

Monthly Expenditure Report



Reporting Month: October 2023

Budget Fiscal Year: 2023-2024

NC Name: Arleta Neighborhood Council

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$41311.61	\$6787.57	\$34524.04	\$9000.00	\$0.00	\$25524.04

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$32000.00	\$1375.35	\$28290.25	\$0.00	\$28290.25
Outreach		\$412.22		\$0.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Neighborhood Purpose Grants	\$0.00	\$5000.00	\$-5000.00	\$9000.00	\$-14000.00
Funding Requests Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$1922.18	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	GOOGLE GSUITE_ARLETAN	10/01/2023	Google Invoice Sep 2023: Invoice 9/30/2023 and payment 10/01/2023	General Operations Expenditure	Office	\$79.20
2	PY ARLETA SELF STORAG	10/04/2023	To pay for monthly office and storage space October 2023	General Operations Expenditure	Office	\$510.00
3	LOWES #01873	10/12/2023	OFFICE: Storage space keys for gate and access	General Operations Expenditure	Office	\$37.99
4	TOMMY'S #2	10/17/2023	Food for general board meeting October 17, 2023. Tommy's Hamburgers \$298.16.	General Operations Expenditure	Office	\$298.16
5	SMART AND FINAL 460	10/23/2023	Arleta NC Outreach at Halloween event at Branford Recreation Center. October 28, 2023. Snacks and water.	General Operations Expenditure	Outreach	\$412.22
6	Warriors Road	10/04/2023	NPG approved 22-23. Vendor did not receive the payment.	Neighborhood Purpose Grants		\$5000.00
7	AARON DEVANDRY/CONCEPT TO WEB	10/04/2023	Past due invoices to Aaron Devandry/Concept to Web for services rendered to ANC.	General Operations Expenditure	Office	\$450.00
Subtotal:						\$6787.57

Outstanding Expenditures

#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	LAPD Mission Community Police Council	10/20/2023	LAPD Mission station Car Show to benefit toy drive. Arleta NC will have an outreach table at event. December 02, 2023	Neighborhood Purpose Grants		\$3000.00
2	LAPD Mission Community Police Council	10/20/2023	LAPD Foot Pursuit October 29, 2023. Arleta NC will have an outreach table.	Neighborhood Purpose Grants		\$5000.00
3	LAPD Mission Community Police Council	10/25/2023	LAPD Mission Division: December 9, 2023, Toy giveaway, Miracle in Mission.	Neighborhood Purpose Grants		\$1000.00
	Subtotal: Outstanding					\$9000.00



Invoice

Invoice number: 4817807971

Google LLC

1600 Amphitheatre Pkwy

Mountain View, CA 94043

United States

Federal Tax ID: 77-0493581

Bill to

Loyce Lacson

Arleta Neighborhood Council

9300 Laurel Canyon

Arleta, CA 91331

United States

Details

Invoice number4817807971

Invoice dateSep 30, 2023

Billing ID9235-8536-1237

Domain namearletanc.org

Google Workspace

Total in USD **\$79.20**

Summary for Sep 1, 2023 - Sep 30, 2023

Subtotal in USD \$79.20

Tax (0%) \$0.00

Total in USD \$79.20

You will be automatically charged for any amount due.

Subscription	Description	Interval	Quantity	Amount(\$)
Google Workspace Business Starter	Usage	Sep 1 - Sep 30	11	79.20
Subtotal in USD				\$79.20
Tax (0%)				\$0.00
Total in USD				\$79.20

Need help understanding the charges on your invoice? [Click here for detailed explanations](#)
<https://support.google.com/a?p=gsuite-bills-and-charges>



Payment Receipt

Google LLC
1600 Amphitheatre Pkwy
Mountain View, CA 94043
United States

Payment date Oct 1, 2023
Billing ID 9235-8536-1237
Payment method Mastercard •••• 2639
Payment number A26130338982112784

Tax identification number
77-0493581

Arleta Neighborhood Council
Loyce Lacson
9300 Laurel Canyon
Arleta, CA 91331
United States

Description	
Payment amount	\$79.20



Jesse Ramos <jramos@arletanc.org>

Arleta SS

2 messages

Arleta Self Storage <arletaselfstorage@gmail.com>
To: jramos@arletanc.org

Wed, Oct 4, 2023 at 12:44 PM

Arleta Self Storage
8918 Woodman Ave
Arleta, CA 91331
818-830-3811 Payment Receipt

	Date	Date Printed	October 04, 2023
Arleta Neighborhood Council/LA City	Payment Date	October 04, 2023 11:47 AM	
c/o: Brian A Patton Unit	08		
9225 Petit Ave. Available Credit	0.00		
Norridge CA 91343 Current Balance	0.00		
Paid Thru	October 31, 2023		
Receipt Number	116474		
By	JG		

Date	Unit	Description	Charge	Discount	Tax	Total	Payment Method
10/01/23	08	Rent 10/1-10/31	510.00		0.00	0.00	510.00 510.00 Master Card
		Taxes	0.00				
		Payment (less tax)	510.00				
		Payment Subtotal	510.00				
		Credits Applied	0.00				
		Refunds Applied	0.00				
		Total Applied to Account	510.00				
		Current Account Balance	0.00				
		Paid By Master Card	*****2639				
		Paid Thru Date	October 31, 2023				
		Customer Due Date	Day 1 of Each Month				

Transaction Type Sale

Authorization 050840
Reference p1_txn_651db33f46e8342f102dbeb

I agree to pay the above amount according to the card issuer statement.

x _____

And remember: Referrals pay off! You can get 10% or \$25 off (whichever is less) your next month's rent for referring a new customer! There is no limit to the amount of rewards you receive!

Jesse Ramos <jramos@arletanc.org>

Wed, Oct 4, 2023 at 2:27 PM

To: Raymond Duran <rduran@arletanc.org>

RECEIPT

[Quoted text hidden]

OFFICE



LOWE'S HOME CENTERS, LLC
19601 NORDHOFF ST
NORTHridge, CA 91324 (818) 477-9022

- SALE -

SALES#: FSTLAN02 4942437 TRANS#: 598843674 10-12-23

71888 HM #68 SCHLAGE BRASS KEY	11.94
3 @ 3.98	
202201 HM 1-IN METAL SPLIT KEY R	4.36
2 @ 2.18	
33281 HM #95 SCHLAGE 6-PIN BRAS	11.94
3 @ 3.98	
33291 HM PLASTIC KEY ID TAGS MU	6.36
2 @ 3.18	
907176 CHECKOUT BAG FEE	0.10

SUBTOTAL:	34.70
TOTAL TAX:	3.29
INVOICE 96142 TOTAL:	37.99
M/C:	37.99

MC: XXXXXXXXXXXX2639 AMOUNT: 37.99 AUTHCD: 096609
CHIP REFID:187326142938 10/12/23 18:18:46
CUSTOMER CODE: ARLETA NC
TUR : 0400008000
TSI : E800 AID : A0000000041010

STORE: 1873 TERMINAL: 26 10/12/23 18:19:35
OF ITEMS PURCHASED: 11
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LOWE'S.
FOR DETAILS ON OUR RETURN POLICY, VISIT
LOWES.COM/RETURNS
A WRITTEN COPY OF THE RETURN POLICY IS AVAILABLE
AT OUR CUSTOMER SERVICE DESK

LOWEST PRICE GUARANTEE
FOR MORE DETAILS, VISIT LOWES.COM/LOWESTPRICEGUARANTEE

* SHARE YOUR FEEDBACK! *

* ENTER FOR A CHANCE TO BE *

* ONE OF FIVE \$500 WINNERS DRAWN MONTHLY! *

* ENTRE EN EL SORTEO MENSUAL *

* PARA SER UNO DE LOS CINCO GANADORES DE \$500! *

* ENTER BY COMPLETING A SHORT SURVEY *

* WITHIN ONE WEEK AT: www.lowes.com/survey *

* Y O U R I D #961421 187322 859223 *

* NO PURCHASE NECESSARY TO ENTER OR WIN. *

* VOID WHERE PROHIBITED. MUST BE 18 OR OLDER TO ENTER. *

* OFFICIAL RULES & WINNERS AT: www.lowes.com/survey *

STORE: 1873 TERMINAL: 26 10/12/23 18:19:35

FOOD FOR IN-PERSON

BOARD MEETING 10/17/2023

WORLD FAMOUS HAMBURGERS
THANK YOU...COME AGAIN

ORDER 30

TAKE OUT

24	CHSBURGER	120.00
10	CHILI DOG	57.50
	10 Plain	
24	FRIES	94.80
SUBTOTAL		272.30
TAX		25.86
TOTAL		298.16
Credit/Debit		298.16
CHANGE		0.00

Rate Your Visit: originaltommys.com/feedback
For Comments Call
(618)893-1715

Tue Oct 17 2023 05:27 PM T-00L 1-2 C-170

ORIGINAL TOMMY'S 807

TOMMY'S #2

15745 ROSCOE BLVD
NORTH HILLS, CA 91343
8188931715

[WWW.ORIGINALTOMMYS.COM](https://www.originaltommys.com)

Cashier: Silvia

Transaction 709519

Total	\$298.16
CREDIT CARD SALE	\$298.16
MASTERCARD 2639	

Retain this copy for statement
validation

17-Oct-2023 5:28:37P
\$298.16 | Method: CONTACTLESS
MASTERCARD
XXXXXXXXXXXX2639
Reference ID: 329100564057
Auth ID: 070147
MID: *****1886
AID: A0000000041010
AthNtwkNm: MASTERCARD

Payment C3YCZ0SGNT0QP

Clover Privacy Policy
<https://clover.com/privacy>

Thank you for shopping at
Smart and Final

We want to know your thoughts!
Complete our survey and
enter for a chance to win a
\$500 SMART & FINAL GIFT CARD!
Visit www.smartandfinal.com/survey
within 7 days of this shop
thank you!

Now Hiring!
Visit www.smartandfinal.com/careers

One Trip
&
That's It

OUTREACH

CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS



BRANFORD'S
**Haunted
Rec Center**

SATURDAY, OCTOBER 28, 2023
11:00 AM - 3:00 PM



Join us on THE FIELD
COSTUME CONTESTS - GAMES - CANDY - PRIZES
MUSIC - MAZE - AND MORE!!

13306 BRANFORD ST. ARLETA, CA 91331
(818)893-4923 • RAP.BRANFORDRC@LACITY.ORG



BRANFORDRECCENTER

SIC
SoCal
RENTALS



SPONSORED IN PART BY THE ARLETA NEIGHBORHOOD COUNCIL AND SOCAL RENTALS



Motion 9 Regarding approval of ANC spending up to \$500. to purchase water, candy and snacks for the annual Branford Park family Halloween program on the date of their event in October 2023. This event is put on for free as an outreach to families in our community.

☐ 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.

Total:	98
--------	----

Date:

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: Arleta Neighborhood Council

SECTION I - APPLICANT INFORMATION

- 1a) Warriors Road 85-2287657 CA 07/08/2020
Organization Name Federal I.D. # (EIN#) State of Incorporation Date of 501(c)(3) Status (if applicable)
- 1b) 7119 W. Sunset Blvd. #440 Los Angeles CA 90046
Organization Mailing Address City State Zip Code
- 1c) 11142 Christy Ave, Sylmar CA 91342
Business Address (if different) City State Zip Code
- 1d) **PRIMARY CONTACT INFORMATION:**
Melissa Card 323-823-0832 warriorsroad2020@gmail.com
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
- N/A
- 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.**

Warriors Road is a 501(c)(3) dedicated to providing no-cost equine services for veterans and first responders. The grant will provide shelter, transportation, feed, veterinary care and barn supplies for 5 horses currently located at Christy Ranch at 11142 Christy Ave, Sylmar, CA 91324.

- 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)

Warriors Road program benefits the public at-large by providing equine-assisted therapy to our veterans and first responders who constitute a large portion of our general population and community. We serve United States veterans from within the Arleta Neighborhood Council boundaries.

Research has shown that a horse's presence can be calming and reassuring to people living with trauma, anxiety and depression, similar to the way therapy dogs and service dogs help their humans. Participants in the program learn to take care of the horses—grooming, feeding and training the animals. Please invite your constituents to make an appointment with us for equine services, and we invite you to our ranch so that you can learn more about us.

