Type Name:	Print/Type Name:
Date:	Date:

City of Los Angeles
Office of the City Clerk
Neighborhood Council Funding Program

Neighborhood Purposes Grants

Neighborhood Purposes Grants (NPGs) provide NCs opportunities to develop partnerships with local 501(c)(3) nonprofits and public schools to build community and enhance neighborhoods in the City of Los Angeles. Projects and activities supported by NPGs vary widely and can include, but are not limited to:

- The Arts
- Beautification
- Community Support
- Education
- Community Improvements

NPG-funded projects and activities must be for a ***public benefit*** and purpose, **open**, ***accessible***, and ***free of charge*** to stakeholders.

Grants approved by NCs exceeding $5,000 involve further review and possible City contract by the Office of the City Clerk.

Visit the NC Funding Program website page on NPGs (click here) to find out more details about how 501(c)(3) nonprofits and public schools serving NC areas can apply. There are two NPG Information Packets; One for prospective applicants to help guide them in the application process, and one for NC board members outlining considerations and factors to keep in mind while evaluating NPG requests.

A "Project Completion Report" template is also provided to help ensure accountability in the use of Grant funds and help demonstrate how NCs and their partners are supporting L.A. communities and stakeholders. NCs and NPG recipients are strongly encouraged to work together to complete and submit the Report at the conclusion of the project.

Any questions you may have with the NPG process, please contact us at the NC Funding Program:

- Clerk.NCFunding@lacity.org
- (213) 978-1058

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: Empowerment Congress Southwest

SECTION I- APPLICANT INFORMATION

1a)

Organization Name	Federal I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicable)
Rich Management/What's Good Neighborhood Development	93-4421649	California	03/04/2017

1b)

Organization Mailing Address	City	State	Zip Code
8501 S Vermont Ave	Los Angeles	CA	90019

1c)

Business Address (If different)	City	State	Zip Code

1d) ***PRIMARY CONTACT INFORMATION:***

Name	Phone	Email
Don Fields	(310)567-7508	df@richrnb.com

2) Type of Organization- Please select one:

☐ Public School *(not to include private schools)* **Attach Signed letter on School Letterhead**

or

☑ 501(c)(3) Non-Profit *(other than religious institutions)* **Attach IRS Determination Letter**

3)

Name / Address of Affiliated Organization (if applicable)	City	State	Zip Code
Gold Baseball and Softball Academy 16916 S Orchard Ave, Gardena CA 90247			

SECTION II - PROJECT DESCRIPTION

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

The purpose of the Neighborhood Purpose Grant is to support What's Good Development in its initiative to establish a Non-Profit Marketplace at 8501 in South Central Los Angeles. This grant aims to subsidize the costs associated with providing the community access to farm-fresh produce at below-market prices in a space designed for communal use. The intent is to foster a nurturing environment where residents not only benefit from affordable healthy food options but also gain valuable knowledge through free seminars on financial literacy, the path to entrepreneurship, people development, and technological design. This approach is designed to enrich the community's overall experience and promote sustainable economic growth and job creation within Vermont Knolls.

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 grant will be used in the following ways:

1. Support of our Monthly Feed the Community Days where we provide hot meals to the community and activities to the community. These events are designed to engage the community by providing meals and entertainment at marginal cost. (Juneteenth Community Day, Labor of Love (Labor Day Cookout)
2. The Entrepreneurial Incubator Program allows aspiring restaurateurs & caterers to use our event and market space to host pop up events and sell products on a consignment basis.
3. The Youth Mentorship and Internship Program engages the youth in athletic, academic, philanthropic, and technical development. The program is geared to help youth achieve success through structured programming. We sponsor youth teams and organizations to help them reach organizational goals. (Summer of Learning - Youth Skills Development Program)

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
Special Event Hourly Employee Support	$ 0	$ 5,000
Event Securtiy	$ 0	$ 2,000
	$	$

6b)

Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Junetennth Community Event - Food, Produce, and Meal Programs	$ 2,000	$ 20,000
Labor of Love - Labor Day Community Event	$ 2,000	$ 20,000
Summer of Learning - Youth Skills Development Program	$ 1,000	$ 10,000

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

☑ **No** ☐ **Yes** **If Yes, please list names of NCs:** _____

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: **$** 5000

10a) Start date: 06 / 01 / 2024 **10b) Date Funds Required:** 07 / 04 / 2024 **10c) Expected Completion Date:** 09 / 04 / 2024

(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*

Don Fields	CEO	Don Fields	5/13/2024
PRINT Name	***Title***	***Signature***	***Date***

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

Mya'h Fields	Secretary		05/13/2024
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**

Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

RICH MANAGEMENT
C/O WHATS GOOD NEIGHBORHOOD
16916 SOUTH ORCHARD AVENUE
GARDENA, CA 90247

Date:
03/04/2024
Employer ID number:
93-4421649
Person to contact:
Name: Customer Service
ID number: 31954
Telephone: 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:
November 15, 2023
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053460017794

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.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification (BAC) Form

NC Name:	**Meeting Date:**
Budget Fiscal Year:	**Agenda Item No:**
Board Motion and/or Public Benefit Statement (CIP and NPG):	
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
Board Quorum:	**Total:**						

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: Tunisia Johnson	Authorized Signature: Marcello Robinson
Print/Type Name:	Print/Type Name:
Date:	Date: