

Monthly Expenditure Report



Reporting Month: April 2026

Budget Fiscal Year: 2025-2026

**NC Name: Porter Ranch
Neighborhood Council**

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$21882.10	\$2081.79	\$19800.31	\$0.00	\$7500.00	\$12300.31

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$18000.00	\$331.78	\$8521.99	\$0.00	\$8521.99
Outreach		\$0.00		\$0.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$9214.16	\$0.00	\$9214.16	\$0.00	\$9214.16
Neighborhood Purpose Grants	\$9214.17	\$1750.01	\$2064.16	\$0.00	\$2064.16
Funding Requests Under Review: \$0.00		Encumbrances: \$7500.00		Previous Expenditures: \$14546.23	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	PY STORAGE ETC. CHATS	04/01/2026	Storage	General Operations Expenditure	Office	\$225.00
2	Friends of PRCS	03/19/2026	Amended motion to approve \$1000 NPG for Friends of Porter Ranch Community School for their STEM fair.	Neighborhood Purpose Grants		\$1000.00
3	WENDY L. MOORE / MOORE BUSINESS RESULTS	04/07/2026	Motion to approve revised 2025-2026 annual budget.	General Operations Expenditure	Office	\$106.78
4	Save Porter Ranch	04/08/2026	Motion to approve \$750 for Save Porter Ranch.	Neighborhood Purpose Grants		\$750.01
	Subtotal:					\$2081.79

Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
	Subtotal: Outstanding					\$0.00

Storage Etc. - Chatsworth
20550 Lassen Street
Chatsworth, CA 91311

PAYMENT RECEIPT

Account Number:
1001463

Porter Ranch Neighborhood Council

P.O. Box 7337
Porter Ranch, CA 91327-7337
(818) 217-0279

RECEIPT ID	PAYMENT DATE	CHANGE DUE	AMOUNT
1585979774	4/1/2026	\$0.00	\$225.00

Invoice	Item	Qty	Rate	Discount	Subtotal	Tax	Total	Paid
#14246	BADER-10 Bader Program - \$2,000.00 (4/1/2026 - 4/30/2026)		\$9.00		\$9.00	\$0.00	\$9.00	\$9.00
#14246	Unit #D202 Rent Unit D202 - 5x10 (4/1/2026 - 4/30/2026)		\$216.00		\$216.00	\$0.00	\$216.00	\$216.00

Total Paid

Apr 01, 2026 12:21 AM Mastercard ****8938 \$225.00

Unit #D202 Paid Through 4/30/2026

Customer Copy

.....
If you have any past due amounts for your storage unit(s), those balances will appear below.

SECTION III - PROJECT BUDGET OUTLINE

You may also provide the Budget Outline on a separate sheet if necessary or requested.

6a)	Personnel Related Expenses	Requested of NC	Total Projected Cost
		\$	\$
		\$	\$
		\$	\$
6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	Workshops and Panels	\$5,000	\$10,000
	<small>(Med Science, Professor egghead, in house schoolwide supplies for science experiments)</small>	\$	\$
		\$	\$

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: \$ _____

10a) Start date: 03/09/26 10b) Date Funds Required: 03/05/26 10c) Expected Completion Date: 03/13/26
 (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*

Anu Dimashkie PRCS STME Committee Chair  02/12/25
 PRINT Name Title Signature Date

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

Ricky Nagra Treasurer  02/12/25
 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@lacity.org for instructions on completing this form

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

DEPARTMENT OF THE TREASURY

Date: APR 17 2013

FRIENDS OF PORTER RANCH COMMUNITY
SCHOOL
12450 MASON AVENUE
PORTER RANCH, CA 91326

Employer Identification Number:
80-0795741
DLN:
17053052304043
Contact Person: SHEILA M ROBINSON ID# 31220
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
June 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
December 13, 2012
Contribution Deductibility:
Yes
Addendum 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 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

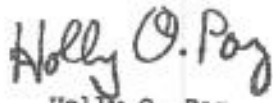
Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

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 947 (DO/CG)

FRIENDS OF PORTER RANCH COMMUNITY

Sincerely,

A handwritten signature in black ink that reads "Holly O. Paz". The signature is written in a cursive, slightly slanted style.

Holly O. Paz
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC



Invoice #PRNC 2026 0401
Number

Date April 1, 2026

Porter Ranch Neighborhood Council
P.O. Box 7337
Porter Ranch, CA 91327-7337

Please remit to:

Wendy L. Moore
Moore Business Results
19300 Rinaldi St. #7524
Northridge, CA 91327

818 252-9399
<http://www.moorebusinessresults.com/>
City of LA Tax #549794-29

Communications Services	\$106.78
Total Amount Due:	\$106.78

Thank you for your business. We appreciate working with you.
Please pay within 21 days of invoice date. Payments not received by that date may incur a late fee of \$25.
We may also assess a 1.5% interest charge per month on late payments. Interest accrues retroactively from the due date. If the invoice is not paid within 90 days, additional collections fees may apply. Returned checks are \$25.

Date	Details	Hours	Fees
3/6/2026	call with David Balen NO CHARGE	0.25	
3/6/2026	Site access for President	0.17	23.89
3/10/2026	Call with Jason NO CHARGE	0.17	
3/12/2026	Add new board member to board, email, forwarding, Constant Contact per President	0.25	35.13
3/16/2026	Add board member photo per Ashley	0.17	23.89
3/18/2026	2026 and 2026 minutes from Jason	0.17	23.89
	Total	0.76	106.78

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: Porter Ranch Neighborhood Council

SECTION I - APPLICANT INFORMATION

1a) SAVE PORTER RANCH 47-5311796 CA 10/17/24
Organization Name *Federal I.D. # (EIN#)* *State of Incorporation* *Date of 501(c)(3) Status (if applicable)*

1b) 19360 RINALDI ST, SUITE 454 PORTER RANCH CA 91326
Organization Mailing Address *City* *State* *Zip Code*

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

1d) **PRIMARY CONTACT INFORMATION:**
MATT PAKUCKO 818-464-5844 matt.pakucko@saveporterranch.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 Signed letter on School Letterhead **Attach IRS Determination Letter**

N/A

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

SECTION II - PROJECT DESCRIPTION

4) **Please describe the purpose and intent of the grant.**

This grant will support the 2026 Community Environmental Information & Public Engagement Program serving Porter Ranch residents. Established in 2014, our 501(c)(3) nonprofit provides ongoing public access to environmental updates, regulatory developments, and community education related to local public health and safety matters. Funds will maintain essential communication infrastructure, including website management, email notifications, public materials, and participation in relevant public meetings and hearings to ensure residents receive timely, accurate information. Over the past 11 years, our work has included keeping the community engaged in regulatory processes concerning the Aliso Canyon facility, including public hearings, rulemakings, and safety oversight discussions. The 2026 program will continue to provide residents with clear information about regulatory proposals and opportunities for public input related to air quality and community safety. Public informational meetings and outreach activities, when conducted, remain open to all residents and support informed civic participation.

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 provides free, publicly accessible information to residents and stakeholders without restriction. Since 2014, we have maintained continuous communication with local and state representatives, regulatory agencies, and regional media, enabling verified information to be disseminated efficiently to the community. The grant supports transparent public information delivery, civic engagement opportunities, and community awareness of issues affecting Porter Ranch, thereby serving a clear public benefit. Current outreach channels include approximately 2,000 email subscribers, 4,200 Facebook followers, 247 Instagram followers, and 107 YouTube subscribers, providing established community reach.

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
	Project-Specific Communications & Public Information Implementation	\$2000.00	\$4500.00
		\$	\$
		\$	\$

6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	Website & Digital Infrastructure	\$1000	\$1468
	Administrative Infrastructure (P.O. Box & Compliance Costs)	\$300.00	\$300.00
	Outreach, Printing, Travel & Community Events	\$1700	\$3732

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
n/a	\$	\$
	\$	\$
	\$	\$

9) What is the TOTAL amount of the grant funding requested with this application: \$ 5000.00

10a) Start date: 4 / 01 / 26 10b) Date Funds Required: 4 / 01 / 26 10c) Expected Completion Date: 12 / 31 / 26
 (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
n/a	

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*
Matt Pakucko President  3/26/26
 PRINT Name Title Signature Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*
Kyoko Hibino Secretary/treasurer  3/26/26
 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@lacity.org for instructions on completing this form



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

SAVE PORTER RANCH INC
19360 RINALDI ST BOX 454
PORTER RANCH, CA 91326

Date:
10/17/2024
Employer ID number:
47-5311796
Person to contact:
Name: Customer Service
ID number: 31954
Telephone: 877-829-5500
Accounting period ending:
December 31
Public charity status:
170(b)(1)(A)(vi)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
May 15, 2023
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053674004644

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.

Based on the information you submitted with your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is retroactive to your date of revocation.

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

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

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

Sincerely,

Stephen A. Martin

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

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.

Print or type. See Specific Instructions on page 3.	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.)	
	Save Porter Ranch, Inc	
	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.	
	<input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> Other (see instructions)	
	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 <input type="checkbox"/>	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 1 Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
5 Address (number, street, and apt. or suite no.). See instructions.		
19360 Rinaldi St, Suite 454		
6 City, state, and ZIP code		
Porter Ranch, CA 91326		
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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
4	7	-	5	3	1	1	7	9	6

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 2/1/26
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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.

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

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).

