GREAT DESIT OF THE TREASURY THISBRAL SEVENIES SERVICE F. C. NON 2500 CINCINSTATI, OF 45261 suployer Identification Number: 45-0569931 DEM 17053364001037 Date: JAN 13 2008 HIDACIS HIDDED HIMIDIEIRS 3 C/O AIWIL BELT 430) HANGES AVE ECCELARD HILLS, CA 91364 Contact Person: JOAS C KIRR JOAS C KIRR JOCACT Telephone Number: (#77) 522-550C (877) E21-950C Accounting Period Roding: December 31 Public Charley Status: 170(b) (1) (A1 (v1) 170.00 (1) (A) (v1)
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Posm 993 Posm Advance Relies Bading Date: December 31, 2011 Addendin Applies Dear Applicant: We are pleased to inform you that upon review of your application for tax except status we have determined that you are except froe federal impose tax under section 503(c)(3) of the internal impose Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax defuntible bequests devises, transfers or gitts under section 2055, 2100 or 1527 of the Code. Because this letter could help resolve any questions requesting your except status, you should keep it in your parameter records. Organizations exempt under section SOL(c)(h) of the Code are further classified as either public cherities or grivate fundations. During your advance coling period, you will be treezed as a public cherity. Your edvence calling period logics with the effective cate of your edespites and eats with advance reling anding date sheen in the baseling of the letter. thereby before the and of your advance ruling period, we will need you form 1714. Respect behavior for abvance fulling Period. You will have 66 days after the end of your advance ruling period to return the completed form. We will them notify you in writing, about your public charity status Picture see enclosed Sublication 4221.7C. Compliance Guide for 101(c) (3) Public Charities, for some helpful information elect your responsibilities as an Latter 1045 (DO/CO) 

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| Office of the City Gerk Administration   |                                    | d Council (          | NC) Fundin   | g Program       | 9                   |                   |  |                   |
|--|------------------------------------|----------------------|--|-----------------|---------------------|-------------------|--|-------------------|
| Board Action Certification Fo  |                                    |                      |  |                 |                     |                   |  |                   |
| NC Name: Woodland Hills War  | ner Center                         |                      |  |                 |                     |                   |  |                   |
| SUDGET 2020-2021   | Ter con Vi C ( 1)                  | -                    | Annua Mili   | C FOCOV         |                     |                   |  |                   |
| Board Motion and/or Public<br>Benefit Statement (CIP and NPG):   | 21-030 New Friends Hor             | meless C             | enter Ne   | G 32000         | *                   |                   |  |                   |
| Bellett Stetement (Greato III of   |                                    |                      |  |                 |                     |                   |  | · ·               |
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| Method of Payment: (Select Cire)   |                                    |                      |  |                 |                     | ∃oard N     □     | lember Reinsburse  | ment              |
| 2  | ers must leave the room prior to a |                      | Count  | w not cetu      | en to the co        | on until afte     | er the vote is comple  | ote               |
| Roard Member Name  |                                    | Yes                  | No   | Abstales        | THE PERSON NAMED IN | The second second | Recursed Notes   |                   |
| Aaron Quantz   | Resid Rep. Area 1.                 | To the second second | STATE OF THE PARTY | CHARGE CONTRACT | #21178/400          |                   | The Control of Control |                   |
| Karen DiBiase  | Biz Rep. Area I SEC                | x                    |  |                 |                     |                   |  |                   |
| Mare Schwartz  | CBO Rep. Area I                    | 3                    |  |                 |                     |                   |  |                   |
| The state of the s | Area I Alternate                   |                      |  |                 |                     | X                 |  |                   |
| Reina McCaughey<br>Brian Drapkin   | Residential Rep. Area 2            | Z                    |  |                 |                     |                   |  |                   |
|  | Business Rep. Area 2, Treas        |                      |  |                 |                     |                   |  |                   |
| Paul Lawler  | CBO Rep Area 2                     | ×                    |  |                 |                     |                   |  |                   |
| Sean McCarthy  | Alternate, Area 2                  | - 8                  |  |                 | -                   | X                 |  |                   |
| Bay Cole (Vales If Absent Above)   | Residential Rep. Area 3            | X                    | 1  |                 |                     | -                 |  |                   |
| Nancy McLean   |                                    |                      | -  |                 |                     | <u> </u>          |  |                   |
| Angela Dawson  | Business Rep. Area 3               | X                    | -  |                 | X                   | -                 | <del> </del>   |                   |
| John Sandy Campbell  | CBO Rep. Area 3                    |                      | -  |                 |                     | -                 |  |                   |
| Alextangowk  | Alternate, Area 3                  |                      |  |                 | X                   |                   |  |                   |
| Don Patterson  | Residential Rep. Area 4            | X                    | -  |                 |                     | -                 | <del> </del>   |                   |
| Dena Weiss   | Business Rep. Area 4               |                      |  |                 | х                   |                   |  |                   |
| MARLITELINGTY  | CBO Rep. Area 4                    |                      |  | x               |                     |                   |  |                   |
| open   | Alternate, Area 4                  |                      | -  |                 |                     |                   |  |                   |
| Austin Rocker  | Residential Rep. Area 5            | Х                    |  |                 |                     | 1                 |  |                   |
| Lish Mayer   | Business Rep. Area 5               |                      | 1  |                 | X                   |                   |  |                   |
| Peter Fleeteker  | CBO Rep. Area 5                    | X                    |  |                 |                     |                   |  |                   |
| VACUE - The 2" even arms   | Alternate, Area 5                  |                      |  |                 |                     |                   |  |                   |
| Lauren Coffinsia   | Residential Rep. Area 6            | X                    |  |                 |                     |                   |  |                   |
| Gilbert Yabian   | Business Rep. Area 6               |                      |  |                 | X                   |                   |  |                   |
| Heath Kline  | CBO Rep. Area 6                    | ×                    |  |                 |                     |                   |  |                   |
| AUGUST STEURER   | Alternate, Area 6                  |                      |  |                 |                     | N                 |  |                   |
| Ginny Sand   | Res Rep. Area 7                    |                      |  |                 | X                   |                   |  |                   |
| Joyce Fletcher   | Biz Rep. Area 7, Pres              | ×                    |  |                 |                     |                   |  |                   |
| HOUTON HORMOZIAN   | CBO Rep. Area 7                    | X                    |  |                 |                     |                   |  |                   |
|  | Alternate, Area 7                  |                      |  |                 |                     |                   |  |                   |
| Sheppard Kaufman   | At-Large Rep.                      | L                    | 1  |                 |                     |                   |  |                   |
|  | At-Large Alt                       |                      |  |                 |                     | x                 |  |                   |
| ANDREW MC NEAL   | Yоин Rep                           |                      |  |                 |                     | x                 | Incligi  | ble (Age)         |
| Totals   | A LEADING TO ST                    | 15                   | 0  |                 |                     |                   |  |                   |
| We, the Treasurer and the Second S   | igner of the above named Neighb    | orhood Co            | uncil, decla   | re that the     | e informatio        | on presente       | d on this form is acc  | urate and         |
| complete, and that a public meeting<br>at a Brown Act complant public me   |                                    |                      |  | cedures T       | ne above u          | as approve        | I by the Neighborh   | ned Council Board |
|  |                                    |                      |  | 3110            |                     | 1                 | 1.0  | - 1               |
| Tresser Kaul   | Rawler                             |                      | Second 5   | igner's Sig     | nature 9            | rye               | Fli  | cher              |
| Paul Lawier  |                                    |                      | Joyce Fle  | tcher           |                     |                   |  |                   |
|  |                                    |                      |  |                 |                     |                   |  |                   |

