

# Monthly Expenditure Report



Reporting Month: April 2018

Budget Fiscal Year: 2017-2018

NC Name: Lincoln Heights  
Neighborhood Council

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$24684.55	\$5624.09	\$19060.46	\$3596.00	\$2000.00	\$13464.46

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$31300.00	\$233.00	\$11941.07	\$0.00	\$11045.07
Outreach		\$2189.29		\$896.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$700.00	\$201.80	\$498.20	\$0.00	\$498.20
Neighborhood Purpose Grants	\$10000.00	\$3000.00	\$6500.00	\$2700.00	\$3800.00
Funding Requests Under Review: \$2000.00		Encumbrances: \$0.00		Previous Expenditures: \$17436.64	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	PUBLIC STORAGE 22324	04/02/2018	(Credit card transaction)	General Operations Expenditure	Office	\$233.00
2	INTERPRETERS UNLIMITED	04/05/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$127.50
3	INTERPRETERS UNLIMITED	04/05/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$153.00
4	PAVILION #2228	04/09/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$42.85
5	OFFICE DEPOT #666	04/12/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$48.86
6	SMARTNFINAL51111205119	04/13/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$13.49
7	R & S LITHO	04/13/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$196.20
8	LA PIZZA DEL SOL #2	04/14/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$57.20

9	SMARTNFINAL51111205119	04/19/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$44.41
10	LANZA BROS MARKET	04/19/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$110.75
11	SMARTNFINAL51111205119	04/13/2018	(Credit card transaction)	Community Improvement Project		\$135.25
12	MARACAS CAFE AND CATER	04/14/2018	(Credit card transaction)	Community Improvement Project		\$54.75
13	EL PAVO BAKERY	04/14/2018	(Credit card transaction)	Community Improvement Project		\$11.80
14	The Shakespeare Center of Los Angeles	03/22/2018	Motion to approve NPG in the amount of \$1,000...	Neighborhood Purpose Grants		\$1000.00
15	About Productions	04/04/2018	Motion to approve \$500.00 to About Production...	Neighborhood Purpose Grants		\$500.00
16	Youth Film Productions	04/04/2018	Motion to approve NPG Application in the amount o...	Neighborhood Purpose Grants		\$1500.00
17	Arctic Glacier The IceMan	04/11/2018	Motion to approve \$7,000 for the Annual Holiday Pa...	General Operations Expenditure	Outreach	\$1395.03
<b>Subtotal:</b>						<b>\$5624.09</b>

Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	Connect Lincoln Heights	03/01/2018	Motion to approve \$500.00 to Connect Lincoln ...	Neighborhood Purpose Grants		\$500.00
2	Nuestras Raices	03/13/2018	Motion to approve Neighborhood Purpose Grant Appli...	Neighborhood Purpose Grants		\$1200.00
3	Community Disaster Preparedness Foundation	04/16/2018	Motion to approve NPG Application in the amount of...	Neighborhood Purpose Grants		\$1000.00
4	Lummis Day Community Foundation	05/01/2018	Motion to approve \$500.00 to Lummis Festival ...	General Operations Expenditure	Outreach	\$500.00
5	Department of Recreation and Parks	05/08/2018	Motion to approve \$496.00 to the Lincoln Heights S...	General Operations Expenditure	Outreach	\$396.00
<b>Subtotal: Outstanding</b>						<b>\$3596.00</b>

Compose

← Back

Archive Move Delete Spam

✕

chaidez46@y... 46

Your AutoPay confirmation

Yahoo/Inbox

santacruzmaria210  
tklaatubaradnikto?

Public Storage <DoNotReply@publicstorage.com>  
To: chaidez46@yahoo.com

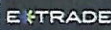
Apr 3 at 8:04 AM

Inbox 45  
Unread  
Starred  
Drafts 912  
Sent  
Archive  
Spam  
Trash

Photos  
Documents  
Travel  
Coupons  
Tutorials

New Folder  
Anthony Travel 1  
board agendas  
brentonzapata  
city of Los Angeles  
educare  
farmers  
fundraising  
gloria molina  
jeff brill  
laura wood  
lhnc budget agendas  
LHNC MINUTES  
lhnc outreach  
Ministerpalooza 8.m  
MUFON  
Notes  
pictures  
pictures veterans  
sean a  
veterans  
web  
web page  
WEBPAGE  
We-Ki-Pa Resort

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STORAGE MOVING SUPPLIES COMPANY INFO



Thanks for your AutoPay payment!

Hi Theresa,

We're confirming that a payment in the amount of \$233.00 was made on 04/02/2018 from your CreditCard account ending in 5395.

Your confirmation number for this transaction is 098064

Your Account Details [Log In](#)

THERESA VELASQUEZ

ACCOUNT NUMBER: 2232400087  
PHONE: (323) 317-6964  
EMAIL: chaidez46@yahoo.com

Payment Details

STORAGE LOCATION: 4002 N Mission Rd  
Los Angeles, CA 90032  
(323) 223-0782  
SPACE NUMBER: B243  
SPACE SIZE: 10x10

PAYMENT AMOUNT: \$233.00

	PAST DUE/DUE NOW	DUE NEXT 05/01/2018
RENT	\$0.00	\$218.00
INSURANCE	\$0.00	\$15.00
TOTAL	\$0.00	\$233.00

Glad to have you with us,  
Your Public Storage Team

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Fly LAX to San Jose

Round Trip \$193.85

Fly TIJ to San Jose

Round Trip \$169

*T. J. Jue*

*LHNC*

*April*

*PS -*

*Rent*

Established in 1970 ■ 130+ Languages ■ 8,000 Language Experts



making connections nationwide



Interpretation



translation



transportation



sign language

Lincoln Heights Neighborhood Council  
200 North Spring Street,  
Suite 255,  
Los Angeles, CA, 90012

INVOICE NO : 131094

**INVOICE FOR PROFESSIONAL LANGUAGE SERVICES**

Invoice Date:	2018-02-15
Interpretee:	Lincoln Heights Neighborhood Council
Language:	Spanish
Date Of Service:	2018-02-15 at 05:30 PM
Appt Type:	Neighborhood Council Meeting
Requested by:	Vera Padilla
Event Duration :	2 Hours 30 Minutes
Location:	Lincoln Heights Senior Center, 2323 Workman St., Los Angeles, California, 90031
Notes:	

Base \$ 127.50

Total: \$ 127.50

**PAID**

You can now visit our website to enter appointments. Please call to get your login information

<p>Payment Reminder Please include invoice Number that you are paying on your check. Thank You. We are going green, please provide us with your email address at info@iugroup.com to receive future invoices via email.</p>
---

**Terms: Payable upon Receipt**

Interpreters Unlimited, Inc.  
P.O. Box 27660, San Diego, CA 92198

Phone (800) 726-9891 | Fax (800) 726-9822 | info@iugroup.com | interpretersunlimited.com

FEIN 20-5905641



Interpreters Unlimited  
PO Box 27660  
San Diego, CA 92198  
800-726-9891  
www.interpretersunlimited.com

Sale Transaction  
04/05/2018 03:46 PM

*LHNC  
2017 - 2018  
Budget Line  
item.  
Transaction for  
February meeting  
over 200 in  
attendance*

Invoice: 3091

Order Detail:

Qty	Description	Cost
1	Invoice 131094	127.50

Total: USD \$127.50

Payment Information

Payment: 127.50  
AuthCode: 088329  
Card Type: MASTERCARD  
Card: \*\*\*\*\*5395  
Exp: \*\*/\*\*\*\*

TranID: 20180405154618-011458-3091

(Merchant Copy)



Interpreters Unlimited  
PO Box 27660  
San Diego, CA 92198  
800-726-9891  
www.interpretersunlimited.com

Sale Transaction  
04/05/2018 03:43 PM

Invoice: 3090

Order Detail:

Qty	Description	Cost
1	Invoice 127921	153.00

Total: USD \$153.00

Payment Information

Payment: 153.00  
AuthCode: 012758  
Card Type: MASTERCARD  
Card: \*\*\*\*\*5395  
Exp: \*\*/\*\*\*\*

TranID: 20180405154334-011458-3090

(Merchant Copy)

LHNC

2017-2018

Budget approval

Line item

Translation for

January meeting

over 280 in attendance

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**making connections nationwide**

Interpretation translation transportation sign language

Lincoln Heights Neighborhood Council  
200 North Spring Street,  
Suite 255,  
Los Angeles, CA, 90012

**INVOICE NO : 127921**

**INVOICE FOR PROFESSIONAL LANGUAGE SERVICES**

Invoice Date:	2018-01-18
Interpretee:	Lincoln Heights Neighborhood Council
Language:	Spanish
Date Of Service:	2018-01-18 at 06:00 PM
Appt Type:	Neighborhood Council Meeting
Requested by:	Vera Padilla
Event Duration :	3 Hours 00 Minutes
Location:	Lincoln Heights Senior Center, 2323 Workman St., Los Angeles, California, 90031
Notes:	

Base \$ 153.00

Total: \$ 153.00

**PAID**

You can now visit our website to enter appointments. Please call to get your login information

<p><b>Payment Reminder</b> Please include invoice Number that you are paying on your check. Thank You. We are going green, please provide us with your email address at <a href="mailto:info@iugroup.com">info@iugroup.com</a> to receive future invoices via email.</p>
--

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Phone (800) 726-9891 | Fax (800) 726-9822 | [info@iugroup.com](mailto:info@iugroup.com) | [interpretersunlimited.com](http://interpretersunlimited.com)

FEIN 20-5905641



# PAVILIONS

STORE MGR NICKY GRAHAM 626-799-2261  
THANK YOU FOR SHOPPING WITH US!

*LHNC*  
*Outreach*  
*Chet Traeney-*

---

## GROCERY

NV PROTEIN SALTED	4.99 S
NV GRNLA BR SWT	4.49 S
NV PROTEIN PB DARK	8.49 S
2 QTY NSTLE PURE	7.98 S
CRV SFTDK 28PK NTX	2.80 S
<b>Regular Price</b>	<b>9.98</b>
<b>Card Savings</b>	<b>2.00-</b>

## BAKED GOODS

COOKIES SUGAR 36CT	7.00 S
COOKIES PEANUT	7.00 S

## MISCELLANEOUS

MR RCYCBLE BAG CHARGE	0.10
TAX	0.00
**** BALANCE	42.85

PAVILION STORE #2228  
1213 SOUTH FAIR OAKS AVE.  
SOUTH PASADENA CA 91030

Credit Purchase 04/09/18 16:10  
CARD # \*\*\*\*\*5395  
REF: 25001112499 AUTH: C0016463

PAYMENT AMOUNT 42.85

AL MASTERCARD  
AID A0000000041010  
TVR 0000088000  
TSI E800

Mastercard 42.85

CHANGE 0.00  
TOTAL NUMBER OF ITEMS SOLD = 9  
04/09/18 16:10 2228 5 240 7036

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## Free Disaster Preparedness Training in Lincoln Heights

On most days, fire, medical, and other professional first responders are only minutes away when you call 911.

However, when an earthquake or other large-scale disaster strikes, you and your neighbors become your community's first responders.

The Los Angeles City Fire Department wants you to be prepared to safely help when they cannot. LAFD offers this free class to teach you the skills that could save not only your life but the life of someone in your family or neighborhood.



**When: Mondays, March 5<sup>th</sup>- April 16<sup>th</sup>, 7pm - 9:30pm**

Class 1: Mar 05	Introduction and Disaster Awareness
Class 2: Mar 12	Disaster Fire Suppression Techniques
Class 3: Mar 19	Disaster Medical Operations 1
Class 4: Mar 26	Disaster Medical Operations 2
Class 5: Apr 02	Light Search & Rescue Operations
Class 6: Apr 09	Team Organization & Disaster Psychology
Class 7: Apr 16	Terrorism & Homeland Defense

**Training Location:**

**Excel Charter Academy  
1855 N. Main Street  
Lincoln Heights, 90031**



**Look up classes and register at:**

**<https://www.eventbrite.com/e/lafd-cert-lincoln-heights-tickets-42477801247>**

Or find all upcoming classes at: <http://www.cert-la.com/eventbrite>

**Office DEPOT**  
**OfficeMax®**

ALHAMBRA - (626) 943-0900  
04/12/2018 8:01 PM



SALE	666-2-3500-893559-18.3.2	
523218	INK CRTG HP 63	35.99
	Promotion	
	Business Solutions Pro	30.39
	<b>You Pay</b>	<b>30.39SS</b>
523914	INK,HP 61,BLAC	20.99
	Promotion	-6.30
	Retail After Discounts	14.69
	Business Solutions Pro	14.23
	<b>You Pay</b>	<b>14.23SS</b>
	Subtotal:	44.62
	Sales Tax:	4.24
	Total:	48.86
	MasterCard 5395:	48.86

AUTH CODE 041081  
TDS Chip Read  
AID A0000000041010 MASTERCARD  
TVR 0000088000  
CVS Signature Verified

Total Savings:  
**\$12.36**

\*\*\*\*\*

**WE WANT TO HEAR FROM YOU!**

Participate in our online customer survey and receive a coupon for **\$10 off your next qualifying purchase of \$50 or more on office supplies, furniture and more.**  
(Excludes Technology. Limit 1 coupon per household/business.)

[www.TelloOfficeDepot.com](http://www.TelloOfficeDepot.com)

and enter the survey code below:

**B54M CM7X KJCV**

\*\*\*\*\*

\*\*\*\*\*

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Ink*

*Printing Flyers  
for Community  
Events.*

[Receipt Search](#) > Receipt

Purchased on 04/13/18 15:27:34

## Smart & Final.

Store#: 511  
2511 DALY STREET  
LINCOLN HEIGHTS, CA  
Cashier: 40014314

Link Type	Qty	Description	Item #	Price	Ext. Price
	1	NV BSCTS VP CINN ALM PB	00016000468276	13.49	13.49
				<b>SUBTOTAL</b>	13.49
				<b>TOTAL</b>	13.49

MasterCard - Bank Card **Tender 13.49**


Total Number of Items this Visit: 1

**Tender Information:**

Bank Card: YCFF PADUELA	(Show Link)
Acct. #: XXXXXXXXXXXX5395	Auth #: 000346
Exp. Date: **/**	
Ref/Seq #: 42767	Amount: 13.49
Transaction #: 157	Terminal #: 4



First Street Quality  
PACIFIC SALMON  
FILLETS



12 Count  
Ice Cream Bars

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*LHNC -  
Outreach -  
7th week - Cert Training  
1 Box granola Bars*



\*\*\* TO GO \*\*\*  
 La Pizza Del Sol #2  
 1883 Daly St #105  
 Los Angeles, CA 90031  
 323-224-1100

LHNC

CIP

Clean up.

CHECK# 203  
 Closed to Cash

DATE/TIME: 4/14/2018 10:00:48 AM  
 CASHIER: 100101  
 STATION: 01  
 SALESPERSON: 100102

Item Count: 19

2 FS SINGLE CARRY-OUT*	\$31.98
Gigante	
Regular Crust	
W: Pepperoni	
W: Cheese	
2 FS SINGLE CARRY-OUT*	\$25.98
Gigante	
Regular Crust	
W: Cheese	
1 .	(\$5.44)
-----	
Subtotal	\$52.52
Tax	\$4.68
<b>GRAND TOTAL</b>	<b>\$57.20</b>
-----	
Cash	\$57.20
Amt Tendered	\$57.20
Change	\$0.00

Thank you, come again!

(323)224-1100  
 LA PIZZA DEL SOL #2  
 1883 DALY ST STE 105  
 LOS ANGELES, CA 90031

04/14/2018 09:57:45

CREDIT CARD  
 MC SALE

Card #	XXXXXXXXXXXX5395
SEQ #:	2
Batch #:	792
INVOICE	4
Approval Code:	067361
Entry Method:	Manual
Mode:	Online

PRE-TIP AMT	\$57.20
TIP	\$0.00
-----	
TOTAL AMOUNT	\$57.20

CUSTOMER COPY



\*\* Welcome To Our Los Angeles Store \*\*  
Store # 511

\*\*\*\*\*  
See Us On WEB! www.smartandfinal.com

Cashier: nancy

DATE 04/19/18 TIME 15:05:39

Frito Classic Var	3.99	F
Was \$5.99 / YOU SAVED -- \$1.00		
Frito Classic Var	3.99	F
Was \$5.99 / YOU SAVED -- \$1.00		
04 Spring Water	7.99	F
HTV	1.20	F
Ma Oreo Mt Pack	3.99	F
Was \$4.99 / YOU SAVED -- \$1.00		
SV Lunch Napkin	.99	1
KBF COOKIES	4.99	F
35 Crn Sndwch Caki	5.19	F
Woods Value Pack	7.99	F
SUBTOTAL	44.41	
Sales Tax	.00	

TOTAL 44.41

MasterCard	TENDER	44.41
Cash	CHANGE	.00

TOTAL NUMBER OF ITEMS THIS VISIT--> 8

\*\*\*\* Electronic Payment Activity \*\*\*\*  
 04/19/2018 15:06:28  
 MASTERCARD Entry Method: Dip  
 CARD #: \*\*\*\*\*5195  
 PURCHASE APPROVED  
 AUTH CODE: 014250

\$44.41

Mode:	Teleser
AID:	A000000041010
TVR:	00008500
IAD:	0110A04002200000000000000000
DOFF:	
TSE:	E00
ARC:	00
TC:	ED3F2A2640A01E48
MID:	288131 TID: 001 SEQ: 078440
Total:	USD\$ 44.41

\*\*\*\* Electronic Payment Activity \*\*\*\*  
 15:05:33 OP# 40012521 04/19/18  
 Term:7 Trans # 382 Store # 511

THANK YOU FOR SHOPPING  
 YOUR LOS ANGELES SMART AND FINAL  
 STORE MANAGER, Javier Hernandez  
 1 (323) 539-2400

\*

\*\*\*\*\*

We want to know your thoughts  
so we can serve you better.

Complete our customer survey

LHNC  
Snack Refreshments  
Board Meeting

4/19/18

Outreach

LANZA MARKET

(323) 225-8977

THANK YOU

04-19-2018 #3

DP04	6.25
DP04	6.25
DP04	6.75
DP04	6.75
DP04	6.75
DP04	6.75
DP04	6.75
DP04	6.75
DP04	6.75
DP04	6.75
DP04	6.75
DP04	6.75
DP04	6.75
DP04	6.75
DP04	6.50
DP04	6.50
DP04	6.50
DP04	6.50
DP04	6.50
DP04	6.50
CASH	110.75

0203

LANZA MARKET

(323) 225-8977

LANC  
 Outreach  
 Board Meeting  
 Snacks/Refreshments  
 Board 4/19/18  
 Meeting

J  
 Sandwiches

LANZA BROS MARKET  
 1801 N MAIN ST  
 LOS ANGELES, CA 90031  
 (323) 225-8977

Bank ID: 6011  
 Merchant ID: 9695  
 Term ID: 003

Sale

XXXXXXXXXXXX5395  
 MASTERCARD

Entry Method: Swiped

Total: \$

110.75

04/19/18

Inv #: 000008

Apprvd: Online

Retrieval Ref #: 10100000

16:02:49

Appr Code: 060175

Batch#: 109001

Customer Copy



LHNC

Chip

Clear up

\*\* Welcome to Our Los Angeles Store \*  
Store # 511

\*\*\*\*\*  
See Us Or WEB [www.smartandfinal.com](http://www.smartandfinal.com)

Cashier: April

DATE 04/13/18 TIME 15:40:19

Ambc Sugar Packets	2.99	=
Tblcyr 54x108 3Blu	1.99	T
Tblcyr 54x108 3Blu	1.99	T
Tblcyr 54x108 3Blu	1.99	T
Tblcyr 54x108 3Blu	1.99	T
Tblcyr 54x108 3Blu	1.99	T
FS 10 oz Foam Cube	2.05	T
FS 10 oz Foam Cube	2.05	T
SV Lunch Nakin	.99	T
SV Lunch Nakin	.99	T
Coffmate Org Cream	7.99	=
Was \$8.99 / YOU SAVED -> \$1.00		
Honest Kids Mac Pk	10.99	=
Welchs Island Fnt	2.99	=
Welchs Mixed Fruit	2.99	=
Welchs Fruit Snack	2.99	=
Honest Kids Mac Pk	10.99	=
SV 3 7/8 Foam Plat	3.99	T
NV Sweet Salty Alm	12.99	=
Nature Valley Oats	12.99	=
NV Swt & Silty	12.99	=
NV Fruit Nut Trail	12.99	=
6 @ 2.14		
FS Water	12.84	=
Was \$17.94 / YOU SAVED -> \$5.10		
6 @ 1.20		
+CRV	7.20	
SUBTOTAL	133.35	
Sales Tax	1.90	
TOTAL	135.25	
MasterCard TENDER	135.25	
Cash CHANGE	00	

TOTAL NUMBER OF ITEMS THIS VISIT--> 27

\*\*\*\*\* Electronic Payment Activity \*\*\*\*\*  
04/13/2018 15:42:13  
MASTERCARD Entry Method: Chip  
CARD #: (XXXXXXXXXX)5395  
PURCHASE - APPROVED  
AUTH CODE:096748

Mode: Issuer  
AID: A0000000041010  
TVR: 0000088000  
IAD: 011CA04C022200000000000000000000  
000FF  
TSI: E800  
ARC: CO  
TC: 385141F1506B4686  
MID: 233181 110: 001 SEQ: 042775  
Total:\* USD\$ 135.25

