

Monthly Expenditure Report



Reporting Month: September 2025 Budget Fiscal Year: 2025-2026

**NC Name: Northridge West
Neighborhood Council**

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$23234.39	\$1486.45	\$21747.94	\$1323.68	\$0.00	\$20424.26

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$12500.00	\$986.45	\$9250.33	\$123.68	\$9126.65
Outreach		\$0.00		\$0.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$2500.00	\$0.00	\$2500.00	\$0.00	\$2500.00
Neighborhood Purpose Grants	\$10000.00	\$500.00	\$9500.00	\$1200.00	\$8300.00
Funding Requests Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$2263.22	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	PY GOLDEN STATE STORA	09/02/2025	monthly storage charge Motion to approve 2025-26 Admin package and budget	General Operations Expenditure	Office	\$165.50
2	MAILCHIMP	09/09/2025	monthly MailChimp email service Motion to approve 2025-26 Admin package and budget	General Operations Expenditure	Office	\$45.00
3	HOST RESELLER GROUP	09/30/2025	Website domain renewal Motion to approve 2025-26 Admin package and budget	General Operations Expenditure	Office	\$19.95
4	KRISTINA J. SMITH / THE MAIL ROOM	09/02/2025	July Web services Motion to approve 2025-26 Admin package and budget	General Operations Expenditure	Office	\$250.00
5	KRISTINA J. SMITH / THE MAIL ROOM	09/02/2025	August 2025 web services Motion to approve 2025-26 Admin package and budget	General Operations Expenditure	Office	\$250.00
6	ATWORK Franchise, Inc.	09/19/2025	Minute taking at Board meeting Motion to approve 2025-26 Admin package and budget	General Operations Expenditure	Office	\$256.00
7	ONEgeneration - Wilkinson	09/17/2025	Motion to approve \$500 NPG for ONEgeneration Senior Health Fair at Wilkinson Senior Center on Oct. 25, 2025	Neighborhood Purpose Grants		\$500.00
Subtotal:						\$1486.45

Outstanding Expenditures

#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	City of Los Angeles - Department of Neighborhood Empowerment	09/30/2025	Zoom License Motion to approve 2025-26 Admin package and budget	General Operations Expenditure	Office	\$123.68
2	The Museum of San Fernando Valley	10/03/2025	Motion to approve \$1200 for the revised NPG for The Museum of The San Fernando Valley Art Fair scheduled for Sunday, November 9th at The Museum of the San Fernando Valley and Rancho del C...	Neighborhood Purpose Grants		\$1200.00
Subtotal: Outstanding						\$1323.68

Payment Receipt

Tenant City Of LA
 Northridge West Neighborhood Council
Address DONE-Northridge W. Neighborhood Council
 200 N. Spring St. 20th Floor, Suite 2005
 Los Angeles, CA 90012

Date Printed September 2, 2025
Payment Date September 2, 2025 08:55
Paid Thru October 1, 2025
Current Balance \$0.00
Receipt Number 93841
Unit Number E91
By Mark Berry

Date	Unit	Description	Charge	Discount	Tax	Total	Payment Method	
09/02/25	E91	Rent 09/02-10/01	158.00	0.00	0.00	158.00	158.00 Master C.	
09/02/25	E91	Protection PI 09/02-10/01	7.50	0.00	0.00	7.50	7.50 Master C.	
							Taxes	0.00
							Payment (less tax)	165.50
							Payment Subtotal	165.50
							Credits Applied	0.00
							Refunds Applied	0.00
							Total Applied to Account	\$ 165.50

Current Account Bal. \$0.00
 Paid By Master Card *****761
 Paid Thru Date October 1, 2025

Transaction Type Sale

Authorization 080958
 Reference p1_txn_68b7138428823dc2199ab0d

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

X _____

Mailchimp Receipt MC24945443

Issued to

Northridge West Neighborhood Council
Northridge West Neighborhood Council
info@northridgewest.org
Office phone:818-534-1797 x1
18543 Devonshire St # 437 Northridge,
CA 91324-1308

Issued by

Mailchimp
c/o The Rocket Science Group, LLC
405 N. Angier Ave. NE, Atlanta, GA
30308
USA
www.mailchimp.com
Tax ID: US EIN 58-2554149

Details

Order# 24945443
Date Paid: September 08, 2025 11:29 PM
Los Angeles

Billing statement

Essentials plan

2,500 contacts

\$45.00

Paid via Mast ending in **7601** which expires **12/2026**

on September 09, 2025

\$45.00

Balance as of September 09, 2025

\$0.00

If a refund is required, it will be issued in the purchase currency for the amount of the original charge.

Sales Tax was not applied to this purchase.

[Looking for our W-9?](#)

[Looking for our United States Residency Certificate?](#)



Joel Lowell <joel.lowell@gmail.com>

Thanks, Payment Received!

1 message

NetFronts Inc <support@netfronts.com>
Reply-To: NetFronts Inc <support@netfronts.com>
To: "Joel Lowell (Northridgewest Neighborhood Council)" <joel.lowell@gmail.com>

Tue, Sep 30, 2025 at 10:37 AM



Dear Joel Lowell (Northridgewest Neighborhood Council),

This is a payment receipt for Invoice 109253 sent on 09/30/2025

Domain Renewal - NORTHRIDGEWEST.ORG - 1 Year/s (11/07/2025 - 11/06/2026) \$19.95 USD
+ DNS Management
+ Email Forwarding

Sub Total: \$19.95 USD
Credit: \$0.00 USD
Total: \$19.95 USD

Amount: \$19.95 USD
Transaction #: 121265711798
Total Paid: \$19.95 USD
Remaining Balance: \$0.00 USD
Status: Paid

Your credit card statement will show "HOSTRESELLER-GROUP" as the merchant.

Note: This email will serve as an official receipt for this payment. You may review your invoice history at any time by logging in to your client area at <https://netfronts.com/login2.php>

Thank you,

NetFronts Hosting Support

[visit our website](#) | [log in to your account](#) | [get support](#)
Copyright © NetFronts Inc, All rights reserved.

Invoice-109253.pdf
28K

INVOICE

The Mailroom

1840 S Gaffey St, Suite 102, San Pedro, CA 90731,
UNITED STATES
ksmith-mailroom@mail.com



Invoice No#: 2025-NWNC

Invoice Date: Aug 29, 2025

Reference: JULY 2025

Due Date: Sep 8, 2025

\$250.00 USD

AMOUNT DUE

BILL TO

Northridge West Neighborhood Council

Joel Lowell

joel.lowell@gmail.com

#	ITEMS & DESCRIPTION	QTY/HRS	PRICE	AMOUNT(\$)
1	JULY 2025 WEB SERVICES @ \$250/mo Services include: Uploading of all website content (minutes, events, meeting dates, news posts, changes to web pages), and removal of expired content. Email Blasts & Social Media Posting announcing upcoming meetings, news, event flyers, etc, through Mail Chimp; Social media postings to Nextdoor, Facebook & Twitter as requested. Total flat fee per month \$250.00.	1	\$250.00	\$250.00

Subtotal \$250.00

Shipping \$0.00

TOTAL \$250.00 USD

INVOICE

The Mailroom

1840 S Gaffey St, Suite 102, San Pedro, CA 90731,
UNITED STATES
ksmith-mailroom@mail.com



Invoice No#: 2026-NWNC

Invoice Date: Aug 29, 2025

Reference: AUG 2025

Due Date: Sep 8, 2025

\$250.00 USD

AMOUNT DUE

BILL TO

Northridge West Neighborhood Council

Joel Lowell

joel.lowell@gmail.com

#	ITEMS & DESCRIPTION	QTY/HRS	PRICE	AMOUNT(\$)
1	AUGUST 2025 WEB SERVICES @ \$250/mo Services include: Uploading of all website content (minutes, events, meeting dates, news posts, changes to web pages), and removal of expired content. Email Blasts & Social Media Posting announcing upcoming meetings, news, event flyers, etc, through Mail Chimp; Social media postings to Nextdoor, Facebook & Twitter as requested. Total flat fee per month \$250.00.	1	\$250.00	\$250.00

Subtotal \$250.00

Shipping \$0.00

TOTAL \$250.00 USD



10350 Heritage Park Dr
 Suite 105
 Santa Fe Springs, CA 90670-0000

INVOICE NO.	DATE	ORIGINATING OFFICE		
335290	9/19/25	Emploi Group, Inc.		
CUSTOMER	PURCHASE ORDER	PERIOD END	PAGE	
538/0131-013		9/14/25	1	

BILL TO	NORTHRIDGE WEST NC
	P.O. Box 280477 Northridge, CA 91328

JOB SITE	NORTHRIDGE WEST NC
	18901 Chatsworth Street
	Northridge CA 91326-0000

** Do Not Mail **

DATE	EMPLOYEE / DESCRIPTION	HOURS	RATE	AMOUNT
9/14/25	96537 Kramer, Pat	REG 10.00	25.60	256.00
	SUB TOTAL	10.00		256.00

Pay online www.e-billexpress.com/ebpp/Atwork1

AMOUNT DUE	256.00
DUE BY:	9/19/25

REG HOURS: 10.00 OVR HOURS: DBL HOURS:
 REG DOLLAR: 256.00 OVR DOLLAR: DBL DOLLAR:

PLEASE RETURN THIS PORTION FOR PROPER CREDIT

CUSTOMER NUMBER	DATE	INVOICE NUMBER	AMOUNT DUE
538/0131-013	9/19/25	335290	256.00

ORIGINATING OFFICE	TERMS	AMOUNT PAID
Emploi Group, Inc.	Upon Rcpt	

PLEASE REMIT TO
ATWORK FRANCHISE, INC. EIN 62-1496439 P.O. BOX #202992 DALLAS, TX 75320-2992

FOR QUESTIONS ABOUT THIS INVOICE
 PLEASE CALL (714) 676-3998

TERMS: Total amount due upon receipt. Accounts 30 days past due subject to interest of 1 1/2% per month (18% annual rate). If referred to attorney for collection customer shall pay reasonable attorney fees and court costs.

Hello Northridge West Neighborhood Council,

I hope this email finds you well. ONEgeneration would like to request the Northridge West Neighborhood Council's participation for our 1st Annual Senior Health Fair on Saturday, November 2, 2024. This year the health and wellness of our senior community is of the utmost importance. Our goal this year is to help our older adults be more connected with the community, educated about continuously bettering their health and informed on various opportunities that are available to them. The Health Fair will be a free outdoor event for the community at ONEgeneration's Wilkinson Senior Center located at 8956 Vanalden Ave, Northridge, Ca 91324. Residents from all over the San Fernando Valley will attend and outreach throughout the Northridge community will be conducted. During the event, vendor booths will be set up so seniors and their caregivers can pass by safely to stop for a bit to pick up information and resources. We will have on-site educational presentations, health screenings and referrals. Resources include information about ONEgeneration's vaccine clinics, CalFresh & Housing Assistance, senior homebound meal delivery, transportation, Care Management, Supportive Services, and wellness programs.

The Health Fair has 200 people registered and will continue to grow. We anticipate over 500 participants coming from all over the San Fernando Valley and Los Angeles County. Significant portions of attendees not only reside in your neighborhood but also participate in ONEgeneration's programs and services on a regular basis. Local resources, services, and programs will be made available at the Health Fair including health screenings, vaccine clinics, and social service assistance, all aimed toward supporting our older adults, adults with disabilities, and their families.

This event is completely free to the public and available to anyone who is interested in attending. Support through Neighborhood Purposes Grant will allow us to rent tables, chairs, and canopies. Without the support to help cover our costs for this annual event that helps us provide our aging residents with essential resources, we would not be able to provide the services at the fair. Your support will include a table, chairs for two, canopy, along with prime location and advertising of your logo in all promotional materials. We hope to have your support! I have attached an NPG application for your consideration along with an invoice and copy of our IRS tax letter. Please don't hesitate to reach out if you have any questions or need further information.

I look forward to hearing from you!

Thank you,

Rhonda Bunnin

**Rhonda Bunnin
Director, Wilkinson Senior Center- ONEgeneration
Northridge, CA 91324
818-654-8377
rbunnin@ONEgeneration.org**



**ONEgeneration Wilkinson Senior Center
NC West Health Fair Invoice
August 2025**

September 2, 2025

ONEgeneration
8956 Vanalden Ave.
Northridge, CA 91324

REMIT CHECK PAYMENT TO:

ONEgeneration
8956 Vanalden Ave.
Northridge, CA 91324
Memo: WILK Health Fair 2025 Sponsorship

Credit Card Payment:

Sue Sexton – Director of Fund Development & Marketing
Work Number: 818-708-4756

Item	Amount
<p>Healthy Lifestyle Sponsor</p> <p>Prime placement in all event advertisements and promotions (including social media and web-site event listing). Logo displayed on event banner if provided by 9/10/2025. Half page ad (Landscape 8.5 wide, 5.5 tall) in the online event program. Indoor vendor booth, table, and 2 chairs included. Promotion on social media and special Senior Health Fair Newsletter that will be released before the event. Six months of free space at ONEgeneration’s Wilkinson Senior Center Resource area.</p> <p>Saturday, October 25, 2025, 10:00am-1:00pm \$1,000.00 per day x 1 visit</p>	<p>\$1,000.00</p>
Balance Due:	\$1,000.00

Thank you for your support!

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.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

ONEGENERATION

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor C corporation S corporation Partnership Trust/estate

LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

Other (see instructions)

NONPROFIT CORPORATION 501 (C) (3)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions

5 Address (number, street, and apt. or suite no.). See instructions.

17400 VICTORY BLVD.

Requester's name and address (optional)

6 City, state, and ZIP code

VAN NUYS, CA 91406

7 List account number(s) here (optional)

Print or type. See Specific Instructions on page 3.

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.

Social security number								
			-					

or

Employer identification number									
9	5	-	4	0	6	6	9	7	9

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

Part II Certification

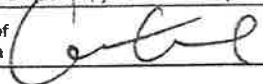
Under penalties of perjury, I certify that:

- 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



Date

03-12-2025

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248653327
May 27, 2010 LTR 4168C E0
95-4066979 000000 00

00018938
BODC: TE

ONEGENERATION
VALLEY SENIOR SERV & RESOURCES CTR
17400 VICTORY BLVD
VAN NUYS CA 91406-5349



106466

Employer Identification Number: 95-4066979
Person to Contact: Ms. Espelage
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your May 18, 2010, request for information regarding your tax-exempt status.

Our records indicate that your organization was recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in May 1991.

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(s) 509(a)(1) and 170(b)(1)(A)(vi).

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.

Beginning with the organization's sixth taxable year and all succeeding years, it must meet one of the public support tests under section 170(b)(1)(A)(vi) or section 509(a)(2) as reported on Schedule A of the Form 990. If your organization does not meet the public support test for two consecutive years, it is required to file Form 990-PF, Return of Private Foundation, for the second tax year that the organization failed to meet the support test and will be reclassified as a private foundation.

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