# 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.

| SE    | CTION I- APPLICANT INFORMATION   | V CONT |  | IVE RILL                     |               |                             |
|-------|--|--------|--|------------------------------|---------------|-----------------------------|
|       | About My Father's Business   |        | 83-4398730                             | CA                           |               | 05/23/2019                  |
| 1 144 | Organization Name  | -      | Federal I.D. # (EIN#)                  | State of                     | Incorporation |                             |
| 16)   | 7210 Jordan Ave #C-61  |        | Canoga Park                            |                              | CA            | Status (if applicable 91303 |
|       | Organization Mailing Address   | -      | City                                   |                              | State         | Zip Code                    |
| 10)   |  |        |  |                              |               |                             |
|       | Business Address (II different)  |        | City                                   |                              | State         | Zip Code                    |
| 1d)   | PRIMARY CONTACT INFORMATION:   |        |  |                              |               |                             |
|       | Pastor Kathy Huck  |        | (805) 428-2881                         | kathy.h                      | ruck@abou     | utmyfb.org                  |
|       | Name   |        | Phone                                  | ε                            | mail          |                             |
| 2)    | Type of Organization- Please select one:  Denthic School (not to include private schools) Attach Signed letter on School Letterhead  SFV Community Fridges   | 10     | 501(c)(3) Non-<br>Attach IRS De<br>Sam | Profit fother<br>termination | n Letter      | institutions)               |
|       | Name / Address of Athliated Organization (if application in the control of the co | abi    | e) City                                |                              | State         | Zip Code                    |

Please describe the purpose and intent of the grant.

Each season AMFB assesses the needs of the unhoused and food insecure residents in the West San Fernando Valley, providing both outreach and our subsidiary/affiliate community fridge services: nonperishable food and water, our bag of supplies (socks, t-shirts and sack lunches), dental and personal hygiene kits, monthly pop-up hot meals, and perishable food in community fridges. We supply PPE to unhoused and food insecure residents and AMFB volunteers. We contribute to cleanup efforts with CD3/CD12 and Sanitation and provide trash bags to encampments for weekly pickup.

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 grant benefits the community naturally by providing sustenance to the food insecure, housed and unhoused residents through Community Fridges and AFMB outreach respectively. Funding will also provide temporary shelter and bedding, dental/personal hygiene and PPE for protection. Intangible benefits are: enhanced seld-esteem from providing humanely compassionate and respectful treatment, helping the unhoused to becoming contributing neighbors and community members, sustaining their health and well-being, reducing uncomfortable pandering and solicitation. It will help us to make an impact on unsightful/unhealthy garbage on the streets and put the focus on social services in encampments.3

| The Implementation of this specific program or purpose described in Question 4 contingent on any other factors of purces or funding? (Including NPG applications to other NCs)  No  Yes  | Personnel Related E  | udget Outline on a separate sheet if necessar  | Can make a   | Name Carrie  |
|--|--|--|--|--|
| S   S   S  |  | 0  | \$ 0   | E ON Projected Cos   |
| Non-Personnel Related Expenses  3-month supply of non-perishable tood 3-month supply of dematrpersonal hygiene kits 5-600  \$1,000  \$1,000  \$1,000  \$1,000  \$2,000  \$3-month supply of dematrpersonal hygiene kits \$600  \$600  \$1,000  \$2,000  \$400  Idea of the specific program of purpose described in Question 4 contingent on any other factors of the implementation of this specific program or purpose described in Question 4 contingent on any other factors of funding? (Including NPG applications to other NCs) \$\overline{a}\$ No \$\overline{a}\$ Yes, please describe:    Source of Funding   Minorit   Minorit |  |  |  |  |
| Non-Personnel Related Expenses  3-month supply of non-perishable food  3-month supply of demat/personal hygiene kits  \$ 600 \$ 1,000  PPE (hand sanitizer, masks, rubber gloves \$ 400 \$ \$ 400  lave you (applicant) applied to any other Neighborhood Councils requesting funds for this project?  No  |  |  |  | The state of the s |
| 3-month supply of non-perishable tood \$1,000 \$1,000  3-month supply of denat/personal hygiene kits \$600 \$600  PPE (hand sanitzer, masks, rubber gloves \$400 \$400  lave you (applicant) applied to any other Neighborhood Councils requesting funds for this project?  No Yes If Yes, please list names of NCs:  The implementation of this specific program or purpose described in Question 4 contingent on any other factor ources or funding? (Including NPG applications to other NCs) No Yes If Yes, please describe:  Source of Funding  Amount  Total Project Confidence  Start date: 04/04/2021 10b) Date Funds Required: 04/01/2021 10c) Expected Completion Date: 06/30/2021 (After completion of the project, the applicant should submit a Project Completion Report to the Neighborhood (IDN IV - POTENTIAL CONFLICTS OF INTEREST)  Do you (applicant) have a current or former relationship with a Board Member of the NC?  No Yes If Yes, please describe below:  Relationship to Applicant  Yes, old you request that the board member consult the Office of the City Attorney before filing this application or participates in the discussion and voting of this NPG, the NC Funding Program will deny the payment rant in its entirety.)  | Non-Personnel Belai  |  | Marie Commission of the Commis |  |
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\* If a current Board Member holds the position of Executive Director or Secretary, please contact the NC Funding Program at (213) 978-1058 or <a href="mailto:clerk.ncfunding@lacity.org">clerk.ncfunding@lacity.org</a> for Instructions on completing this form

