

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

DEPARTMENT OF THE TREASURY

Date, JAN 13 2008

MIRACLES MINDS MINISTRIES 3
C/O AEWIL BERT
4121 MANDON AVE
WOODLAND HILLS, CA 91364

Employer Identification Number:
★ AS-566931
EIN:
17052344001037
Contact Person:
JONAS C KIRBY ID# 31217
Contact Telephone Number:
(877) 422-5500
Accounting Period Ending:
December 31
Public Charity Status:
170 (b) (1) (A) (vi)
Form 990 Required:
Yes
Effective Date of Exemption:
July 06, 2007
Contribution Deductibility:
Yes
Advance Ruling Ending Date:
December 31, 2011
Admission Applies:
No

Dear Applicant:

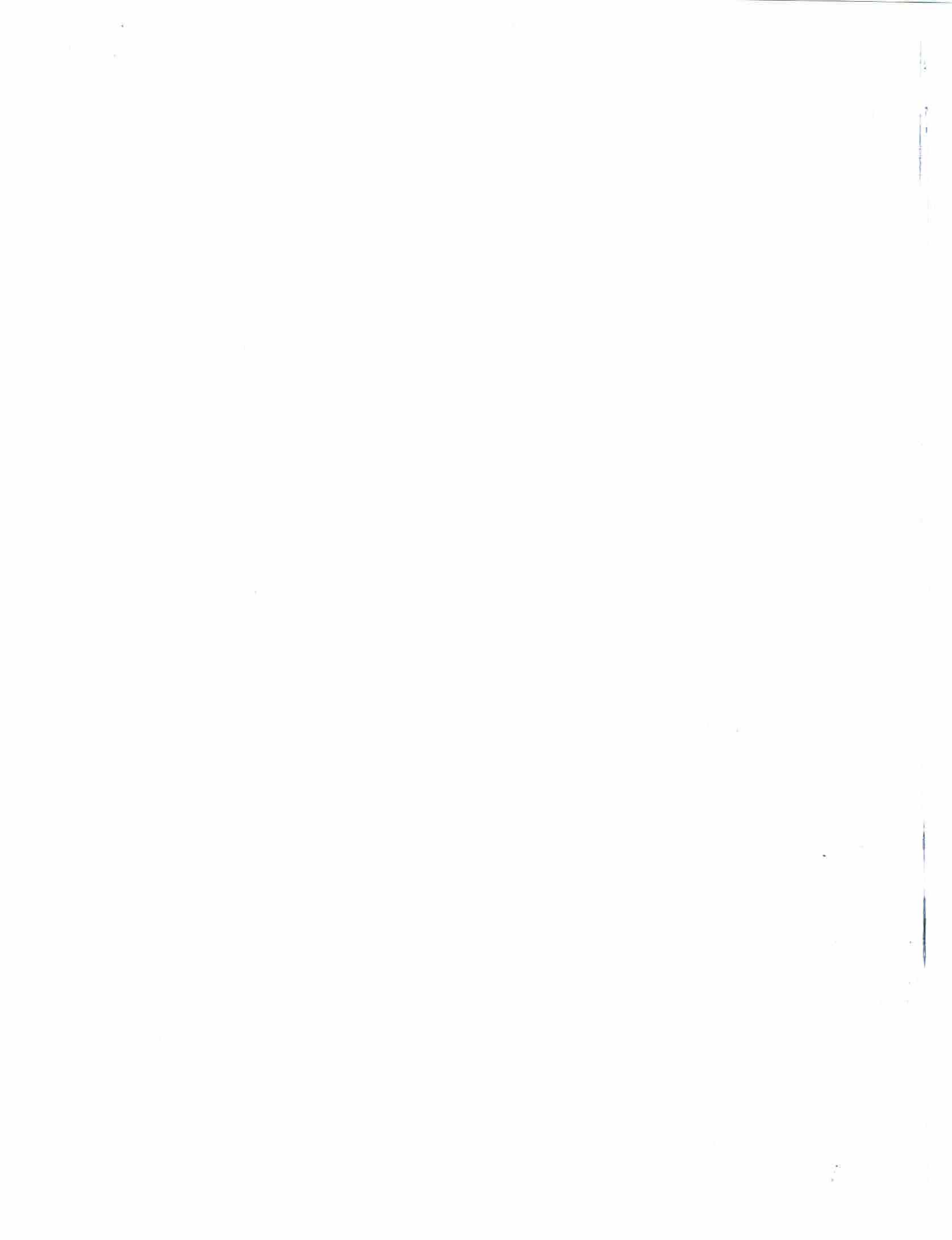
We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2511 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 9784, Support Schedule for Advance Ruling Period. You will have 60 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 1045 (09/09)



Board Action Certification Form

NC Name: Woodland Hills Warner Center

BUDGET 2020-2021

Board Motion and/or Public Benefit Statement (CP and NPG): 21-030 New Friends Homeless Center NPG \$2000

Method of Payment: (Select One)

Board Member Reimbursement

Vote Count

Recused Boardmembers must leave the room prior to any discussion and may not return to the room until after the vote is complete.

Board Member Name	Board Position	Yes	No	Absent	Absent	Ineligible	Recusal Notes
Aaron Quantz	Resid Rep. Area 1.	x					
Karen DiBiase	Biz Rep. Area 1 SEC	x					
Marc Schwartz	CBO Rep. Area 1	x					
Reina McCaughey	Area 1 Alternate					x	
Brian Drapkin	Residential Rep. Area 2	x					
Paul Lawler	Business Rep. Area 2, Treas	x					
Sean McCarthy	CBO Rep. Area 2	x					
Ray Cole (Vote If Alternate Above)	Alternate, Area 2					x	
Nancy McLean	Residential Rep. Area 3	x					
Angela Dawson	Business Rep. Area 3	x					
John Sandy Campbell	CBO Rep. Area 3				x		
Alex Farnsworth	Alternate, Area 3				x		
Don Patterson	Residential Rep. Area 4	x					
Dena Weiss	Business Rep. Area 4				x		
MARTIN LIPKIN	CBO Rep. Area 4			x			
open	Alternate, Area 4						
Austin Rocker	Residential Rep. Area 5	x					
Lisa Meyer	Business Rep. Area 5				x		
Peter Fletcher	CBO Rep. Area 5	x					
YACOB - (Vote if Alternate Above)	Alternate, Area 5						
Lauren Coffman	Residential Rep. Area 6	x					
Gilbert Yablon	Business Rep. Area 6				x		
Heath Kline	CBO Rep. Area 6	x					
AUGUST STEURER	Alternate, Area 6					x	
Ginny Sand	Res Rep. Area 7				x		
Joyce Fletcher	Biz Rep. Area 7, Pres	x					
HOUTON HORMOZIAN	CBO Rep. Area 7	x					
	Alternate, Area 7						
Sheppard Kaufman	At-Large Rep.						
	At-Large Alt					x	
ANDREW MC NEAL	Youth Rep					x	Ineligible (Age)
Totals		15	0	1			

We, the Treasurer and the Second Signer of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board at a Brown Act compliant public meeting where a quorum of the Board was present.

Treasurer Paul Lawler Second Signer's Signature Joyce Fletcher
 Paul Lawler Joyce Fletcher

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: Woodland Hills

SECTION I - APPLICANT INFORMATION

About My Father's Business			
1a) <u>Organization Name</u>	<u>83-4398730</u>	<u>CA</u>	<u>05/23/2019</u>
	<i>Federal I.D. # (EIN#)</i>	<i>State of Incorporation</i>	<i>Date of 501(c)(3) Status (if applicable)</i>
1b) <u>7210 Jordan Ave #C-61</u>	<u>Canoga Park</u>	<u>CA</u>	<u>91303</u>
	<i>Organization Mailing Address</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
1c) _____	<i>Business Address (if different)</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
1d) PRIMARY CONTACT INFORMATION:			
<u>Pastor Kathy Huck</u>	<u>(805) 428-2881</u>	<u>kathy.huck@aboutmyfb.org</u>	
	<i>Name</i>	<i>Phone</i>	<i>Email</i>
2) Type of Organization- Please select one:			
<input type="checkbox"/> Public School (not to include private schools) Attach Signed letter on School Letterhead		or	<input checked="" type="checkbox"/> 501(c)(3) Non-Profit (other than religious institutions) Attach IRS Determination Letter
<u>SFV Community Fridges</u>		<u>same as above</u>	
3) Name / Address of Affiliated Organization (if applicable)			
_____	<i>Name / Address of Affiliated Organization (if applicable)</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>

