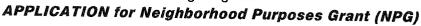


1246 Glendon Avenue, Los Angeles, CA 90024 friendsofwestwoodlibrary@hotmail.com

WESTWOOD NEIGHBORHOOD COUNCIL GRANT REQUEST SUMMARY FRIENDS OF WESTWOOD LIBRARY

Friends of Westwood Library, a 501(c)(3) corporation, was founded to support monetarily and through advocacy the Westwood branch of the Los Angeles Public Library. We are asking the Westwood Neighborhood Council to grant us \$2,000.00 to provide cleaning services for the Westwood branch. Our branch is one of the busiest in the city of Los Angeles. As a consequence of the heavy usage of the facility, coupled with the decreases in funding for maintenance and cleaning services from the city, the bathrooms and branch are messy and unsanitary. This \$2,000.00 would augment the current maintenance service with a two-year contract for additional cleaning.

City of Los Angeles, Department of Neighborhood Empowerment Neighborhood Council Funding Program





Invoice No. 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, upon approval of the application, shall submit the approved application along with all required documentation to the Department of Neighborhood Empowerment,

Name of Neighborhood Council you are seeking the		1	
SECTION I- APPLICANT VERIFICATION INFORMATION	Neighborhood Coul	ncil Name	
Priends of Westwood Libran 1A) Organization Name		Favnia f Incorporation	///30/2004 Date of \$01(c)(3) Status (if applicable)
1B) 1246 Alendan Avenue. Organization Mailing Address	Los Angelos City	State	9003-4 Zip Code
1C) Business Address (If different)	City	State	Zip Code
Address of Affiliated Organization (If applicable)	City	State	Zip Code
Name and address of person designated to receive 2) /246 Glenden Avenue Street	e official/legal notices: Na <u>LOS ANGELES</u> City	nme: <u>Chyls</u> <u>Ch</u> State	90024 Zip Code
Attach Letterhead	zations must be located with 501(c)(3) Non-profits (oth Attach IRS Determination	er than religious institu	Los Angeles) utions)
ECTION II - PROJECT DESCRIPTION			
Please describe the Neighborhood Improvement Priends of Westwood Library was branch of the L.A. Public Ubrase Funding Provided by the City to programming and scroices to the coursest in the City. As a cansequent described respectfully request so service with a 2-year contract for additionally the will this grant be used to primarily support or so			restwood nited, and decreas Nections, ne of the acility, coppled nthe city,
service with a 2-year contract for add	tuhanal cleaning Currently	1. the branch	and restrooms are
service with a 2-year contract for add How will this grant be used to primarily support or public at-large. The funds will provide cleaning sent the most democratic institution in the community without regard to nationality, sexual orientation, a the public library serves every a quiet place to study, free access and educational warshops and	publi	e barbose and bi	enent the Unsani-

ION III - PROJECT BUDGE	T OUTLINE- Please outline the proje	ect budget below.	
Personnel Related Expense	9S	Requested of NC	Total Projected Cost
Cleaning Main-	tenance Personnel	\$ 2000.00	\$ 4000.00
		\$ \$	\$ \$
		\$	\$
		Ψ	
Non-Personnel Related Exp	penses	Requested of NC	Total Projected Cost
		\$	\$
		\$	\$
		\$	\$
		\$	 \$
s the implementation of thi factors or sources or fundi	is specific program or purpose des		tingent on any other
Source of Funding		Amount	Total Projected Cost
Wiends of West	twood Library	\$ 2000.00	\$ 4000.00
		\$	\$
		\$ \$	
		<u>LΨ</u>	ΙΨ
the funds and program(s) li	ne number, fax and e-mail address (isted in Section II of this application	if applicable) of the perso n.	n(s) responsible for
ION IV - PROJECT PRIMAR Provide the name, telephon the funds and program(s) li Chrishne First Name 310 - 475 - 102- Telephone Number	ne number, fax and e-mail address (isted in Section II of this application Fall Last Name Fax Number Medical	if applicable) of the person. On Christi E-mail	ne.fallon@ye
ION IV - PROJECT PRIMAR Provide the name, telephon the funds and program(s) li Chrishne First Name 310 - 475 - 103- Telephone Number	ne number, fax and e-mail address (isted in Section II of this application Fax Number Last Name Last Name Last Name Last Name	if applicable) of the person. On Christi E-mail	ne.fallon@ye
ION IV - PROJECT PRIMAR Provide the name, telephon the funds and program(s) li Chrishne First Name 310 - 475 - 103- Telephone Number	ne number, fax and e-mail address (isted in Section II of this application Fax Number Last Name Last Name Last Name Last Name	if applicable) of the person. on christi E-mail Kam	ne.fallon@ye
ION IV - PROJECT PRIMAR Provide the name, telephon the funds and program(s) li Chrishne First Name 310 - 475 - 102- Telephone Number	ne number, fax and e-mail address (isted in Section II of this application Fax Number Last Name Last Name Last Name Last Name	if applicable) of the person. On Christi E-mail	ne.fallon@ye
ION IV - PROJECT PRIMAR Provide the name, telephon the funds and program(s) li Chrishne First Name 310-475-102- Telephone Number Telephone Number	ne number, fax and e-mail address (isted in Section II of this application Last Name Fax Number Medicate Name	if applicable) of the person. On Christi E-mail Karn E-mail	ne.fallon e ve elotjane e a
ION IV - PROJECT PRIMARProvide the name, telephone the funds and program(s) lift of the funds and program and program and provided the funds of the funds	ne number, fax and e-mail address (isted in Section II of this application Fax Number Last Name Last Name Last Name Last Name Last Name	if applicable) of the person. On Christi E-mail Karn E-mail	ne.fallon e ve elotjane e a
ION IV - PROJECT PRIMARProvide the name, telephone the funds and program(s) line (Christine) First Name 310-475-107 Telephone Number Telephone Number ION VI - AFFILIATIONS Does anyone in your organ	re number, fax and e-mail address (isted in Section II of this application Fax Number	if applicable) of the person. ON Christi E-mail Karn E-mail Istionship with any of the	ne.fallon e ve
ION IV - PROJECT PRIMARProvide the name, telephone the funds and program(s) lift of the funds and program and program and provided the funds of the funds	re number, fax and e-mail address (isted in Section II of this application Fax Number	if applicable) of the person. On Christi E-mail Interpolation of the person. E-mail Status Executive	ne.fallon e ve MI elotjane e au NC board members?
ION IV - PROJECT PRIMARProvide the name, telephone the funds and program(s) list the funds and program and the funds and the funds are listed to the funds and the funds are listed to the funds and the funds are listed to the fun	rporation	if applicable) of the person. On Christi E-mail Interpolation of the person. E-mail Status Executive	ne.fallon e ve
Provide the name, telephone the funds and program(s) list the funds and program to the funds and the funds are listed to the funds and the funds are listed to the funds and the funds are listed to t	rporation Tenumber, fax and e-mail address (isted in Section II of this application Fax Number Fax Number Last Name Last Name Fax Number Fax Number	E-mail Status Executive Status Executive	ne.fallon e ve MI elotjane e au NC board members?
Provide the name, telephone the funds and program(s) list the funds and program to the funds and the funds are listed to the funds and the funds are listed to the funds and the funds are listed to t	rporation	if applicable) of the person. On Christi E-mail F-mail Istionship with any of the Status Executive Dray Pres	ne.fallon e ve elotjane e ac NC board members? Director
Provide the name, telephone the funds and program(s) list the funds and program to the funds and the funds are listed to the funds and the funds are listed to the funds and the funds are listed to t	rporation Tenumber, fax and e-mail address (isted in Section II of this application Fax Number Fax Number Last Name Last Name Fax Number Fax Number	if applicable) of the person. On Christi E-mail F-mail Istionship with any of the Status Executive Dray Pres	ne.fallon e ve elotjane e ac NC board members? Director
Provide the name, telephone the funds and program(s) list the funds and program to the funds and the funds are listed to the funds and the funds are listed to the funds and the funds are listed to t	rporation Tenumber, fax and e-mail address (isted in Section II of this application Fax Number Fax Number Last Name Last Name Fax Number Fax Number	if applicable) of the person. On Christi E-mail F-mail Istionship with any of the Status Executive Dray Pres	MI ne.fallon e ve elotjane e a NC board members? Director
ON IV - PROJECT PRIMAR Provide the name, telephone the funds and program(s) list of the funds and program(s) list of the funds and program(s) list of the funds and program of the funds and the funds of the funds o	rporation Tenumber, fax and e-mail address (isted in Section II of this application Fax Number Fax Number Last Name Last Name Fax Number Fax Number	if applicable) of the person. On Christi E-mail F-mail Istionship with any of the Status Executive Dray Pres	ne.fallon e ve elotjane e a NC board members? Director ident
Provide the name, telephone funds and program(s) list the funds and program list the funds and list th	rporation Tenumber, fax and e-mail address (isted in Section II of this application Fax Number Fax Number Last Name Last Name Fax Number Fax Number	if applicable) of the person. On Christi E-mail F-mail Istionship with any of the Status Executive Dray Pres	MI ne.fallon e ve elotjane e a NC board members? Director ident

I hereby affirm that, to the best of my knowled truly and accurately stated. I further affirm that "Conflicts of Interest" of this application and criteria of a public benefit project/program and Two signatures required Executive Director of Non-Profit Corporation or Christine Fallon PRINT First Name/ Last Name Secretary of Non-profit Corporation or Assistant Tane Metz PRINT First Name/ Last Name ON VII - FOR DEPARTMENT OF NEIGHBORHOOD ate Received Evelwer Name Date	affirm that the particular school Principal Title at School Principal Title School Principal School Principal Title	proposed pro	Signature	enefit," and A ogram(s) fall revent the awa	Appendix B within the arding of
criteria of a public benefit project/program and Two signatures required Executive Director of Non-Profit Corporation or Christine Fallon PRINT First Name/ Last Name Secretary of Non-profit Corporation or Assistant Take Metz PRINT First Name/ Last Name ON VII - FOR DEPARTMENT OF NEIGHBORHOOD ate Received Eviewer Name Date	that no conflict r School Principa Title nt School Princip Secret Title OD EMPOWERM	al SUPER Dal HANY MENT USE ON	Signature	Tallyn Twy	within the arding of Japan Date 2/10/3 Date
Two signatures required Executive Director of Non-Profit Corporation or Christine Fallon PRINT First Name/ Last Name Secretary of Non-profit Corporation or Assistant Tane Metz. PRINT First Name/ Last Name ON VII - FOR DEPARTMENT OF NEIGHBORHOOD ate Received Eviewer Name Date	r School Principa Title nt School Princip SCNEA Title OD EMPOWERM	al SUPER Dal Hary	Signature Signature	Pallon Tut	2/10/3 Date
Executive Director of Non-Profit Corporation or (r School Principa Title nt School Princip SCACA Title OD EMPOWERM	surer pal tary MENT USE ON	Signature	Fallon Mut	3/9/20// Date 2/10/3
PRINT First Name/ Last Name Secretary of Non-profit Corporation or Assistant Jane Metz PRINT First Name/ Last Name ON VII - FOR DEPARTMENT OF NEIGHBORHOO ate Received Eviewer Name Date	Title Title at School Princip SUVE Title OD EMPOWERM	surer pal tary	Signature	e Mut	2/10/3 Date
PRINT First Name/ Last Name Secretary of Non-profit Corporation or Assistant Jane Metz PRINT First Name/ Last Name ON VII - FOR DEPARTMENT OF NEIGHBORHOO ate Received Eviewer Name Date	Title Title at School Princip SUVE Title OD EMPOWERM	surer pal tary	Signature	e Mut	2/10/3 Date
Tane Metz PRINT First Name/ Last Name ON VII - FOR DEPARTMENT OF NEIGHBORHOO ate Received Eviewer Name Date	SICVED Title	tary	Signature	e Mut	2/10/3 Date
Tane Metz PRINT First Name/ Last Name ON VII - FOR DEPARTMENT OF NEIGHBORHOO ate Received Eviewer Name Date	SICVED Title	tary	Signature	e Mut	2/10/3 Date
Tane Metz PRINT First Name/ Last Name ON VII - FOR DEPARTMENT OF NEIGHBORHOO ate Received Eviewer Name Date	SICVED Title	tary	Signature	e Mut	2/10/3 Date
Tane Metz PRINT First Name/ Last Name ON VII - FOR DEPARTMENT OF NEIGHBORHOO ate Received Eviewer Name Date	SICVED Title	tary	Signature	e Mut	2/10/3 Date
ON VII - FOR DEPARTMENT OF NEIGHBORHOO ate Received Eviewer Name Date	OD EMPOWERM	MENT USE ON	LY	Name of the State of the State of the	2000 to 10 minute
ON VII - FOR DEPARTMENT OF NEIGHBORHOO ate Received eviewer Name Date	OD EMPOWERM	MENT USE ON	LY	Name of the State of the State of the	2000 to 10 minute
ate Received eviewer Name Date	OD EMPOWERM	MENT USE ON	LY	Name of the State of the State of the	2000 to 10 minute
ate Received eviewer Name Date	4 May 6 M 1880 Q 4 M60 M 6 May		1 0 10 0000 TO 10 0000 CO NO 10000 NI 10	e u In.	complete
ate Received eviewer Name Date	4 May 6 M 1880 Q 4 M60 M 6 May		1 0 10 0000 TO 10 0000 CO NO 10000 NI 10		complete
ate Received eviewer Name Date	4 May 6 M 1880 Q 4 M60 M 6 May		1 0 10 0000 TO 10 0000 CO NO 10000 NI 10		complete
eviewer Name Date	Reviewed	Applicatio	n 🗅 Complete	e 🗀 In	complete
eviewer Name Date	Reviewed	Applicatio	n □ Complete	∂ 🛄 Ini	complete
Date	Reviewed	Applicatio	n □ Complete) La Inc	complete
Date	Reviewed	Applicatio	n □ Complete	e 🗀 Ind	complete
EVEIWER'S NOTES	Name of the last o				ľ
With the same of t					1
	Mary Communication Communicati				-
					<u> </u>
					1
					·
submitted to Funding Unit					# 0
					į
nod:	Inter-departm	ental mail			1
					6 1 10 2000 to to place of the column of the
		/ **			
lication 🛘 Complete 🚨 Incomplete					11
iding Unit Notes:					•
	}				
		•			
		ļ			
		·			/
		חח	NE Date Stamp		