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## Form W-9

(Rev. Dotocer 2018) Department of the Treasury Internal Revenue Bervice

### 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.

|  | 1. Name (as shown on your income tax return). Name is required on this   | ine, do not leave this line blank                                  | Lest inic              | HID  | attic | MI.       |            |                   | 1        | -       | _        |             |                   | -        |
|--|--|--|------------------------|------|-------|-----------|------------|-------------------|----------|---------|----------|-------------|-------------------|----------|
|  | 2. Business name/disregarded entity name, if different from above  |  |                        |      |       |           |            |                   |          |         |          |             |                   |          |
|  | About My Father's Business Homeless Outreach Mini  | T.   |                        |      |       |           |            |                   |          |         |          |             |                   |          |
| page 3   | Check appropriate box for federal tax objectioance of the person whose following seven boxes   | se name is entered on line 1. Co                                   | heck only              | EMI) | 10 cd | the       | C401       | tan e             | cuth     | 63, no  | it ind   | <b>With</b> | y only<br>ials; o | to<br>io |
| ng Gr  | Individual/sels proprietor or C C Corporation S Corporation Partnership Trust/estate   |  |                        |      |       |           |            |                   |          | on pa   |          |             |                   |          |
| 84   | Limited liability company. Enter the tax classification (C=C corporati   | 00 S.C   |                        |      |       |           | Exe        | mpt p             | dye      | e cod   | er (if a | (Ty)        | 5016              | )(       |
| Print or type,<br>See Specific Instructions on page  | Note: Lineax the appropriate box in the line above for the tax classell<br>LLC if the LLC is classified as a single-member LLC but its designate<br>another LLC that is not disregarded from the owner for U.S. federal<br>is disregarded from the owner should check the appropriate box for  | ication of the single-member of<br>ted from the owner unless the   | wner. De<br>awner of   |      |       |           | Exe<br>coc | mptio<br>le (if a |          | am Fa   | ATICA    | rep         | arring            |          |
| bec  | ✓ Other (see instructions) > NO  | N PROFIT   |                        |      |       |           | Ano        | WI 25 80          | OUN      | to make | tailled  | N/TH        | v ine (L)         | j        |
| 9  | 5 Address (number, street, and ept. or suite no.) See instructions.  |  | Reques                 | der! | n na  | ты а      | ind a      | frires            | 5 (0)    | otions  | ri)      |             |                   |          |
| 65   | 20555 Devonshire Street #143<br>6 City, state, and 219 code  |  |                        |      |       |           |            |                   |          |         |          |             |                   |          |
|  | Chatsworth, CA 91311   |  |                        |      |       |           |            |                   |          |         |          |             |                   |          |
|  | 7 List account reimberlej here (optional)  |  |                        |      |       |           |            |                   |          |         |          |             |                   |          |
|  | The state of the s |  |                        |      |       |           |            |                   |          |         |          |             |                   |          |
| Parl   | Taxpayer Identification Number (TIN)   |  |                        | _    |       |           |            |                   |          |         |          |             |                   |          |
| Enter y  | our TIN in the appropriate box. The TIN provided must match the  | Street about our line 1 to   | Ser.                   | 6.   |       |           | -74-       |                   |          |         |          |             |                   |          |
| PARTITION OF THE PARTY OF THE P | CAPATE OF THE METERS OF THE PROPERTY OF THE PR | was made in our of the ball to the form of the ball to             | ora<br>ora             | 91   | ) GIE | nec       | unity      | numb              | ner<br>- | -       | temps    | turn        | -                 | _        |
| 1037001  | t alien, sole propoetor, or disregarded entity, see the instructions<br>if its your employer identification number (EIN). If you do not have   | Albert Philips A. Charles Co.  |                        |      | 1     |           | -          |                   |          | -       |          |             |                   |          |
| PARK, MEE  | ei,  |  |                        | or   | -     |           | 1          | -                 | -        | Į į     |          |             |                   | _        |
| Note: I  | the account is in more than one name, see the instructions for line  | e 1. Also see What Name a  | and I                  |      | nplo  | veri      | denti      | ticatio           | on r     | umb     | 57       | _           |                   |          |
| ivumbe   | To Give the Requester for guidelines on whose number to enter.   |  | -                      |      | T     | 7         | 7          | T                 | -        |         |          |             |                   |          |
|  |  |  |                        | 8    | 3     | -         | 4          | 3                 | 9        | 8       | 7        | 3           | 0                 |          |
| Part   |  |  |                        | _    |       |           | -          | -                 | _        |         |          |             |                   | -        |
|  | enalties of perjury. I certify that:   |  | -                      |      |       |           |            |                   | -        |         | _        | _           |                   |          |
| Service  | umber shown on this form is my correct taxpayer identification nu-<br>not subject to backup withholding because: (a) I am exempt from<br>se (IRS) that I am subject to backup withholding as a result of a fa-<br>ager subject to backup withholding; and  |  |                        |      |       |           |            |                   |          |         | al F     | eve         | nue<br>st l an    | 9        |
|  | U.S. citizen or other U.S. person (defined below); and   |  |                        |      |       |           |            |                   |          |         |          |             |                   |          |
| 4. The F.  | ATCA code(s) entered on this form (if any) indicating that I am exe  | marken FATOL   | TIES I PRODUCTOS       |      |       |           |            |                   |          |         |          |             |                   |          |
| Certifica  | tion instructions. You must cross out that 2 above if you have been laided to report all interest and dividends on your ray return. For sent   | empt from FATCA reporting  | is corre               | ect. |       |           |            |                   |          |         |          |             |                   |          |
| acquisition<br>other that  | failed to report all interest and dividends on your far return. For real in or abandonment of secured property, cancellation of debt, contrib in interest and dividends, you are not required to sign the certification.   | esume pansacuons, nem 2 c  | ices not               | sb)  | ply.  | CF        | mort       | jagė              | inte     | rest    | paid.    |             |                   | 8        |
| Sign<br>Here   | Signature of U.S. person >   | Da   | rto 🌬                  | 1    | 1.    | 9         | 7          | -2                | -        | 10      | ,        |             | -                 | -        |
|  | eral Instructions  | Form 1099-DIV (dividends)  |                        |      |       |           |            |                   |          |         |          | utua        | t                 |          |
| icied.   | eferences are to the Internal Revenue Code unless otherwise  | Form 1099-MISC (va<br>proceeds)                                    | irious ty              | per  | of    | inco      | me,        | prize             | s. o     | warc    | a, o     | r gr        | 288               |          |
| sisted to  | evelopments. For the latest information about developments<br>Form W-9 and its instructions, such as legislation enacted<br>were published, go to www.irs.gow/FormW9.  | <ul> <li>Form 1099-B (stock-<br/>transactions by broken</li> </ul> | or mulu                | al f | und   | 584       | es an      | d ce              | rtaji    | i oth   | ar       |             |                   |          |
|  |  | • Form 1099-S (procee  |                        | 110  | al e  | State     | trar       | Suct              | lon      | 13      |          |             |                   |          |
|  | se of Form   | • Form 1099-K (merch   | ant card               | ian  | nd ti | irct :    | party      | netv              | work     | e tene  | SAC      | tion        | s i               |          |
| romatio  | ual or entity (Form W-9 requester) who is required to file an<br>in return with the IRS must obtain your correct taxpayer  | <ul> <li>Form 1098 (home mo<br/>1098-T (tuition)</li> </ul>        | ortgage i              | nte  | res   | t), 1(    | 95-        | E (st)            | der      | nt los  | ın İn    | tere        | st),              |          |
| SN), ind   | on number (TIN) which may be your social security number<br>vidual taxpayer identification number (ITIN), adoption   | * Form 1099-C (cancel  |                        |      |       |           |            |                   |          |         |          |             |                   |          |
| xpayer i   | dentification number (ATIN) or employer intentification number   | <ul> <li>Form 1099-A (acquisit</li> </ul>                          | tion or a              | bar  | ndo   | nme       | nt of      | Secu              | red      | prop    | ierty    | 7           |                   |          |
| nount re   | port on an information return the amount paid to you, or other<br>portable on an information return. Examples of information<br>lade, but are not limited to, the following.   | Use Form W-9 only it<br>alien), to provide your o                  | f you are<br>correct T | B B  | U.S   | . pa      | rson       | iincli            | ıdir     | yg a r  | esic     | ent         |                   |          |
|  | 99-INT (interest earned or paid)   | If you do not return F.<br>be subject to hackun w                  | arm W-                 | 9 to | the   | res<br>We | tues!      | mr w              | th a     | THV     | you      | m           | ght               |          |

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INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45261

DEPARTMENT OF THE TREASURY

Date: MAY 2 3 2019

ABOUT MY FATHERS BUSINESS HOMELESS OUTREACH MINISTRY C/O KATHY HUCK 5218 BIRCHCROFT ST SIMI VALLEY, CA 93063-0000

Employer Identification Number: 83-4398730 DLN: 26053530002299 Contact Person: CUSTOMER SERVICE ID# 31954 Contact Telephone Number: (877) 829-5500

Accounting Period Ending: December 31 Public Charity Status: 170 (b) (1) (A) (vi) Form 990/990-EZ/990-N Required: Yes Effective Date of Exemption: April 2, 2019 Contribution Deductibility: Yes Addendum Applies: No

#### Dear Applicant:

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

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

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

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

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

Letter 947

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

DEPARTMENT OF THE TREASURY

Date: MAY 2 3 2019

ABOUT MY FATHERS BUSINESS HOMELESS OUTREACH MINISTRY C/O KATHY HUCK 5218 BIRCHCROFT ST SIMI VALLEY, CA 93063-0000

Employer Identification Number: 83-4398730 DIME 26053530002299

Contact Person: CUSTOMER SERVICE

ID# 31954

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Letter 947

Date of this notice: 04-12-2019

Employer Identification Number: 83-4398730

Form: SS-4

Number of this notice: CP 575 E

ABOUT MY FATHER BUSINESS HOMELESS OUTREACH MINISTRY 5218 BIRCHCROFT ST SIMI VALLEY, CA 93063

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-4398730. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status under Internal Revenue Code Section 501(c)(3), organizations must complete a Form 1023-series application for recognition. All other entities should file Form 1024 if they want to request recognition under Section 501(a).

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

Unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File), you will lose your tax-exempt status if you fail to file a required return or notice for three consecutive years. We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter.

For the most current information on your filing requirements and other important information, visit www.irs.gov/charities.

#### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.
- \* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is ABOU. You will need to provide this information, along with your EIN, if you file your returns electronically.

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter. Thank you for your cooperation.

Keep this part for your records.

CP 575 E (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

9999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 04-12-2019
( ) - EMPLOYER IDENTIFICATION NUMBER: 83-4398730
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 ABOUT MY FATHER BUSINESS HOMELESS OUTREACH MINISTRY 5218 BIRCHCROFT ST SIMI VALLEY, CA 93063

| lice of the City Clerk Administrative<br>pard Action Certification For   | m                                   |             |               |            |             |               |                                   |
|--|-------------------------------------|-------------|---------------|------------|-------------|---------------|-----------------------------------|
| C Name: Woodland Hills Warn  | er Center                           |             |               |            |             |               |                                   |
| JDGET 2020-2021  |                                     |             |               |            |             |               |                                   |
| erefit Statement (GP and NPG):   | 21-032 NPG My Fathers               | Business    | \$ \$2000     |            |             |               |                                   |
|  |                                     |             |               |            |             | - Board M     | ember Reimbursement               |
| lethod of Payment: (Select One)  |                                     | Vate        | Count         |            |             |               |                                   |
| Recused Boardmembe   | ers must leave the room prior to a  | ny discussi | yam bas no    | not retur  | m to the ro | on until afte | r the vote is complete            |
| oard Moraber Narme   | Sound Position                      | Ve.         |               | Abetein    | Abaret      | tseligible    | Reused-Notes                      |
| area Quantz  | Resid Rep. Area 1.                  | *           |               |            |             |               |                                   |
| aren DiBiase   | Biz Rep Area I SEC                  |             | X.            |            | 1           |               |                                   |
| Varc Schwartz  | CBO Rep. Area 1                     | ×           |               |            |             |               |                                   |
| Reina McCanghey  | Area I Alternate                    |             |               |            |             | ×             |                                   |
| Brian Drapkin  | Residential Rep. Area 2             | ×           |               |            |             |               |                                   |
| Paul Lawler  | Business Rep. Area 2, Treas         | X           |               |            |             |               |                                   |
| Se_n McCarthy  | CBO Rep. Area 2                     | X           |               |            |             |               |                                   |
| Ray Cole (Votes If Absent Above)   | Alternate, Area 2                   |             |               |            |             | X             |                                   |
| Namey MeLean   | Residential Rep. Ares 3             |             | 1             |            |             |               |                                   |
| Angeta Dawson  | Business Rep. Area 5                |             | 1             |            |             |               |                                   |
| John Sandy Campbell  | CBO Rep. Area 3                     | ×           |               |            |             |               |                                   |
| Nice Foreston  | Alternate, Area 3                   |             |               |            | *           |               |                                   |
| Den Patterson  | Residential Rep. Asea 4             | N           |               |            |             |               |                                   |
| Desa Weiss   | Business Rep Area 4                 |             |               |            | - ×         |               |                                   |
| WARTIN LIPKIN  | CBO Rep. Area 4                     |             | x             |            |             |               |                                   |
| open   | Alternate, Area 4                   |             |               |            |             |               |                                   |
| Austin Rocker  | Residential Rep. Area 5             | x           |               |            |             |               |                                   |
| Lisa Mever   | Business Rep. Area 5                |             |               |            | N           |               |                                   |
| Peter Flericher  | C80 Rep. Area 5                     | τ           | -             |            |             |               |                                   |
| Wall Con National  | Alternate, Area 5                   |             | 1             |            |             |               |                                   |
| Lauren Coffman   | Residential Rep. Area 6             | -8          |               |            |             | 1             |                                   |
| Gilbert Yablon   | Business Rep. Area 6                |             | 1             |            | ¥           | 1             |                                   |
| Heath Kline  | CBO Rep. Area 6                     | X           |               |            |             |               |                                   |
| AUGUST STEURER   | Alternate, Area 6                   |             |               |            |             | ×             |                                   |
| Ginny Sand   | Res Rep. Area 7                     |             | -             |            | X           |               |                                   |
| Joyce Fletcher   | Biz Rep Area 7, Pres                | ×           |               |            |             |               |                                   |
| HOLTON HORMOZIAN   | CBO Rep. Area 7                     |             | 1             | -8         |             |               |                                   |
| my to a november.  | Agemate, Acea T                     | 1           |               |            |             |               |                                   |
| Sheppard Kaufman   | At-Large Rep.                       |             | 1             |            |             |               |                                   |
| Sarppara Managara  | At-Large Alt                        |             | 1             |            |             | x             |                                   |
| ANDREW MC NEAL   | Youth Rep                           | -           | 1             |            |             | ×             | Incligable (Age)                  |
| PURE DESCRIPTION OF THE PERSON |                                     | ME IN       |               |            |             |               |                                   |
| W=, the Tree surer and the Second  | Signer of the above named Neighb    | arhood Co   | owncii, decia | re that th | e informati | ion presente  | d on this form is accurate and    |
| complete, and that a public meeting  | g was held in accordance with all b | aws, polic  | es, and pro   | cedures. 1 | The above v | was approve   | d by the Meighborhood Council Boa |
| at a Brown Act compliant public me<br>Treasurer Scrub Scr  | setting where a outrum of the Boa   | nd was ove  |               |            |             |               | Fletcher                          |
|  | ues                                 |             | Jayce Fie     |            | U           |               |                                   |
| Paul Lawler  |                                     |             | NO ACC AND    |            |             |               |                                   |