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
	Veterinary care for horses including annual teeth cleaning	\$ 2500.00	\$ 5000.00
	Spring activities for Veterans and First Responders	\$ 2000.00	\$ 5000.00
	Spring activities outreach for Veterans and First Responders	\$ 500.00	\$ 1500.00

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: \$ 5000.00

10a) Start date: 05 / 01 / 23 10b) Date Funds Required: 05 / 01 / 23 10c) Expected Completion Date: 06 / 30 / 23
(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
Brian Patton	Secretary of Warriors Road

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*

Andre Andrews

CEO

PRINT Name

Title

Signature

04/10/2023

Date

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

Melissa Card

President

PRINT Name

Title

Signature

04/10/2023

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

WARRIORS ROAD
C/O BARBARA LOMBRANO
9759 1/2 LEMONA AVE
NORTH HILLS, CA 91343-2421

Date:
09/24/2020
Employer ID number:
85-2287657
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:
July 8, 2020
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053620003740

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

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Letter 947 (Rev. 2-2020)
Catalog Number 35152P



Secretary of State

Articles of Incorporation of a
Nonprofit Public Benefit Corporation

ARTS-PB-
501(c)(3)

4616112

FILED

Secretary of State
State of California

JUL 08 2020

IMPORTANT — Read instructions before completing this form.

Filing Fee — \$30.00

Copy Fees — First page \$1.00; each attachment page \$0.50;
Certification Fee — \$5.00

Note: A separate California Franchise Tax Board application is required to obtain tax exempt status. For more information, go to <https://www.ftb.ca.gov>.

This Space For Office Use Only

1. Corporate Name (Go to www.sos.ca.gov/business/be/name-availability for general corporate name requirements and restrictions.)

The name of the corporation is WARRIORS ROAD

2. Business Addresses (Enter the complete business addresses. Item 2a cannot be a P.O. Box or "in care of" an individual or entity.)

a. Initial Street Address of Corporation - Do not enter a P.O. Box 9759 1/2 LEMONA AVE	City (no abbreviations) NORTH HILLS	State CA	Zip Code 91343
b. Initial Mailing Address of Corporation, if different than Item 2a 9759 1/2 LEMONA AVE	City (no abbreviations) NORTH HILLS	State CA	Zip Code 91343

3. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL — Complete Items 3a and 3b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation) BARBARA	Middle Name JOYCE	Last Name LOMBRANO	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 9759 1/2 LEMONA AVE	City (no abbreviations) NORTH HILLS	State CA	Zip Code 91343

CORPORATION — Complete Item 3c. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete Item 3a or 3b

4. Purpose Statement

Item 4a: One or both boxes must be checked.

Item 4b: If "public" purposes is checked in Item 4a, or if you intend to apply for tax-exempt status in California, you must enter the specific purpose in Item 4b.)

- a. This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for: ☒ public purposes. ☒ charitable purposes.
- b. The specific purpose of this corporation is to Provide equine therapy to veterans and first responders, and promote and educate public in benefits of equine therapy, horsemanship, and animal husbandry.

5. Additional Statements (See Instructions and Filing Tips.)

- a. This corporation is organized and operated exclusively for the purposes set forth in **Article 4** hereof within the meaning of Internal Revenue Code section 501(c)(3).
- b. No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and this corporation shall not participate or intervene in any political campaign (including the publishing or distribution of statements) on behalf of any candidate for public office.
- c. The property of this corporation is irrevocably dedicated to the purposes in **Article 4** hereof and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer or member thereof or to the benefit of any private person.
- d. Upon the dissolution or winding up of this corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for charitable, educational and/or religious purposes and which has established its tax-exempt status under Internal Revenue Code section 501(c)(3).

6. Read and Sign Below (This form must be signed by each incorporator. See Instructions. Do not include a title.)

Barbara Joyce Lombrano
Signature

BARBARA JOYCE LOMBRANO

Type or Print Name

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Warriors Road	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	
<input checked="" type="checkbox"/> Other (see instructions) ▶ Nonprofit corporation exempt under IRS Code Section 501(c)(3)	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):	Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____	(Applies to accounts maintained outside the U.S.)
5 Address (number, street, and apt. or suite no.) See instructions. 3254 Prospect Avenue	Requester's name and address (optional)
6 City, state, and ZIP code La Crescenta, CA. 91214	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-					
OR								
Employer identification number								
8	5	-	2	2	8	6	5	8 7

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ <i>Rich Brown, Treasurer</i>	Date ▶ <i>April 4, 2023</i>
-----------	---	-----------------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

WARRIORS ROAD 2023 Q1 REPORT

Prepared by Andre Andrews

STATUS UPDATE

Due in part to American Legion Support in Quarter 1 we were able to welcome 62 Veterans to the ranch. We continue to gauge the amount of outreach that will result in more Veteran Participation.

During the California storms during February and March, we used this down time to revamp systems and operations, plan new fundraising goals, and welcomed 7 new board members + advisors. We are working on a website relaunch that will make sign ups and scheduling for veterans a bit easier to access. Now that weather is sunny skies and the footing has dried, we are able to welcome more veterans to our ranch safely.





VOLUNTEER PROGRAM

Due to a recent push on Instagram and better weather, we have grown our volunteer program to a consistent stream, we now have about 30 volunteers who come out weekly. Photographers and videographers have also been helping us to obtain new imagery to promote our program.

HORSE STATUS UPDATE

- § Total number of Veteran Visits: 62
- § American Legion Members assisted: 23
- § Volunteer Hours this quarter: 990
- § Nancy 105 hours
- § Belle: 70 hours
- § Arya: 55 hours (starting to lose vision)
- § Bentley: 100 hours
- § Aaliyah: 65 hours



VETERAN HIGHLIGHTS

- A group of Veterans from the StackUp.org non profit came to the ranch to participate in our program.
- We have established a relationship with the UCLA Veterans Resource Center and they sent us a group of veterans as well.
- We are communicating with 8+ local veteran hospitals/centers as well as AFROTC groups and have already scheduled at least 8 veterans/first responders per week through May 6. We have also outreached to a few local fire departments and building a relationship there.



COMMUNITY PARTNERS

- 5 women from YouTube's marketing staff came to ride and build a relationship with us for upcoming initiatives and projects.
- An advisor member is in talks with Home Depot to help with donation of materials for our ranch.
- Local ad agency Gaspack media has been collaborating with us on upcoming projects for Q2.





2023 OUTLOOK

We will be attending El Segundo Fleet Week 2023 in May, and also in discussion for community events with Hollywood Fleet Week street takeover.

We have a nice youth program working & building.

WARRIORS ROAD SPRING FUNDRAISER

Thank you for all your love and support.
Help us continue our mission this year.



[LINKTR.EE/WARRIORSROAD](https://linktr.ee/warriorsroad)

Warriors Road ranch

Volunteers Needed!

Responsibilities:

- walking & grooming
- cleaning stalls
- feeding & watering horses
- general maintenance

Students, community members, and equine enthusiasts are encouraged to experience our program by volunteering at the ranch.



11142 Christy Ave.
Sylmar, CA 91342

Monday - Sunday
8AM - 11AM and
4PM - 7PM



**Join us on our mission
to heal and support
our Veterans & First
Responders!**

To sign up text or call (323)456-5554
or DM @warriorsroadusa on Instagram

NCFP 101 BAC Rev070118



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

For Arleta Neighborhood Council

Date: 10/4/2023

Motion/Action: _____

Past due invoices to Concept To Web-Aaron Devandry for services rendered to ANC.

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

Vendor Name	Invoice Number	Date of Invoice	Amount
Concept To Web-Aaron Devandry	ANC 116	4/10/2023	\$150
Concept To Web-Aaron Devandry	ANC 119	7/6/2023	\$150
Concept To Web-Aaron Devandry	ANC 122	9/7/2023	\$150
Total			\$450

Reason for Proxy Authorization: _____

Past due invoices to Concept To Web-Aaron Devandry for services rendered to ANC.

Department Authorizing Payment:



Office of the City Clerk



Department of Neighborhood Empowerment

Staff Name: Mariel Camilo

Title: NC Funding Representative

Signature: Mariel Camilo Date: 10/4/2023

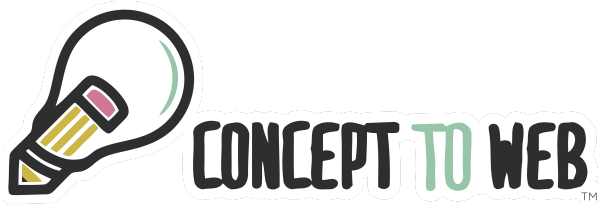
Authorization: Janet Hernandez

Title: NC Funding Supervisor

Signature: Janet Hernandez Date: 10/4/2023

Signed with ClerkSign
Oct 04, 2023 10:24AM





Concept To Web - Aaron DeVandry
8186138261
18403 West Vogel Ave
Waddell, AZ 85355

Billed To
Loyce Lacson
Arleta Neighborhood Council
City of L.A., Dept. of Neighborhood
Empowerment
200 N. Spring Street, 20th Floor
Los Angeles, CA 90012

Date of Issue
04/10/2023

Due Date
05/10/2023

Invoice Number
ANC-116

Amount Due (USD)
\$150.00

Description	Rate	Qty	Line Total
Web Hosting, Maintenance, SEO, Content Creation, and Social Media Management April 2023	\$150.00	1	\$150.00

Subtotal	150.00
Tax	0.00

Total	150.00
Amount Paid	0.00

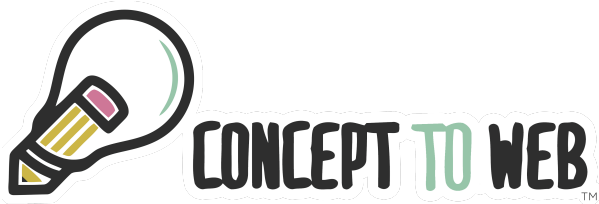
Amount Due (USD)	\$150.00
------------------	----------

Notes

Please pay at your earliest convenience. You are welcome to pay with a credit or debit card, as the link is on the invoice.

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

-Aaron



Concept To Web - Aaron DeVandry
8186138261
18403 West Vogel Ave
Waddell, AZ 85355

Billed To
Loyce Lacson
Arleta Neighborhood Council
City of L.A., Dept. of Neighborhood
Empowerment
200 N. Spring Street, 20th Floor
Los Angeles, CA 90012

Date of Issue
07/06/2023

Due Date
08/05/2023

Invoice Number
ANC-119

Amount Due (USD)
\$150.00

Description	Rate	Qty	Line Total
Web Hosting, Maintenance, SEO, Content Creation, and Social Media Management July 2023	\$150.00	1	\$150.00

Subtotal	150.00
Tax	0.00

Total	150.00
Amount Paid	0.00

Amount Due (USD)	\$150.00
------------------	----------

Notes

Please pay at your earliest convenience. You are welcome to pay with a credit or debit card, as the link is on the invoice.

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

-Aaron



Concept To Web - Aaron DeVandry
8186138261
18403 West Vogel Ave
Waddell, AZ 85355

Billed To
Brian Patton
Arleta Neighborhood Council
City of L.A., Dept. of Neighborhood
Empowerment
200 N. Spring Street, 20th Floor
Los Angeles, CA 90012

Date of Issue
09/07/2023

Due Date
10/07/2023

Invoice Number
ANC-122

Amount Due (USD)
\$150.00

Description	Rate	Qty	Line Total
Web Hosting, Maintenance, SEO, Content Creation, and Social Media Management September 2023	\$150.00	1	\$150.00

Subtotal	150.00
Tax	0.00

Total	150.00
Amount Paid	0.00

Amount Due (USD)	\$150.00
------------------	----------

Notes

Please pay at your earliest convenience. You are welcome to pay with a credit or debit card, as the link is on the invoice.

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

-Aaron



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

For Arleta Neighborhood Council

Date: 10/4/2023

Motion/Action: _____

Past due invoices to Concept To Web-Aaron Devandry for services rendered to ANC.

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

Vendor Name	Invoice Number	Date of Invoice	Amount
Concept To Web-Aaron Devandry	ANC 116	4/10/2023	\$150
Concept To Web-Aaron Devandry	ANC 119	7/6/2023	\$150
Concept To Web-Aaron Devandry	ANC 122	9/7/2023	\$150
Total			\$450

Reason for Proxy Authorization: _____

Past due invoices to Concept To Web-Aaron Devandry for services rendered to ANC.

Department Authorizing Payment:



Office of the City Clerk



Department of Neighborhood Empowerment

Staff Name: Mariel Camilo

Title: NC Funding Representative

Signature: Mariel Camilo Date: 10/4/2023

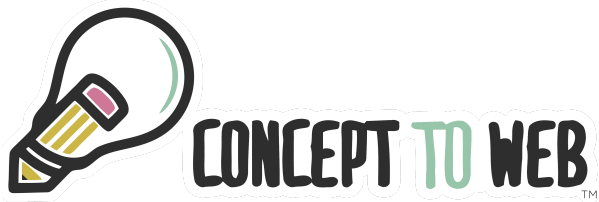
Authorization: Janet Hernandez

Title: NC Funding Supervisor

Signature: Janet Hernandez Date: 10/4/2023

Signed with ClerkSign
Oct 04, 2023 10:24AM





Concept To Web - Aaron DeVandry
8186138261
18403 West Vogel Ave
Waddell, AZ 85355

Billed To
Loyce Lacson
Arleta Neighborhood Council
City of L.A., Dept. of Neighborhood
Empowerment
200 N. Spring Street, 20th Floor
Los Angeles, CA 90012

Date of Issue
04/10/2023

Due Date
05/10/2023

Invoice Number
ANC-116

Amount Due (USD)
\$150.00

Description	Rate	Qty	Line Total
Web Hosting, Maintenance, SEO, Content Creation, and Social Media Management April 2023	\$150.00	1	\$150.00

Subtotal	150.00
Tax	0.00

Total	150.00
Amount Paid	0.00

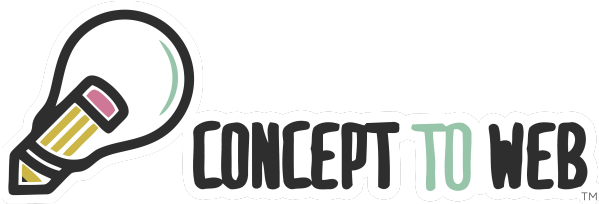
Amount Due (USD)	\$150.00
------------------	----------

Notes

Please pay at your earliest convenience. You are welcome to pay with a credit or debit card, as the link is on the invoice.

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

-Aaron



Concept To Web - Aaron DeVandry
8186138261
18403 West Vogel Ave
Waddell, AZ 85355

Billed To
Loyce Lacson
Arleta Neighborhood Council
City of L.A., Dept. of Neighborhood
Empowerment
200 N. Spring Street, 20th Floor
Los Angeles, CA 90012

Date of Issue
07/06/2023

Due Date
08/05/2023

Invoice Number
ANC-119

Amount Due (USD)
\$150.00

Description	Rate	Qty	Line Total
Web Hosting, Maintenance, SEO, Content Creation, and Social Media Management July 2023	\$150.00	1	\$150.00

Subtotal	150.00
Tax	0.00

Total	150.00
Amount Paid	0.00

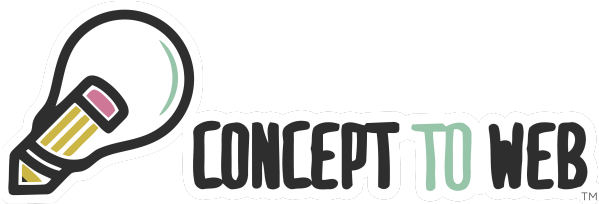
Amount Due (USD)	\$150.00
------------------	----------

Notes

Please pay at your earliest convenience. You are welcome to pay with a credit or debit card, as the link is on the invoice.

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

-Aaron



Concept To Web - Aaron DeVandry
8186138261
18403 West Vogel Ave
Waddell, AZ 85355

Billed To
Brian Patton
Arleta Neighborhood Council
City of L.A., Dept. of Neighborhood
Empowerment
200 N. Spring Street, 20th Floor
Los Angeles, CA 90012

Date of Issue
09/07/2023

Due Date
10/07/2023

Invoice Number
ANC-122

Amount Due (USD)
\$150.00

Description	Rate	Qty	Line Total
Web Hosting, Maintenance, SEO, Content Creation, and Social Media Management September 2023	\$150.00	1	\$150.00

Subtotal	150.00
Tax	0.00

Total	150.00
Amount Paid	0.00

Amount Due (USD)	\$150.00
------------------	----------

Notes

Please pay at your earliest convenience. You are welcome to pay with a credit or debit card, as the link is on the invoice.

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

-Aaron