**MARACAS CAFE AND CATERIN**

3300 N BROADWAY  
LOS ANGELES, CA 90031  
3232250506

No Catering is Too Small or Large at Maracas

**ORDER: 81**  
**Dine In**

Cashier: Paola  
13-Apr-2018 2:25:28P  
Transaction **001267**

1 50 coffees no creams no  
sugar ala carta \$50.00

**Subtotal** \$50.00  
**Tax** \$4.75

**Total** \$54.75

CREDIT CARD AUTH \$54.75  
MASTERCARD 5395

Tip  
Total \$54.76

Retain this copy for statement validation

13-Apr-2018 2:25:58P  
\$54.75 | Method: EMV  
MASTERCARD XXXXXXXXXXXXX5395  
Ref #: 810300572110 | Auth #: 025682  
MID: \*\*\*\*\*8886  
AID: A0000000041010  
AthNtwkNm: MASTERCARD  
SIGNATURE VERIFIED

Order ZPTZ0Z87R0B1J

Thank You! Come Again!



TC7RTDGN7Y30G

LANC

CIP

Clean up

Morning Refreshment

LHNC

CIP

Clean up

**#1 Central Office:**  
\*5111 Walnut Grove Ave.  
San Gabriel, CA 91776  
(626) 285-0270



**#4**  
4106 San Fernando Rd.  
Glendale, CA 91204  
(818) 242-5151

**#2**  
2327 Cesar Chavez Ave.  
Los Angeles, CA 90023  
(323) 266-2360

www.elpavobakeries.com

@elpavobakeries

/elpavobakeries

**#5**  
230 North Citrus Ave.  
Covina, CA 91723  
(626) 339-4548

**#3**  
2922 North Broadway  
Los Angeles, CA 90031  
(323) 225-8259

\*Restaurants  
**No 27518**

**#6**  
\*3350 E. Olympic Blvd.  
Los Angeles, CA 90023  
(323) 264-3414

Name	Phone
Email	

MIRICONCHA 3X1<sup>00</sup> 7<sup>00</sup>  
 Donchas Reg. 4<sup>80</sup>

Order By _____	Price \$ <u>11.80</u>
Order Taken By _____	Add-on \$ _____
Order Date _____	Discount \$ _____
Delivery Date _____	Delivery \$ _____
Delivery Time _____ AM <input type="checkbox"/> PM <input type="checkbox"/>	Total \$ <u>PAID</u>
<b>No devoluciones en ordenes canceladas</b> <b>No refunds on cancelled orders</b>	Deposit \$ _____
_____ Recibido por/ Received By	Balance \$ _____

**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. The Neighborhood Council (NC), upon approval of the application, shall submit the approved application along with all required documentation to the Department of Neighborhood Empowerment.

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

**SECTION I - APPLICANT INFORMATION**

1a) The Shakespeare Center of Los Angeles 133167013 California 05/01/85  
**Organization Name** **Federal I.D. # (EIN#)** **State of Incorporation** **Date of 501(c)(3) Status (if applicable)**

1b) 1238 West 1st Street Los Angeles CA 90026  
**Organization Mailing Address** **City** **State** **Zip Code**

1c) \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
**Business Address (if different)** **City** **State** **Zip Code**

1d) **PRIMARY CONTACT INFORMATION:**  
Paul Mackley (213) 519-4282 paul@shakespearecenter.org  
**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 Grant Request on School Letterhead** **Attach IRS Determination Letter**

3) \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
**Name / Address of Affiliated Organization** **City** **State** **Zip Code**  
*(If applicable)*

**SECTION II - PROJECT DESCRIPTION**

4) **Please describe the purpose and intent of the grant.**  
 The Shakespeare Center of Los Angeles is requesting support for a site-specific production of Macbeth at the historic Lummis Home, a treasure of North East Los Angeles. It will be performed by a professional cast of eleven actors using the facade of the Lummis Home to evoke a medieval Scottish castle. Macbeth will be presented for two weeks in September to residents and groups of students from middle schools and high schools in the neighborhoods close by the Lummis Home. We will also be offering accredited teacher training by Louis Fantasia, an internationally acclaimed Shakespearean scholar to teachers working in participating schools. The performances of Macbeth and the related teacher training will be offered free of charge to the residents, students and schools involved. To make this possible, we are seeking funding support from nearby neighborhood councils, local government officials, civic groups, and businesses.

5) **How will this grant be used to primarily support or serve a public purpose and benefit the public at-large. (Grants cannot be used as rewards or prizes for individuals)**  
 This grant will enable us to provide local students with access to the experience of a first-class production of one of William Shakespeare's, and world literature's, greatest works, Macbeth. It additionally allows us to support the experience as a learning opportunity by providing training to participating educators in the teaching of Shakespeare. We also will make a certain portion of the seats not used for the student audience available to the public on a first-come basis, free of charge.

**SECTION III - PROJECT BUDGET OUTLINE**

6a) Personnel Related Expenses	Requested of NC	Total Projected Cost
Director, Actor & Designer stipends	\$ 2,500.00	\$ 15,050.00

6b) Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Set and Costume construction and outreach costs (bus rental, etc.)		\$ 11,250.00

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

No  Yes, please list names of NCs: HCNC, Highland Pk, Cypress Pk, Eagle Rock, Glassell Pk, Arroyo Seco, LA-32

8) Is the implementation of this specific program or purpose described in box 4 above contingent on any other factors or sources or funding? (Including NPG applications to other NCs)  No  Yes, please describe:

Source of Funding	Amount	Total Projected Cost
Eight North East NCs	\$ 20,000.00	\$ 26,300.00
L.A. City CDs 1 & 14	\$ 4,000.00	
Individual donors	\$ 2,300.00	

9) What is the TOTAL amount of the grant funding requested with this application: \$ 2,500.00

10a) Start date: 08/10/17 10b) Date Funds Required: 08/01/17

10c) Expected completion date: 09/30/17 (After completion of the project, the applicant must submit a follow-up form to the Neighborhood Council and the Department of Neighborhood Empowerment)

**SECTION IV - POTENTIAL CONFLICTS OF INTEREST**

11a) Do you (applicant) have a former or existing relationship with a Board Member of the NC?  
 No  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 Department 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 Appendix A, "What is a Public Benefit," and Appendix B "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\*

Ben Donenberg Artistic Director Ben Donenberg 6/4/17  
PRINT Name Title Signature Date

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

Nathan Hochman Secretary Nathan Hochman 6/5/17  
PRINT Name Title Signature Date

\* If a current Board Member holds the position of Executive Director or Secretary, please contact the Department at (213) 978-1551 for instructions on completing this form



IRS Department of the Treasury  
Internal Revenue Service

P.O. Box 2508, Room 4010  
Cincinnati OH 45201

In reply refer to: 4077550279  
June 23, 2011 LTR 4168C 0  
13-3167013 000000 00

00034013  
BODC: TE

THE SHAKESPEARE CENTER OF LOS  
ANGELES INC  
1238 W 1ST ST  
LOS ANGELES CA 90026-5831



002845

Employer Identification Number: 13-3167013  
Person to Contact: Sophia Brown  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your May 11, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in December 1987.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.



**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. The Neighborhood Council (NC), upon approval of the application, shall submit the approved application along with all required documentation to the Department of Neighborhood Empowerment.

Name of NC from which you are seeking this grant: Lincoln Heights

**SECTION I - APPLICANT INFORMATION**

1a) About Productions 95-4192086 CA July 1988  
**Organization Name** **Federal I.D. # (EIN#)** **State of Incorporation** **Date of 501(c)(3) Status (if applicable)**

1b) 145 N. Raymond Ave Pasadena CA 91103  
**Organization Mailing Address** **City** **State** **Zip Code**

1c) Business Address (if different) City State Zip Code

1d) **PRIMARY CONTACT INFORMATION:**  
Theresa Chavez 626/396-0920 theresa@aboutpd.org  
**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 Grant Request on School Letterhead** **Attach IRS Determination Letter**

3) Name / Address of Affiliated Organization City State Zip Code  
**(if applicable)**

**SECTION II - PROJECT DESCRIPTION**

4) **Please describe the purpose and intent of the grant.**  
 To support the Young Theaterworks' Chicano Legacy Project intensive arts education residency for highest-risk youth at Pueblo de Los Angeles High School in Lincoln Heights. About... Productions is conducting a 22-session program in which students, mentored by professional theater artists, create their own scripts inspired by themes from our professional production, "Evangeline, the Queen of Make-Believe" (EQMB), which centers around the 1968 East L.A. student walkouts and the seminal music and visual art movements of the period. Final residency session is a reading of student's scripts by professional actors and volunteering students. This free public culmination will be performed at Pueblo on March 22 @ 10:30AM for the Pueblo and general community.

Following the culmination, all Pueblo students will attend a special weekday morning matinee performance of "EQMB" at Plaza de la Raza, and participate in a post-play discussion with the production 's professional creative team.

This is our 3rd year conducting an intensive residency at Pueblo.

5) **How will this grant be used to primarily support or serve a public purpose and benefit the public at-large. (Grants cannot be used as rewards or prizes for individuals)**  
 This program will benefit this LAUSD continuation school, and general public at large as follows:  
 ? Give highly challenged, under-performing students the opportunity to individually express themselves through playwriting and live performance in a professional context;  
 ? Significantly improve students ' reading, writing, communication, and collaboration skills, self-discipline, confidence, cultural understanding, ability to give and receive constructive criticism, and cooperative work habits;  
 ? Increase students' potential to stay in school, and raise their self-esteem as they build a strong artistic community by making connections and working collaboratively with adult professionals, and their peers;  
 ? Help classroom teachers address State Curriculum Standards in History/Social Studies, Language, and Theater;  
 ? Provide students with the opportunity to learn about their community history, jobs and careers in the arts, and be inspired to continue their education beyond high school.  
 ? Give Pueblo and Lincoln Heights community an opportunity to experience new theatrical work and the creative mettle of these youth.



Internal Revenue Service  
District Director

Department of the Treasury

P. O. Box 2508  
Cincinnati, OH 45201

Date: MAY 12, 1999

Person to Contact:

Donald R. Myers 31-04025

Customer Service Representative

Telephone Number:

877-829-5500

Fax Number:

513-684-5936

Federal Identification Number:

95-4192086

About Productions  
1728 N. Whitley Ave.  
Los Angeles, CA 90028-4809

Dear Sir or Madam:

This letter is in response to your telephone inquiry of May 10, 1999, requesting a copy of your organization's determination letter, and to change the address from 1724 N. Whitley Ave, to 1728 N. Whitley Ave. We have updated our records to reflect the address change. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in June 1989, granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(2).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Office of the City Clerk  
 Administrative Services Division  
 Neighborhood Council (NC) Funding Program  
 Board Action Certification Form



NC Name: Lincoln Heights Neighborhood Council Meeting Date: March 15, 2018

Budget Fiscal Year: 2017-2018 Agenda Item No: Treasurer-Budget

Board Motion and/or Public Benefit Statement (CIP and NPG):  
 Motion to approve \$500.00 to About Productions Funds will support the Young Theater Works Chicano Legacy Project -intensive arts residency for highest risk youth at Pueblo De Los Angeles The program significantly improves the students reading, writing, communication and collaborations skills, self-discipline, confidence, cultural understanding ability to give and received constructive criticism and cooperative work habits.

Method of Payment: (Select One)  Check  Credit Card  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 First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Micheal Montes	President	X					
Ben Wadsworth	Vice President	x					
Kenneth Yoon	Secretary	X					
Vera Padilla	Treasurer	X					
Mario Marrufo	Business Rep	X					
William R. Morrison	Business Rep				X		
VACANT	Business Rep						
Benny Madera	Community Rep	x					
Selena Ortega	Community Rep	X					
Sevin Riley	Community Rep	X					
Hugo Hernandez	Youth Rep		X				
Brittany Rivera	Youth Rep				X		
Theresa Velasquez	Area 1 Resident				x		
Richard Larsen	Area 1 @Large	X					
Vicente R. Gonzalez Jr.	Area 2 Resident	X					
Martin Gomez	Area 2 @Large	X					
Maribel Hernandez	Area 3 Resident	X					
Armida Marrufo	Area 3 @Large	X					
Michelle Rubio	Area 4 Resident	X					
Vincent Rosiles	Area 4@Large				X		
David Meyers	Area 5 Resident	X					
Tameka Flowers	Area 5 @Large	x					
Amanda Coolong	Area 6 Resident	x					
Sean Veal	Area 6@Large				x		
Victoria Montes	Area 7 Resident				x		
VACANT	Area 7 @Large						
Quorum: 14	Total:	18	1	0	6	0	0

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's Signature *Vera Padilla* Second Signer's Signature *Vince Rosiles*

Print/Type Name: Vera Padilla Print/Type Name: Vince Rosiles

Date: December 21, 2017 Date: December 21, 2017



Personnel Related Expenses	Requested of NC	Total Projected Cost
Printing	\$ 1,000	\$ 2,000
LAUSD Rent	\$ \$500.00	\$ 500.00
Insurance	\$ 250.00	\$ 250.00

Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Food/snacks/refreshments	\$1,000;00	\$1,500;00
T-Shirts	\$1,200.00	\$1,800.00
Equipment Rental/Microphones, Recording Machines/ it Support	\$2,000;00	\$2,500;00

**SECTION III - PROJECT BUDGET OUTLINE**

6a) 6

- 7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?  No  
 Yes, please list names of NCs: **Boyle Heights, LA 32**
- 8) Is the implementation of this specific program or purpose described in box 4 above contingent on any other factors or sources or funding? (Including NPG applications to other NCs)  No  Yes, please describe:

Source of Funding	Amount	Total Projected Cost
Sponsors	\$	\$
Donations	\$	\$
IN-Kind Services	\$	\$

9) What is the TOTAL amount \_\_\_\_\_ of the grant funding requested with this application  
\$8,550.00

10a) Start date: 02 / 01 /18 10b) Date Funds Required: 02 / 01 / 18

10c) Expected completion date 6-1-18 (After completion of the project, the applicant must submit a follow-up form to the Neighborhood Council and the Department of Neighborhood Empowerment)

**SECTION IV - POTENTIAL CONFLICTS OF INTEREST**

11a) Do you (applicant) have a former or existing relationship with a Board Member of the NC?  
 No  Yes - Please describe below:

Name of NC Board Member	Relationship to Applicant

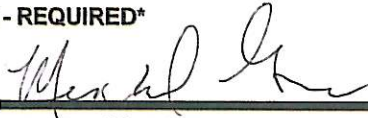
11b) If yes, did you request that the board member consult the Office of the City Attorney before filing this application?  Yes  No \*(Please note that if a Board Member of the NC has a conflict of interest and completes this form, or participates in the discussion and voting of this NPG, the Department 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 Appendix A, "What is a Public Benefit," and Appendix B "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 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\*

Michel Gerren	President		1/30/18
_____	_____	_____	_____
<i>PRINT Name</i>	<i>Title</i>	<i>Signature</i>	<i>Date</i>

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

Leticia Lopez	Secretary		1/30/18
_____	_____	_____	_____
<i>PRINT Name</i>	<i>Title</i>	<i>Signature</i>	<i>Date</i>

\* If a current Board Member holds the position of Executive Director or Secretary, please contact the Department at (213) 978-1551 for instructions on completing this form

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

DEPARTMENT OF THE TREASURY

Date: **JAN 03 2018**

YOUTH FILM PRODUCTIONS  
2916 WEST MAIN ST APT G  
ALHAMBRA, CA 91801-0000

Employer Identification Number:  
82-2385573  
DLN:  
26053738006377  
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:  
August 4, 2017  
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](http://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.

YOUTH FILM PRODUCTIONS

Sincerely,

*Stephen A. Martin*

Director, Exempt Organizations  
Rulings and Agreements



Office of the City Clerk  
 Administrative Services Division  
 Neighborhood Council (NC) Funding Program  
 Board Action Certification Form

NC Name: Lincoln Heights Neighborhood Council Meeting Date: February 15, 2017

Budget Fiscal Year: 2017-2018 Agenda Item No: Treasure-Budget-iv1

Board Motion and/or Public Benefit Statement (CIP and NPG):  
 Motion to approve NPG application in the amount of \$1,500 to Youth Film Productions to pay for t-shirts, equipment, LAUSD rent and insurance. Students will learn to make develop, edit and produce their finished video project. The students will submit their work to the 2nd Annual Film Festival where community members are invited to come and view students work.

Method of Payment: (Select One)  Check  Credit Card  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 First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Michael Montes	President	X					
Ben Wadsworth	Vice President	X					
Kenneth Yoon	Secretary	X					
Vera Padilla	Treasurer				X		
Mario Marrufo	Business Rep	X					
William R. Morrison	Business Rep	X					
Zul Surani	Business Rep				X		
Benny Madera	Community Rep	X					
Selena Ortega	Community Rep	X					
Sevin Riley	Community Rep				X		
Hugo Hernandez	Youth Rep					X	
Brittany Rivera	Youth Rep					X	
Theresa Velasquez	Area 1 Resident	X					
Richard Larsen	Area 1 @Large	X					
Vicente R. Gonzalez Jr.	Area 2 Resident	X					
Martin Gomez	Area 2 @Large	X					
Maribel Hernandez	Area 3 Resident	X					
Armida Marrufo	Area 3 @Large	X					
Michelle Rubio	Area 4 Resident	X					
Vincent Rosiles	Area 4@Large	X					
David Meyers	Area 5 Resident	X					
Tameka Flowers	Area 5 @Large				X		
Amanda Cooling	Area 6 Resident	X					
Sean Veal	Area 6@Large	X					
Victoria Montes	Area 7 Resident	X					
VACANT	Area 7 @Large						
Quorum: 14	Total:	19	0	0	4	2	0

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's Signature *Vera Padilla* Second Signer's Signature *Vince Rosiles*

Print/Type Name: Vera Padilla Print/Type Name: Vince Rosiles

Date: 2/15/18 Date: 2/15/18



8710 Park Street, Bellflower, CA 90706  
Phone: (562) 633-4423



**S n o w E v e n t**

Invoice Date: 11/28/17

Invoice No.: 17058

Purchase Order No.: Trinh Ortega

**Event Date: 12/10/17**

**Ready By: 8:00am**

**Event Location:**

**Bank of America**

2400 N. Broadway

Los Angeles, CA 90031

Contacts: Trinh Ortega / Dennis Ortega

Cell #: 323-791-1196 or 323-791-1934

Email: [LHTP@aol.com](mailto:LHTP@aol.com)

**Billing Address:**

**Lincoln Heights Neighborhood Council**

200 N. Spring Street #201

Los Angeles, CA 90012

Attn: Vera Padilla / Office Ph.: 323-236-0595

Email: [chaidez46@gmail.com](mailto:chaidez46@gmail.com)

Description of Event	Amount
1 Wooden ramp with metal stairs delivered, set-up, and picked up - \$199.00	\$1,274.00
5 Tons of snow blown to fill above sled run at \$215.00/ton - \$1,075.00	
4 Plastic sleds (Value \$15.00 each) – On loan / No charge	

**Payment terms are due on event day 12-10-2017**  
Please make checks payable to: **Arctic Glacier USA, Inc.**

Sub Total: \$1,274.00

Delivery and Pick-Up: \$0.00

Tax: \$121.03

**Total Amount Due: \$1,395.03**



8710 Park Street, Bellflower CA 90706  
Phone: (562) 633-4423



Invoice Date: 11/28/17

Payment Due Date: 12/10/17

**Invoice No.: 17058**

Purchase Order No.: Trinh Ortega

**Total Amount Due: \$1,395.03**

**Billing Address:**

**Lincoln Heights Neighborhood Council**

200 N. Spring Street #201

Los Angeles, CA 90012

Attn: Vera Padilla / Office Ph.: 323-236-0595

Email: [chaidez46@gmail.com](mailto:chaidez46@gmail.com)

Amount Enclosed: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Arctic Glacier U.S.A., Inc.</b>		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) <b>1654 Marthaler Ln</b>	Requester's name and address (optional)	
	6 City, state, and ZIP code <b>West St Paul, MN 55118</b>		
	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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>	
[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]	
<b>or</b>	
<b>Employer identification number</b>	
4 6 - 0 5 2 7 9 5 8	

**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 on page 3.

**Sign Here**      Signature of U.S. person      Date ▶ Jan. 28, 2015

**General Instructions**

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**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? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.





**HOLIDAY PARADE AND FESTIVAL**  
**Sunday, December 10, 2017**

**BUDGET**

Refreshments/snacks-sweet bread/water La Favorita/Smart and Final	\$350.00
VIP/Continental Breakfast/Coffee/Refreshments Lilians's Tamales/La Favortia/Smart & Final	\$250.00
Flyers/Banner/Poster-Program R&S Litho/car banners	\$1,000.00
DJ's/Parade Announcer/Festival DJ	\$400.00
Volunteer T-Shirts - R&S Litho	\$600.00
Snow/Sleigh Rides-	\$1,300
Foto Booth-Pictures with Santa	\$400.00
Pizza for all community members in attendance	\$1,600
Arts/Crafts-Festival-Michaels	\$270.00
Insurance	\$200.00
Capri Drinks/Water/Plates/Napkins/Tableclothes Misc items-masking tape, holiday backdrop decorations/clipboards, index cards-Smart & Final, 99 cent store/Michaels	\$630.00
<b>BUDGET TOTAL:</b>	<b>\$7,000.00</b>