

January 2, 2024

Redbud Health Care District  
Attention: President, Board of Directors  
PO Box 4667  
Clearlake, CA 95422

Dear Mr. Kucer:

Middletown High School's Sober Grad 2023 Committee would like to thank the board for their generosity and grant approval for the 2023 year. In accordance with the grant requirements, we are providing an update within 30 days of the end of the year on the use of the funds that were given.

Here is a breakdown of the event and how the funds were used.

- Number of students who attended – 84 out of 96 graduates attended the event
- Location – Twin Pine event center

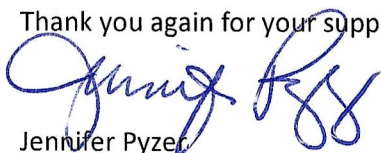
Expenses:

- Venue - \$400
- Jubilee Jumps - \$4,999
- Independent Entertainment - \$2,000 (Henna, Fortune Teller and Masseur)
- Transportation - \$150
- Prizes for every 30 minutes -  $\$50 \times 25 = \$1,250$
- Food for the event - \$800 (much of it was donated or came from another source)
- Beverages - \$250
- Insurance for the event - \$150
- Total - \$10,000

There were additional fundraising events (Bingo Night and Wine & Chocolate Events) that took place in addition to your grant that helped to pay for the additional cash needed for prizes, photo booth and senior recognitions. Everyone that attended for the entire night received an envelope of a couple hundred dollars each. This also allowed us to leave a few thousand dollars for the next year's parent group.

Without your support and that of the community, we would not be able to provide a Safe and Sober night for our graduates. Attached to this letter is some of the legal documentation and proof of monies spent.

Thank you again for your support,



Jennifer Pyzer  
Sober Grad 2023 Secretary

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name, (as shown on your income tax return). Name is required on this line; do not leave this line blank.  <span style="font-size: 1.2em;">Middletown High School Sober Graduation</span></p> <p><b>2</b> Business name/disregarded entity name, if different from above</p>	
	<p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC                     <input type="checkbox"/> C Corporation                     <input type="checkbox"/> S Corporation                     <input type="checkbox"/> Partnership                     <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.  <span style="font-size: 1.2em;">20932 Big Canyon Rd.</span></p> <p><b>6</b> City, state, and ZIP code  <span style="font-size: 1.2em;">Middletown CA 95461</span></p>	<p><b>7</b> List account number(s) here (optional)</p> <p>Requester's name and address (optional)</p>

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

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

<b>Social security number</b>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table>					-	-	-	-
-	-	-	-					
<b>or</b>								
<b>Employer identification number</b>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; text-align: center;">61</td> <td style="width: 25%; border: 1px solid black; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; text-align: center;">1818734</td> <td style="width: 25%; border: 1px solid black; text-align: center;"></td> </tr> </table>	61	-	1818734					
61	-	1818734						

**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.

<b>Sign Here</b>	Signature of U.S. person ▶ <span style="font-size: 1.5em;">Aleena Jones</span>	Date ▶ <span style="font-size: 1.5em;">2-2-23</span>
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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](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



# CORPORATE COMPLIANCE CENTER ANNUAL MINUTES COMPLIANCE NOTICE

Entity File No.: 03988019  
CCC File No. C11585380

2389722 \*\*\*\*\*AUTO\*\*ALL FOR AADC 940  
MIDDLETOWN HIGH SCHOOL SOBER GRADUATION  
20932 BIG CANYON RD 449-3  
MIDDLETOWN CA 95461-7721 \*119860

**PLEASE RETURN BY 5/31/23 TO ALLOW  
ADEQUATE PROCESSING TIME FOR YOUR  
DOCUMENTS**



California Law Annual Minutes Requirements. CA Corp. Code sections 5510, 7110, Et. Seq. requires non-exempt California corporations to keep minutes of member, director and director committee proceedings.


Consequence of Non-Compliance. Failure to comply with these statutes is a factor courts may consider that can result in personal liability of corporation members for corporation debts and obligations without limit to amount as a result of alter ego liability.

Complete and Return the Form Below so that CCC can prepare the documents to meet the terms of the Annual Minutes Requirements of CA Corp. Code §5510, 7110, Et. Seq.

Make Your Check for \$189.00 Payable to CCC. It is important we receive your response by 5/31/23 to ensure the timely preparation of your Annual Minutes. You should receive your Certificate of Minutes within 3 weeks of sending your form.

**(916) 480-9006 \* Return this form with your check and mail to us in the enclosed envelope.\***

BUSINESS INFORMATION				(COMPLETE/MAKE CHANGES WHERE NECESSARY (PRINT OR TYPE))			
Business Name & Principal Office Street Address MIDDLETOWN HIGH SCHOOL SOBER GRADUATION 20932 BIG CANYON RD			City MIDDLETOWN	State CA	Zip Code 95461-7721		
Person To Contact E-mail <i>Jennifer.pyzer@kiddletownusd.org</i>		Telephone (With Area Code) <i>707-987-4140</i>		Fax (With Area Code)			
OFFICERS - NAMES OF ALL OFFICERS, INCLUDING OFFICERS WHO ARE DIRECTORS				DIRECTORS - NAMES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE OFFICERS			
PRESIDENT / CEO (Required Position) <i>Helena Welson</i>		VICE-PRESIDENT (Optional Position)		DIRECTOR #1 NAME (Required Position)		DIRECTOR #2 NAME (Required if there are 2 Shareholders)	
SECRETARY (Required Position) <i>Jennifer Pyzer</i>		TREASURER / CFO (Required Position) <i>Sabrina Jose</i>		DIRECTOR #3 NAME (Required if 3 or more Shareholders)		DIRECTOR #4 NAME (Optional Position)	
PURPOSE (Check Only One) Public or Charitable Purpose [ ] Any lawful mutual benefit purpose [ ]		MEMBERS (Check Only One) This Corporation Has No Members [ ] The Articles/Bylaws Provide [ ] For Members		DIRECTOR #5 NAME (Optional Position)		DIRECTOR #6 NAME (Optional Position)	
PLEASE RETURN BY 5/31/23 TO ALLOW ADEQUATE PROCESSING TIME FOR YOUR DOCUMENTS				If additional space is needed for director names, please attach a separate sheet of paper.			

<input checked="" type="checkbox"/> CHECK ENCLOSED FOR \$189.00 MADE PAYABLE TO CORPORATE COMPLIANCE CENTER		<input type="checkbox"/> CHARGE MY CREDIT CARD \$189.00	
Credit Card Type <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER		Credit Card Number	Expiration Date
Cardholder Name As it appears on card:		CCV VISA/MASTERCARD/DISCOVER 3 DIGIT CODE ON BACK OF CARD	
Billing Address On Card Account:			
I authorize Corporate Compliance Center to charge my card the amount listed at the right. The charge will appear on statement as		<b>Compliance Filings Inc.</b>	<b>Credit Card Payment Amount \$189.00</b>
Signature <i>Helena Welson</i>		Date <i>5/8/23</i>	 C11585380

**THIS PRODUCT OR SERVICE HAS NOT BEEN APPROVED OR ENDORSED BY ANY GOVERNMENTAL AGENCY, AND THIS OFFER IS NOT BEING MADE BY AN AGENCY OF THE GOVERNMENT.**

**RETURN THIS FORM NO LATER THAN 5/31/23 TO ENSURE TIME FOR PROCESSING OF YOUR DOCUMENTS. CORPORATE COMPLIANCE CENTER, 2740 FULTON AVE, SUITE 203, SACRAMENTO, CA 95821 (916) 480-9006**



**Astro Jump®/Jubilee Jumps**

390 Rohnert Park Expressway  
 Rohnert Park, CA 94928  
 707-202-9590 - 415-889-5781

Event Location

**Order Date:** 4/4/2023 **Order:** 13989851

**Middletown Unified School District**

**Jennifer Pyzer**

22223 Highway 29  
 Middletown, CA 95461

**Phone:**

**Cell Phone:** (707) 489-6037

**Start Date:** 6/2/2023 10:00am

**End Date:** 6/3/2023 9:00am

**Delivery method:** Drop-Off

<b>Name</b>	<b>Qty</b>	<b>Total</b>
Quad Bungee Run	1	\$0.00
Wrecking Ball	1	\$0.00
Generator	4	\$0.00
Delivery/Travel Expense	1	\$0.00
Event Package	1	\$4,999.00
Human Foosball	1	\$0.00
40' Obstacle Extreme	1	\$0.00

**Subtotal** \$4,999.00

**Total** \$4,999.00

**Amount Paid** \$0.00

**Balance Due** \$4,999.00

Event June 2nd - Evening

**GENERAL RULES:**

**NO WATER ALLOWED ON DRY UNITS...or there will be a cleaning fee charged.**

1. **Sort children by size, only persons of the same size allowed in jumper together.**
2. The rated capacity, stated on the unit, should never be exceeded.
3. Children's safety depends on you; please control over-exuberance.
4. To avoid neck and back injuries, **FLIPS ARE NOT ALLOWED!!**
5. **Absolutely NO food, drinks or other foreign substances allowed in unit.**
6. **Do not operate ride if the wind gusts exceed 20 mph .**
7. **All riders must remove their shoes.**
8. **Adult supervision is required at all times and should assist children in entering/exiting.**
9. **Supervisors** should be positioned in close proximity of ride.
10. NO rough housing should be tolerated.
11. Rules posted on ride should be strictly enforced by supervisor.
12. **Supervisors** should have riders exit in an orderly manner, if all are to exit at once.
13. **Supervisors** should remain in control at all times.



### Outside Food Waiver

I, the undersigned, attest and verify that I have full knowledge of the risks involved in bringing in outside food, not prepared by the Food & Beverage Department at Twin Pine Casino & Hotel, to our event. I hereby expressly release Twin Pine Casino & Hotel, Middletown Rancheria of Pomo Indians, and any and all other individuals, members, directors, officers, employees or companies associated with the event from any and all responsibility for any illness, damages, suits, or actions of any sort that may arise out of or relate to the food.

Outside food: Rosales Market - tacos | chips & salsa. and  
Name: Jennifer Pyzer - MHS Sober Grad (Homemade snacks  
Address: 20932 Big Canyon Rd, MT, CA 95461 (cookies)  
Phone: (707) 489-6037  
Emergency Contact: Jennifer Pyzer  
Emergency Phone: (707) 489-6037  
Signature: 