SECTION II - PROJECT DESCRIPTION

- 4) 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 self-esteem from providing humanely compassionate and respectful treatment, helping the unhoused to become 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 unsightly/unhealthy garbage on the streets and put the focus on social services in encampments.3

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
0	\$ 0	\$ 0
	\$	\$
	\$	\$

6b) Non-Personnel Related Expenses		
	Requested of NC	Total Projected Cost
3-month supply of non-perishable food	\$ 1,000	\$ 1,000
3-month supply of dental/personal hygiene kits	\$ 600	\$ 600
PPE (hand sanitizer, masks, rubber gloves)	\$ 400	\$ 400

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: **\$ 2,000**

10a) 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 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*

Kathy Huck Executive Director  2-14-21
 PRINT Name Title Signature Date

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

Vanisha Miles-Walker Executive Secretary  2-14-21
 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@lafcity.org for instructions on completing this form

Request for Taxpayer Identification Number and Certification

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

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

1 Name (as shown on your income tax return). Name is required on this line. Do not leave this line blank.

2 Business name/disregarded entity name, if different from above
About My Father's Business Homeless Outreach Ministry

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.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership):

Other (see instructions) **NON PROFIT**

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.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) **501(c)(3)**
 Exemption from FATCA reporting code (if any)

5 Address (number, street, and apt. or suite no.) See instructions.
20555 Devonshire Street #143

6 City, state, and ZIP code
Chatsworth, CA 91311

7 List account number(s) here (optional)

Requester's name and address (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	3	-	4	3	9	8	7	3	0
---	---	---	---	---	---	---	---	---	---

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 *[Signature]* Date **11-27-2019**

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.

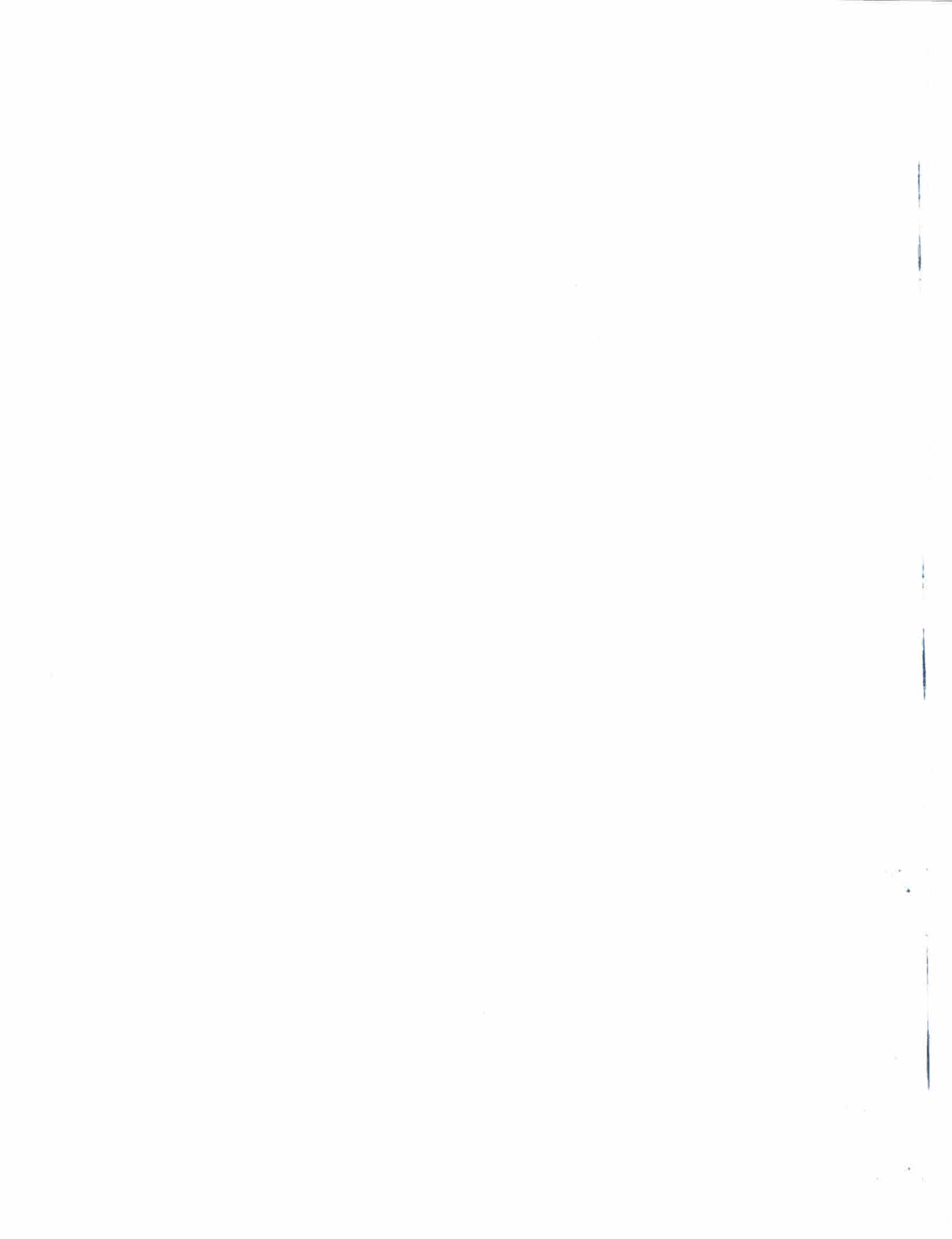
Purpose of Form

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.



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

DEPARTMENT OF THE TREASURY

Date: **MAY 23 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
DIN:
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.

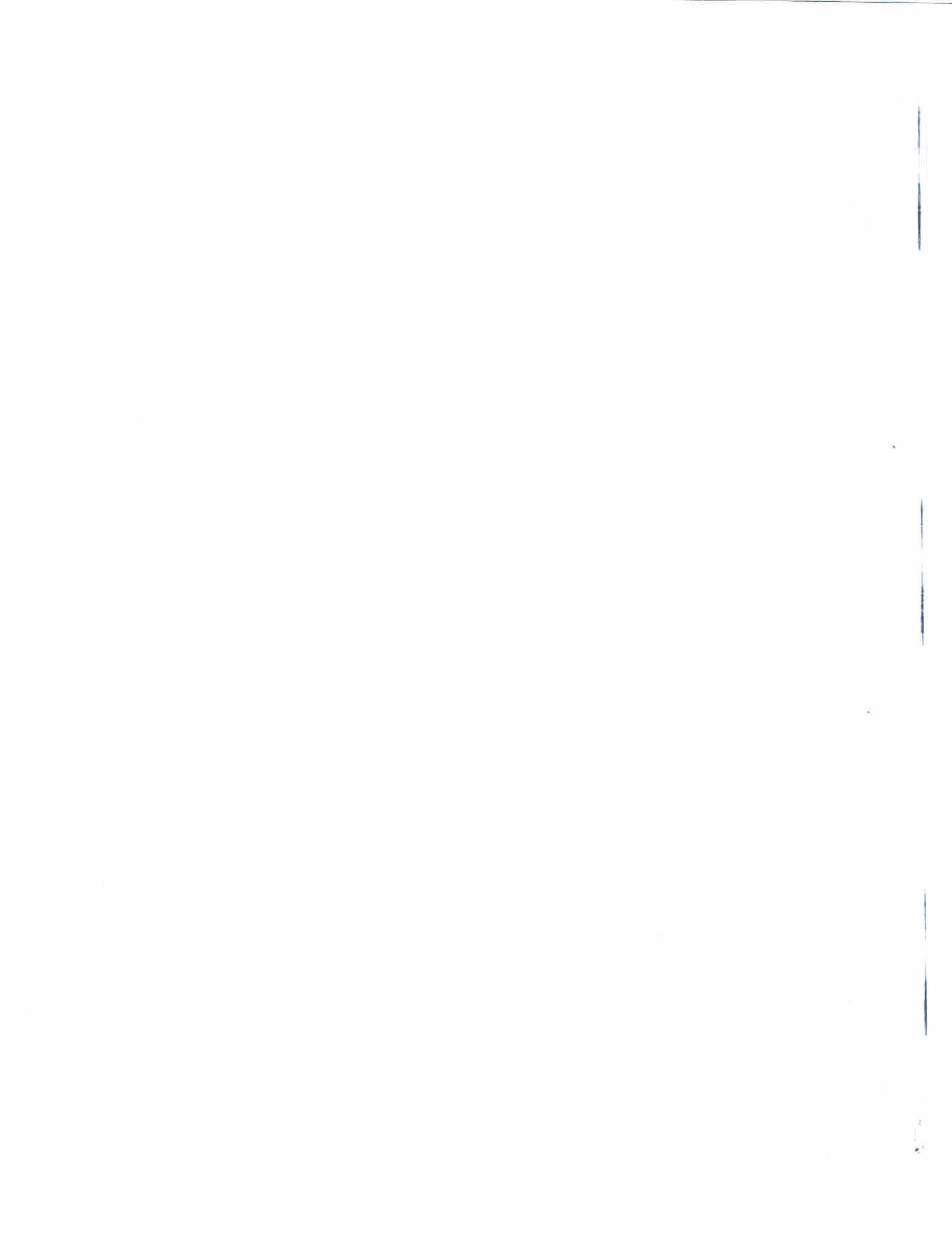
Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

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 23 2019**

ABOUT MY FATHERS BUSINESS HOMELESS
OUTREACH MINISTRY
C/O KATHY HUCK
5218 BIRCHCROFT ST
SIMI VALLEY, CA 93053-0000

Employer Identification Number:
83-4398730
DIN:
26053530002299
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-9500
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.

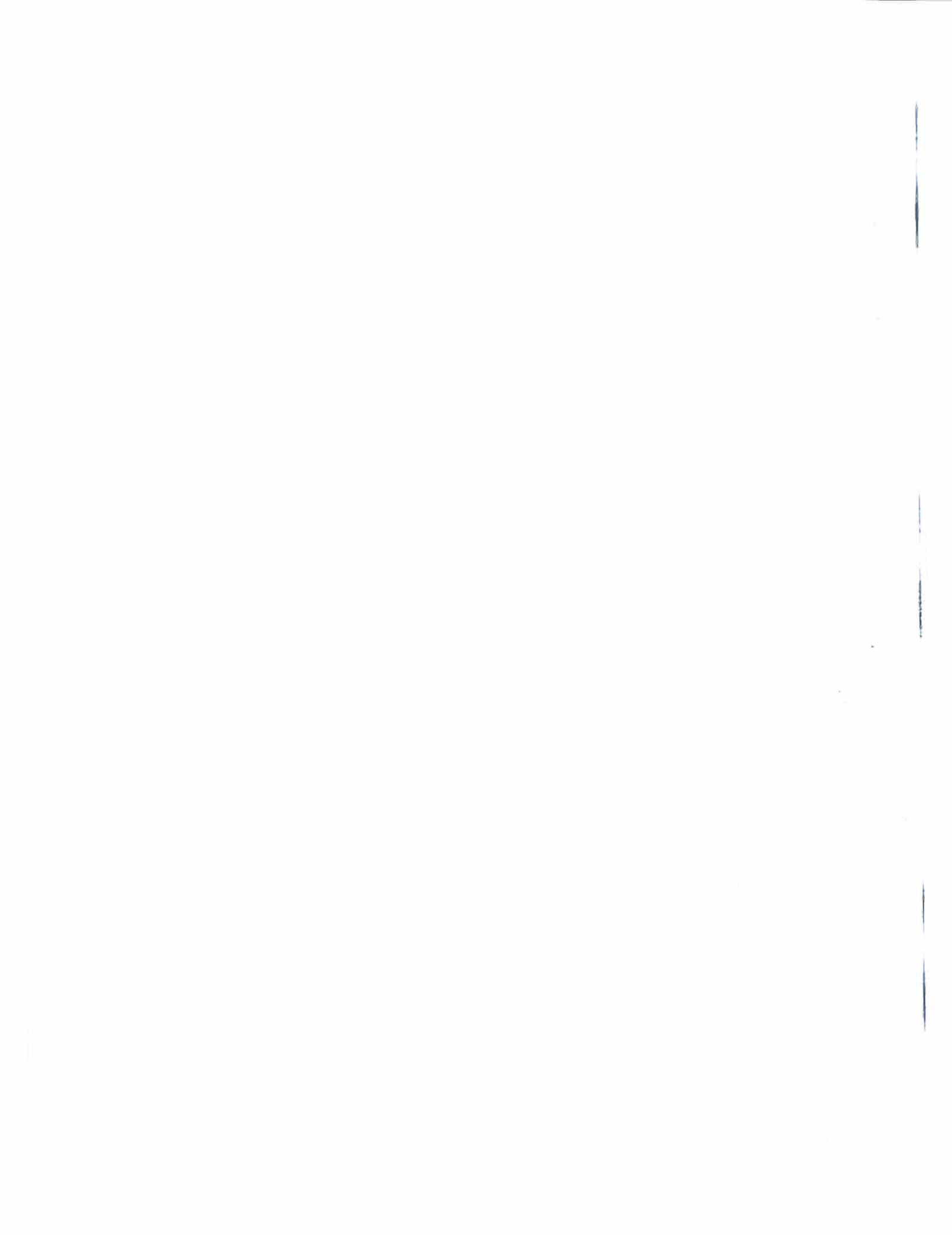
Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

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



Date of this notice: 04-12-2019

Employer Identification Number:
83-4398730

Form: SS-4

Number of this notice: CP 575 E

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

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

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.

Office of the City Clerk Administrative Services Division Neighborhood Council (NC) Funding Program

Board Action Certification Form

NC Name: Woodland Hills Warner Center

BUDGET 2020-2021

Board Motion and/or Public Benefit Statement (GP and NPG):

21-032 NPG My Fathers Business \$2000

Method of Payment: (Select One)

Board Member Reimbursement

Vote Count

Recused Boardmembers must leave the room prior to any discussion and may not return to the room until after the vote is complete

Board Member Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Reason Notes
Aaron Quantz	Resid Rep. Area 1	X					
Karen DiBiase	Biz Rep. Area 1 SEC		X				
Marc Schwartz	CBO Rep. Area 1	X					
Reina McCaughey	Area 1 Alternate					X	
Brian Draphin	Residential Rep. Area 2	X					
Paul Lawler	Business Rep. Area 2. Treas	X					
Sean McCarthy	CBO Rep. Area 2	X					
Ray Cule (Votes If Absent Absent)	Alternate. Area 2					X	
Nancy McLenn	Residential Rep. Area 3		X				
Angela Dawson	Business Rep. Area 3		X				
John Sandy Campbell	CBO Rep. Area 3	X					
Alex Gonsky	Alternate. Area 3				X		
Don Patterson	Residential Rep. Area 4	X					
Dena Weiss	Business Rep. Area 4				X		
MARTIN LIPKIN	CBO Rep. Area 4		X				
open	Alternate. Area 4						
Austin Rocker	Residential Rep. Area 5	X					
Lisa Meyer	Business Rep. Area 5				X		
Peter Fleischer	CBO Rep. Area 5	X					
open Paul Fleischer	Alternate. Area 5						
Lauren Coffman	Residential Rep. Area 6	X					
Gilbert Yablou	Business Rep. Area 6				X		
Heath Kline	CBO Rep. Area 6	X					
AUGUST STEURER	Alternate. Area 6					X	
Ginny Sand	Res Rep. Area 7				X		
Joyce Fletcher	Biz Rep. Area 7. Pres	X					
HOUTON HORMOZIAN	CBO Rep. Area 7			X			
	Alternate. Area 7						
Sheppard Kaufman	At-Large Rep.					X	
	At-Large Alt					X	
ANDREW MC NEAL	Youth Rep.					X	Ineligible (Age)
Totals		17	4	1			

We, the Treasurer and the Second Signer of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Treasurer *Paul Lawler*
Paul Lawler

Second Signer's Signature *Joyce Fletcher*
Joyce Fletcher