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

CLIENT'S COPY.

DEPARTMENT OF THE TREASURY

Date:

JAN 18 2005

FRIENDS OF WESTWOOD LIBRARY A BRANCH OF THE LOS ANGELES PUBLIC LIBRARY C/O CHARLES H MAGNUSON 10940 WILSHIRE BLVD STE 1400 LOS ANGELES, CA 90024

Employer Identification Number: 51-0529942

DLN:

17053341045014 Contact Person:

ZENIA LUK

Contact Telephone Number:

ID# 31522

(877) 829-5500

Accounting Period Ending: December 31

Public Charity Status: 170 (b) (1) (A) (vi)

Form 990 Required:

Yes

Effective Date of Exemption:

October 7, 2004

contribution Deductibility:

Yes

Advance Ruling Ending Date: December 31, 2008

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. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt

If you distribute funds to other organizations, your records must show whether they are exempt under section 501(c)(3). In cases where the recipient

Letter 1045 (DO/CG)

FRIENDS OF WESTWOOD LIBRARY A

organization is not exempt under section 501(c)(3), you must have evidence the funds will be used for section 501(c)(3) purposes.

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

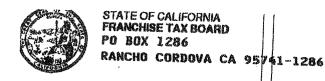
Lois G. Lerner

Director, Exempt Organizations

Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c)(3)
Form 872-C

Letter 1045 (DO/CG)



In reply refer to 755:G :KSS

February 17, 2005

FRIENDS OF WESTWOOD LIBRARY A BRANCH OF THE LOS ANGELES PUBLIC 10940 WILSHIRE BUVD #1400 LOS ANGELES CA 90024-3915

Purpose Code Section Form of Organization Accounting Period Ending: Organization Number

CHARITABLE 23701d Corporation December 31 2689150

You are exempt from state franchise or income tax under the section of the Revenue and Taxation Code indicated above.

This decision is based on information you submitted and assumes that your present operations continue unchanged or conform to those proposed in your application. Any change in operation, character, or purpose of the organization must be reported immediately to this office so that we may determine the effect on your exempt status. Any change of name or address must also be reported.

In the event of a change in relevant statutory, administrative, judicial case law, a change in federal interpretation of federal law in cases where our opinion is based upon such an interpretation, or a change in the material facts or circumstances relating to your application upon which this opinion is based, this opinion may no longer be applicable. It is your responsibility to be aware of these changes should they occur. This paragraph constitutes written advice, other than a chief counsel ruling, within the meaning of Revenue and Taxation Code Section 21012(a)(2).

You may be required to file Form 199 (Exempt Organization Annual Information Return) on or before the 15th day of the 5th month (4 1/2 months) after the close of your accounting period. Please see annual instructions with forms for requirements.

You are not required to file state franchise or income tax returns inless you have income subject to the unrelated business income tax inder Section 23731 of the Code. In this event, you are required to February 17, 2005
FRIENDS OF WESTWOOD LIBRARY, A BRANCH OF THE LOS ANGELES PUBLIC Page 2

file Form 109 (Exempt Organization Business Income Tax Return) by the 15th day of the 5th month (4 1/2 months) after the close of your annual

Please note that an exemption from federal income or other taxes and other state taxes requires separate applications.

A copy of this letter has been sent to the Registry of Charitable Trusts.

K SANDBERG EXEMPT ORGANIZATIONS BUSINESS ENTITIES SECTION TELEPHONE (916) 845-3141

EO: