



Doug Fitzsimmons President

Kevin Gres Vice-President

Terrence Gomes Treasurer

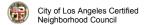
Beth Hirsch Secretary

South Robertson Neighborhoods Council

PO Box 35836 Los Angeles, CA 90035

P: (310) 295-9920 F: (310) 295-9906 E: info@soronc.org

soronc.org



Motion to approve a \$5000 Neighborhood Purposes Grant for the 2015 SoRo Festival

Agenda Item: SB011515-1

Date: 15 January 2015

Proposed By: Doug Fitzsimmons

Full Proposal

For sixteen years, the SoRo Community Festival has built bridges amongst our neighbors, local businesses and public service organizations and celebrated the cultural diversity of our community. The Festival is organized by the SoRo Community Foundation, Inc.

The single-day Festival includes activities for kids, a wide range of food, a live music stage and lots of exciting artist and vendor booths.

The Festival has been the Neighborhood Council's largest single outreach effort each year, attracting over 8,000 residents. It helps build pride in our community, and gives stakeholders a chance to talk with their NC board members and tell us about their priorities for the neighborhood. The Festival also provides unique opportunities for representatives of City departments and non-profit organizations to meet with residents and give them information about their services, and for local businesses to promote themselves to their community.

Proposed Motion

I. To approve a \$5000 Neighborhood Purposes Grant to the SoRo Community Foundation, Inc., for the purposes of putting on the 2015 SoRo Festival.

Considerations

Committee review: Votes For: Against: (highly recommended)

Amount previously allocated in Committee's working budget: \$5000 (applies to funding motions only)

Arguments for:

Arguments against:

Reductions to our NC budget and removal of our rollover funds has left us with less than we've had in past years.

The funds could be spent for some other purpose.

This is our largest outreach effort to the immediate community.

The festival is structured to attract a small local audience at time when we need to raise the profile of our business community to a broader audience.

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





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 grant from: South Robertson Neighborhood Council (SORO INC)						
SEC	TION I- APPLICANT VERIFICATION INFORMATION						
1A)	SoRo, Inc. Organization Name	95-4756212 Federal I.D. # (EIN#)	California State of Incorporation	08/10/2000 Date of 501(c)(3) Status (if applicable)			
1B)	1836 1/2 S. Robertson Blvd. Organization Mailing Address	Los Angeles City	CA State	90035 Zip Code			
1C)	N/A Business Address (If different)	City	State	Zip Code			
1D)	N/A Address of Affiliated Organization (If applicable)	City	State	Zip Code			
2)	Name and address of person designated to receiv 1836 1/2 S. Robertson Blvd. Street	e official/legal notices: Los Angeles City	Name: <u>Laurence</u> <u>CA</u> State	90035 Zip Code			
	Type of Organization- Please select one: (Organi Public School (not to include private schools) Attach Letterhead	r 🛂 501(c)(3) Non-p	ated within the City of orofits (other than religious institer mination Letter				
	TION II - PROJECT DESCRIPTION Please describe the Neighborhood Improvement P See Attachtment 1.	Project for which the gra	nt is intended.				

5) How will this grant be used to primarily support or serve a non-discriminatory, public purpose and benefit the public at-large.

See Attachment 1.

CTION III - PROJECT BUDGI	ET OUTLINE- Please outline the project	briader be				
Parsonnel Related Expen	ses Santa	al Rahmas	AHOTNO#		and a Market	
N/A		\$	And the second s	\$	and substitutions are and arm	100
1477		\$		\$		
<u> </u>		\$		\$		
		\$		\$		
		ΙΨ		[*		
Non-Personnel Related Ex	vnancag.	Remies	ted of NC	Totale	ojeđiedk©ost	<u>.</u>
	I set up, entertainment for children, advertising	\$	5,000	\$	32,000	
Operating expenses	Took up, ornariament for a microsi, data is	\$	5,000	\$	32,000	
		\$		\$		
		\$		\$		
In the implementation of the	his specific program or purpose describ	ad in hov	4 shove co	ntingent on	any other	
	· · · · · · · · · · · · · · · · · · ·			ntingent on	any outer	
factors or sources or fund	ding? 💆 Yes, please describe below	☐ No				
Source of Funding	THE THE PARTY AND THE PARTY OF	Amount	in the state of th	Total P	ojecied Gost	
See Atachment 2 (Budget)		\$		\$		
0007.0007.000		\$		\$		
		\$		\$		
		\$		\$		_
Provide the name, telepho	ARY AND SECONDARY CONTACT INFORMATION OF THE PROPERTY OF THE P	nm/dd/yyy RMATION pplicable)			nsible for	
CTION IV - PROJECT PRIMA Provide the name, telepho	ARY AND SECONDARY CONTACT INFOR	RMATION			nsible for	
Provide the name, telepho the funds and program(s)	ARY AND SECONDARY CONTACT INFORM one number, fax and e-mail address (if all listed in Section II of this application. DeMers	RMATION			_	
Provide the name, telepho the funds and program(s)	ARY AND SECONDARY CONTACT INFOR one number, fax and e-mail address (if a listed in Section II of this application.	RMATION			ensible for	_
Provide the name, telepho the funds and program(s) Laurence First Name	ARY AND SECONDARY CONTACT INFORM One number, fax and e-mail address (if a listed in Section II of this application. DeMers Last Name	RMATION pplicable)	of the perso	on(s) respo		_
Provide the name, telepho the funds and program(s) Laurence First Name (310)836-0340	ARY AND SECONDARY CONTACT INFORM one number, fax and e-mail address (if all listed in Section II of this application. DeMers	RMATION pplicable)	of the perso	on(s) respo	_	-
Provide the name, telepho the funds and program(s) Laurence First Name	ARY AND SECONDARY CONTACT INFORM One number, fax and e-mail address (if a listed in Section II of this application. DeMers Last Name (310)836-1008	RMATION pplicable)	of the person	on(s) respo		
Provide the name, telephothe funds and program(s) Laurence First Name (310)836-0340 Telephone Number	ARY AND SECONDARY CONTACT INFORM One number, fax and e-mail address (if a listed in Section II of this application. DeMers Last Name (310)836-1008 Fax Number	RMATION pplicable)	of the person	on(s) respo		-
Provide the name, telephothe funds and program(s) Laurence First Name (310)836-0340 Telephone Number	ARY AND SECONDARY CONTACT INFORM One number, fax and e-mail address (if a listed in Section II of this application. DeMers Last Name (310)836-1008 Fax Number Wilson	RMATION pplicable)	of the person	on(s) respo	MI ociates.com	- -
Provide the name, telephothe funds and program(s) Laurence First Name (310)836-0340 Telephone Number	ARY AND SECONDARY CONTACT INFORM One number, fax and e-mail address (if a listed in Section II of this application. DeMers Last Name (310)836-1008 Fax Number	RMATION pplicable)	of the person	on(s) respo		-
Provide the name, telephothe funds and program(s) Laurence First Name (310)836-0340 Telephone Number Christel First Name	ARY AND SECONDARY CONTACT INFORM One number, fax and e-mail address (if a listed in Section II of this application. DeMers Last Name (310)836-1008 Fax Number Wilson Last Name	RMATION pplicable) 	of the person arry@DeMe	erAndAsso	MI ociates.com	-
Provide the name, telephothe funds and program(s) Laurence First Name (310)836-0340 Telephone Number Christel First Name (310)836-0340	ARY AND SECONDARY CONTACT INFORM One number, fax and e-mail address (if a listed in Section II of this application. DeMers Last Name (310)836-1008 Fax Number Wilson Last Name (310)836-1008	RMATION pplicable)	of the personarry@DeMemail	erAndAsso	MI ociates.com	-
Provide the name, telephothe funds and program(s) Laurence First Name (310)836-0340 Telephone Number Christel First Name	ARY AND SECONDARY CONTACT INFORM One number, fax and e-mail address (if a listed in Section II of this application. DeMers Last Name (310)836-1008 Fax Number Wilson Last Name	RMATION pplicable)	of the person arry@DeMe	erAndAsso	MI ociates.com	- -
Provide the name, telephothe funds and program(s) Laurence First Name (310)836-0340 Telephone Number (310)836-0340 Telephone Number	ARY AND SECONDARY CONTACT INFORM One number, fax and e-mail address (if a listed in Section II of this application. DeMers Last Name (310)836-1008 Fax Number Wilson Last Name (310)836-1008	RMATION pplicable)	of the personarry@DeMemail	erAndAsso	MI ociates.com	- -
Provide the name, telephothe funds and program(s) Laurence First Name (310)836-0340 Telephone Number Christel First Name (310)836-0340 Telephone Number	ARY AND SECONDARY CONTACT INFORM One number, fax and e-mail address (if a listed in Section II of this application. DeMers Last Name (310)836-1008 Fax Number Wilson Last Name (310)836-1008 Fax Number	RMATION pplicable) La E-1	of the personal arry@DeMemail	erAndAsso	MI ociates.com MI	-
Provide the name, telephothe funds and program(s) Laurence First Name (310)836-0340 Telephone Number Christel First Name (310)836-0340 Telephone Number	ARY AND SECONDARY CONTACT INFORM One number, fax and e-mail address (if a listed in Section II of this application. DeMers Last Name (310)836-1008 Fax Number Wilson Last Name (310)836-1008	RMATION pplicable) La E-1	of the personal arry@DeMemail	erAndAsso	MI ociates.com MI	-
Provide the name, telephothe funds and program(s) Laurence First Name (310)836-0340 Telephone Number Christel First Name (310)836-0340 Telephone Number	ARY AND SECONDARY CONTACT INFORM One number, fax and e-mail address (if a listed in Section II of this application. DeMers Last Name (310)836-1008 Fax Number Wilson Last Name (310)836-1008 Fax Number	RMATION pplicable) La E-1	of the personal arry@DeMemail	erAndAsso	MI ociates.com MI	-
Provide the name, telephothe funds and program(s) Laurence First Name (310)836-0340 Telephone Number Christel First Name (310)836-0340 Telephone Number Christel Telephone Number	ARY AND SECONDARY CONTACT INFORMATION Proposed in Section II of this application. DeMers Last Name (310)836-1008 Fax Number Wilson Last Name (310)836-1008 Fax Number	RMATION pplicable) La E-1	of the personal arry@DeMemail TVMom@gmail th any of the	erAndAsso	MI ociates.com MI	-
Provide the name, telephothe funds and program(s) Laurence First Name (310)836-0340 Telephone Number Christel First Name (310)836-0340 Telephone Number	ARY AND SECONDARY CONTACT INFORMATION Proposed in Section II of this application. DeMers Last Name (310)836-1008 Fax Number Wilson Last Name (310)836-1008 Fax Number	RMATION pplicable) La E-1	of the personarry@DeMemail TVMom@gmail th any of the	erAndAsso	MI ociates.com MI	-
Provide the name, telephothe funds and program(s) Laurence First Name (310)836-0340 Telephone Number Christel First Name (310)836-0340 Telephone Number Christel Telephone Number	ARY AND SECONDARY CONTACT INFORMATION Proposed in Section II of this application. DeMers Last Name (310)836-1008 Fax Number Wilson Last Name (310)836-1008 Fax Number	RMATION pplicable) La E-1	of the personal arry@DeMemail TVMom@gmail th any of the	erAndAsso	MI ociates.com MI	-
Provide the name, telephothe funds and program(s) Laurence First Name (310)836-0340 Telephone Number Christel First Name (310)836-0340 Telephone Number Christel Telephone Number Christel Name (310)836-0340 Telephone Number Christel Telephone Number	ARY AND SECONDARY CONTACT INFORMATION Proposed in Section II of this application. DeMers Last Name (310)836-1008 Fax Number Wilson Last Name (310)836-1008 Fax Number	RMATION pplicable) La E-r	of the personal arry@DeMemail TVMom@gmail th any of the	erAndAsso	MI ociates.com MI	-
Provide the name, telephothe funds and program(s) Laurence First Name (310)836-0340 Telephone Number Christel First Name (310)836-0340 Telephone Number Christel Telephone Number CTION VI - AFFILIATIONS Does anyone in your organ Name of Organization Example: XYZ Non-profit Control N/A SoRo INC supports the neighborone NC board member to attend	ARY AND SECONDARY CONTACT INFORM One number, fax and e-mail address (if a listed in Section II of this application. DeMers Last Name (310)836-1008 Fax Number Wilson Last Name (310)836-1008 Fax Number Inization have a former or existing relation or poration whood on community projects and outreach efforts. It our meetings to be fully informed about what we a	RMATION pplicable) La E-I Dnship with We invite re doing.	of the personal arry@DeMemail TVMom@gmail th any of the Status Executive	erAndAsso	MI ociates.com MI	- -
Provide the name, telephothe funds and program(s) Laurence First Name (310)836-0340 Telephone Number Christel First Name (310)836-0340 Telephone Number Christel Telephone Number CTION VI - AFFILIATIONS Does anyone in your orga Name of Organization Example: XYZ Non-profit Control Nich Soro INC supports the neighborone NC board member to attend Soro INC also sponsored the creater and sponsored t	ARY AND SECONDARY CONTACT INFORMATION SECONDARY CONTACT INFORMATIO	RMATION pplicable) La E-r Conship with We invite re doing. had applied to	of the personal arry@DeMemail TVMom@gmail th any of the Status Executive	erAndAsso	MI ociates.com MI	- -
Provide the name, telephothe funds and program(s) Laurence First Name (310)836-0340 Telephone Number Christel First Name (310)836-0340 Telephone Number Christel Telephone Number	ARY AND SECONDARY CONTACT INFORM One number, fax and e-mail address (if a listed in Section II of this application. DeMers Last Name (310)836-1008 Fax Number Wilson Last Name (310)836-1008 Fax Number anization have a former or existing relation or poration whood on community projects and outreach efforts. If our meetings to be fully informed about what we a leation of the NC and was the group that originally in our board members were the original NC board, in our board members were the original NC board, in our board members were the original NC board, in our board members were the original NC board, in our board members were the original NC board, in our board members were the original NC board, in our board members were the original NC board, in our board members were the original NC board, in our board members were the original NC board, in our board members were the original NC board, in our board members were the original NC board, in our board members were the original NC board, in our board members were the original NC board, in our board members were the original NC board, in our board members were the original NC board, in our board members were the original NC board, in our board members were the original NC board.	RMATION pplicable) La E-r E-r Donship with We invite re doing. nad applied to	of the personal arry@DeMemail TVMom@gmail th any of the Status Executive	erAndAsso	MI ociates.com MI	-
Provide the name, telephothe funds and program(s) Laurence First Name (310)836-0340 Telephone Number Christel First Name (310)836-0340 Telephone Number Christel Telephone Number	ARY AND SECONDARY CONTACT INFORMance number, fax and e-mail address (if a listed in Section II of this application. DeMers Last Name (310)836-1008 Fax Number Wilson Last Name (310)836-1008 Fax Number anization have a former or existing relation or poration whood on community projects and outreach efforts. If our meetings to be fully informed about what we a leation of the NC and was the group that originally in the sorion of the NC and was the group that originally in t	RMATION pplicable) La E-r Ponship with We invite re doing. and applied to replaced no	of the personal arry@DeMemail TVMom@gmail th any of the Status Executive	erAndAsso	MI ociates.com MI	-
Provide the name, telephothe funds and program(s) Laurence First Name (310)836-0340 Telephone Number Christel First Name (310)836-0340 Telephone Number Christel Telephone Number	ARY AND SECONDARY CONTACT INFORM One number, fax and e-mail address (if a listed in Section II of this application. DeMers Last Name (310)836-1008 Fax Number Wilson Last Name (310)836-1008 Fax Number anization have a former or existing relation or poration whood on community projects and outreach efforts. If our meetings to be fully informed about what we a leation of the NC and was the group that originally in our board members were the original NC board, in our board members were the original NC board, in our board members were the original NC board, in our board members were the original NC board, in our board members were the original NC board, in our board members were the original NC board, in our board members were the original NC board, in our board members were the original NC board, in our board members were the original NC board, in our board members were the original NC board, in our board members were the original NC board, in our board members were the original NC board, in our board members were the original NC board, in our board members were the original NC board, in our board members were the original NC board, in our board members were the original NC board, in our board members were the original NC board.	RMATION pplicable) La E-r Ponship with We invite re doing. and applied to replaced no	of the personal arry@DeMemail TVMom@gmail th any of the Status Executive	erAndAsso	MI ociates.com MI	-

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 Two signatures required

12A) Executive Director of Non-Profit Corporation or School Principal

Christel Wilson	President, SoRo, Inc.		
PRINT First Name/ Last Name	Title	Signature	Date
12B) Secretary of Non-profit Corporation or A	ssistant School Principal		
Terry Ring Schonwald	Secretary, SoRo, Inc		
PRINT First Name/ Last Name			

SECTION VII - FOR DEPARTMENT OF NEIGHBORHOOD EMPOWERMENT USE ONLY

Date Received.	i de la companya de En la companya de la		
Reviewer Name:	Date Reviewed	Application	□ Incomplete
REVEIWERSINOTES			
	A STATE OF THE STA		
		Constitution of the state of th	
Date submitted to Funding Unit			
Method: ☐ In-person ☐ E-ma	ill - (□ Fax	artmental malla 184	
Application	☐ Incomplete		
2010-11		DONE Date Stamp	Receipt

City of Los Angeles, Department of Neighborhood Empowerment Neighborhood Council Funding Program APPLICATION for Neighborhood Purposes Grant (NPG) SoRo. Inc.

4) Please describe the Neighborhood Improvement Project for which the grant is intended.

This grant is intended to support an event: the 18th Annual South Robertson Community Festival will be held on June 7, 2015, 11:00 a.m. to 4:00 p.m., on South Robertson Boulevard. This Festival, held annually since 1998, has become a community tradition, growing gradually each year in size, sophistication and reputation. Each year, an estimated 6,000 to 8,000 people attend.

Open to the public, the Festival features local and regional entertainment, special ecological and greening pavilions (featuring energy and water conservation and waste recycling), and 60 to 70 booths featuring neighborhood businesses and information. A particularly popular feature, which has grown each year, is the "Camp SoRo" area for children; this all-day activity engages leadership students from Hamilton High School, children from the community and their parents in creative arts and crafts activities.

The Festival celebrates the broad cultural diversity and sense of unity that exists among the some 45,000 residents in the seven neighborhoods encompassed in the South Robertson community area. It attracts local businesses and organizations and elected representatives including local legislators and heads of our public agencies. The Festival encourages beautification and revitalization of the SoRo corridor where people can shop, dine, and enjoy a good quality of life, and it is committed to strengthening local educational institutions.

This annual Festival has broad and continuing community support and involvement, including: the City's Department of Cultural Affairs; the two local Councilmembers (CD-5 and CD-10) who represent our community; the South Robertson Neighborhoods Council; local businesses, schools, houses of worship, non-profit organizations, and individuals; and local representatives of City agencies including LAPD and LAFD.

With the Festival area bounded on the south by Cattaraugus and on the north by Beverlywood, with the central point at approximately 2730 South Robertson, this site has proven to be logistically optimal for managing the event efficiently and for ensuring optimum accessibility for the community.

The Festival is managed under the auspices of SoRo, Inc. (South Robertson Neighborhoods Council, Inc. – a name that pre-dates the founding of the Neighborhood Council system), a non-profit 501c3 charitable organization dedicated to the revitalization and beautification of South Robertson Blvd. between the Santa Monica Freeway and Pico Blvd. and its surrounding residential neighborhoods. SoRo, Inc. is an all-volunteer organization, and its largest activity is this Annual Festival.

The Festival is organized and implemented by the Festival Organizing Committee, comprised of volunteers from SoRo, Inc., the South Robertson Neighborhood Council (SORO NC), the local community, and staff of the offices of Councilmembers Koretz (CD-5) and Wesson (CD-10). The Committee begins its work early in the calendar year, contacting hundreds of local businesses and organizations by mail and email with invitations to participate in and/or contribute to the Festival and firming up logistical arrangements. Committee members also visit personally many businesses and organizations to discuss the Festival and post flyers in local businesses to raise residents' awareness. Two weeks before the Festival, Committee members post some 200 eye-catching lawn signs in strategic locations throughout SoRo neighborhoods. Articles in local media, wherever possible, as well as emails to community members, also help to encourage broad community participation. Publicity provided by the City of Los Angeles Department of Cultural Affairs (listing in its Festival Guide) and our own press releases to local media outlets help spread the word even more broadly in the community.

The Festival budget (Attachment 2) and SoRo, Inc. 501(c)3 letter (Attachment 3) are attached. As part of the City's application and permit process for the event (Bureau of Street Services), SoRo, Inc. obtains the insurance coverage required by the City before the permit is issued.

5) How will this grant be used to primarily support or serve a non-discriminatory, public purpose and benefit the public at-large.

This lively and highly successful annual event provides fun and education for the whole family. The Festival is open to the public with no admission fee. It features local and regional entertainment, emphasis on environmental issues and emergency preparedness, arts and crafts and games for children. The Festival attracts local businesses and organizations and elected representatives including local legislators and heads of our public agencies. More than 60 neighborhood businesses, non-profit organizations, and city service representatives have booths so they can provide information about their services. The Festival involves local schools, their students and their parents in arts and crafts projects and environmental issues. The Festival provides the community an opportunity to honor individuals who volunteer in their communities and businesses that practice sound environmental policies.

The Annual Festival brings community members together to recognize, learn about, and celebrate the cultural, economic and social well-being of the South Robertson neighborhoods. The enhanced feeling of community the Festival engenders, and the ties with public service providers it strengthens, serves to promote, market and enhance the South Robertson neighborhoods and make them a cleaner, more attractive and safer environment in which to work, visit and live.

SoRo Inc. FESTIVAL BUDGET

	2015 Budget
Ordinary Income/Expense	
Income	
Contributions, Gift & Grants	
Direct Public Support UR	12,100.00
Total Contributions, Gift & Grants	12,100.00
Program Service Revenue	
Food	2,100.00
Booths	6,000.00
Paid Attraction Ticket sales	3,700.00
T-Shirts	1,200.00
Total Program Service Revenue	13,000.00
Total Income	25,100.00
Expense	
Advertising	2,700.00
Equipment Rental	12,000.00
Festival Event Expenses	
Decorating & Setup	460.00
Entertainment	
Paid Attractions Camp SORO	2,400.00
Music & Stage	2,800.00
Camp SORO Arts & Crafts (free)	900.00
Total Entertainment	6,100.00
Merchant C.C. Expense	40.00
Project Management	3,000.00
Insurance, Permits & Fees	5,000.00
Total Festival Event Expenses	14,600.00
Postage and Delivery	200.00
Printing and Publications	300.00
Supplies	300.00
Total Expense	30,100.00
Net Ordinary Income	-5,000.00
Other Income/Expense	
Other Income	
SORO NC Sponsorship & Exp Paid	5,000.00
Total Other Income	5,000.00
Net Other Income	5,000.00
Net Income	0.00

Department of the Treasury

Request for Taxpayer **Identification Number and Certification**

Give form to the requester. Do not send to the IRS.

	Name (as shown on your income tax return)				_
23	South Robertson Neighborhood Association, Inc				
on page	Business name, if different from above				
or type ructions	Check appropriate box. Individual/Sole proprietor Corporation Partnership Umfted liability company. Enter the fax classification (D-disregarded entity, C-corporation, Other (see instructions)	****	Exempli payee		
Print C Inst	Address (number, street, and apt. or suite no.)	Requester	's name and i	eddress (optional)	
رة تة	1836 1/2 S Robertson Blvd				
₹	City, state, and ZIP code				
Š	Los Angeles, CA 90035				
\$	List account number(s) here (optional)				
0)					
Par	Taxpayer Identification Number (TIN)				
backu alien,	your TIN in the appropriate box. The TIN provided must match the name given on Lir up withholding. For individuals, this is your social security number (SSN). However, for sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other employer identification number (EIN). If you do not have a number, see How to get a 7	a resident entities, it is	Social secu	or	
Note.	If the account is in more than one name, see the chart on page 4 for guidelines on weer to enter.		Employer k	dentification number	
Pari	t II Certification		1 33 :	4/30212	
					
	r penalties of perjury, I certify that:				
	ne number shown on this form is my correct taxpayer identification number (or I am w			· ·	
Re	am not subject to backup withholding because: (a) I am exempt from backup withhold evenue Service (IRS) that I am subject to backup withholding as a result of a failure to otified me that I am no longer subject to backup withholding, and	ing, or (b) I hav report all inter	e not been est or divide	notified by the Internal ands, or (c) the IRS has	
3. 1 a	am a U.S. citizen or other U.S. person (defined below).				
For marrang	lication instructions. You must cross out item 2 above if you have been notified by the olding because you have failed to report all interest and dividends on your tax return, ortgage interest paid, acquisition or abandonment of secured property, cancellation or generally, payments other than interest and dividends, you are not rively your correct TIN. See the instructions on page 4.	For real estate f debt, contribu	transactions tions to an i	i, item 2 does not appl	у
Sign Here		Date ▶	19/29	100010	
Ger	neral Instructions Definition of a	U.S. person	. For federa	al tax purposes, you	arı

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

Purpose of Form

A person who is required to file an information return with the iRS must obtain your correct taxpayer identification number (T'N) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. 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.

Note. If a requester gives you a form other than Form Wig to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- · An estate (other than a foreign estate), or
- · A domestic trust (as defined in Regulations section 301.7701-7)

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States. provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

The U.S. owner of a disregarded entity and not the entity



CITY OF LOS ANGELES OFFICE OF FINANCE P.O. Box 513996 Los Angeles, CA 90051-3996

BUSINESS TAX RENEWAL FORM - 2014

RENEW ONLINE!

DELINQUENT AFTER

finance.lacity.org

February 28, 2014

	T	5	4 1	t	9 7	4	"	7	

	1.)2	Small Business Exemption - Enter the total of your worldwide gross receipts here: \$
	2.	Newly Established Business
	3. 🗆	Creative Activities Exemption: Check this box only if the worldwide gross receipts attributable to "Creative Activities" are \$300,000 or less. Enter the total gross receipts from Creative Activities inside the City of Los Angeles \$ and enter '0' in Column D (Basis for Tax).
	4.	Application of Overpayment: Check this box only if you have an overpayment that you want to apply to your 2014 renewal. Please note that an overpayment cannot be applied if the original payment date was over three years ago. If applicable enter the overpayment amount \$\\$_(Deduct this amount from your Total Amount Due on Line 18)
ma/8		(Deductinis amount from your Total Amount Dile on Line 18)

	Col. A Business Activity	Col. B Fund	Col. C Primary	Col. D Basis	Col. E Tax	Col. F Tax	Col. G Back	Col. H Tax Due
-		Class	- Refer to	ForTax	Rate	Computation Multiply Column: (D x E)	- Refer to	Add Columns: (F + G)
5.	Professions/Occ	L049		SC 6/21/ 00	5.07	+	N/A	
6.	provident principle of the second	-		.00				
7.	> delayered and the control of the c	 		00			-	
8. 9.				.00				
10.	THE REPORT OF THE PROPERTY OF				10 80 0 9 1 10 10 10 10 10 10 10 10 10 10 10 10 1			
11.				.00				A. Paris
12.								2
				nrough 12 in Col	umn H. Enter	result here.		-
		14	N/A		and the second s		15.	N/A
	•					ee Instruction Shee		
						ee Instruction Shee	et .	
enco.				through 17. Ent				
	I DECLARE, UNDER PENALT MY KNOWLEDGE THE INFOR	Y OF PER	RJURY UN	DER THE LAW	S OF THE S	TATE OF CALIF	ORNIA THAT	TO THE BEST OF
	19. Signature:	11/	//					E.
- A	20. Title: Tooksuge				Name:	arry Delli		
	20. Title. Treesurer			Phon	e No.:	3/0) 83(irea code d	a-0340 saytime phone #	ext, if any
	21. Date: 2/24/14	Email:				*		on. II dily
	All payments of \$50,000 or more must be House (ACH) through your bank. See	made electi	ronically via A	utomated Clearing	_			
usan y	MAKE CHECK PAYABLE TO: Office ovite your account number on your check	of Finance	City of I am	America Di		t #: 000044535 OBERTSON BL		
	on United States banks only. NO SPLIT	PAYMENTS.	ia money orde	ars must be drawn		SELES CA 9003		
	22. Payment Type: Check		☐ MasterCar	rd				
	☐ Visa ☐ Discove	er	□ ACH			RY DEMERS		
	23. Name on Credit Card:				SOUTH R	EMERS IOBERTSON NE	IGHBORHOO	ps
					COUNCIL			
	Acct#: LILILI LI					ELES CA 9003		
	24. Exp. Date: A Authorized Signature:	mount Paid:	: \$		Псь	-61-6	011	
F	en Disclosure: All Visa Debit Card nave	ents will be	assessed a fla	it fee of \$3.95 per	changes red	of Information:	ver information	Decord the
	ansaction with a maximum allowed pays bebit Card payments will be assessed a with a minimum fee of \$3.95. This fee will	ment amoun	t of \$1,200.	All other Credit or	changes on form).	the Information Up	date section (ba	ck of this
p	rovided above.	00 8558556	a to the same	Credit/Debit card				
		DIMAGE						

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

DEPARTMENT OF THE TREASURY

Date: AUG 1 0 2000

SOUTH ROBERTSON NEIGHBORHOODS COUNCIL C/O SUSAN BURSK 822 S ROBERTSON BLVD STR 102 LOS ANGELES, CA 90035 Employer Identification Number: 95-4756212
DLN: 17053117005030
Contact Person: JULIE Y. CHAN ID# 95051
Contact Telephone Number: (877) 829-5500

Accounting Period Ending:
June 30

Poundation Status Classification:
170(b)(1)(A)(vi)

Advance Ruling Period Begins:
July 8, 1999

Advance Ruling Period Ends:
June 30, 2004

Addendum Applies:
No

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and

Letter 104S (DO/CG)

SOUTH ROBERTSON NEIGHBORHOODS

contributors may continue to rely on the advance determination until we make a final determination of your foundation status.

If we publish a notice in the Internal Revenue Bulletin stating that we will no longer treat you as a publicly supported organization, grantors and contributors may not rely on this determination after the date we publish the notice. In addition, if you lose your status as a publicly supported organization, and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that we had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date he or she acquired such knowledge.

If you change your sources of support, your purposes, character, or method of operation, please let us know so we can consider the effect of the change on your exempt status and foundation status. If you amend your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, let us know all changes in your name or address.

As of January 1, 1984, you are liable for social security taxes under the Pederal Insurance Contributions Act on amounts of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Internal Revenue Code. However, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Internal Revenue 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.

Donors may deduct contributions to you only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, gives guidelines regarding when taxpayers may deduct payments for admission to, or other participation in, fundraising activities for charity.

You are not required to file Form 990, Return of Organization Exempt From Income Tax, if your gross receipts each year are normally \$25,000 or less. If you receive a Form 990 package in the mail, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return. Because you will be treated as a public charity for return filing purposes during your entire advance ruling

Letter 1045 (DO/CG)

SOUTH ROBERTSON NEIGHBORHOODS

period, you should file Form 990 for each year in your advance ruling period that you exceed the \$25,000 filing threshold even if your sources of support do not satisfy the public support test specified in the heading of this letter.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. Por organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete. So, please be sure your return is complete before you file it.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You are required to make your annual information return, Form 990 or Form 990-62, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 357, Tax-Exempt Status for Your Organization, or you may call our toll free

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, we will assign a number to you and advise you of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If you distribute funds to individuals, you should keep case histories showing the recipients' names, addresses, purposes of awards, manner of selection, and relationship (if any) to members, officers, trustees or donors of tunds to you, so that you can substantiate upon request by the Internal Revenue Service any and all distributions you made to individuals. (Revenue Ruling 56-304, C.B. 1956-2, page 306.)

If we said in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Letter 1045 (DO/CG)

SOUTH ROBERTSON NEIGHBORHOODS

Because this letter could help us resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

.4.

Sincerely yours,

Steven T. Miller & Director, Exempt Organizations

Fever T. Milla

Enclosure(s): Form 872-C

Letter 1045 (DO/CG)





Doug Fitzsimmons

Kevin Gres Vice-President

Terrence Gomes
Treasurer

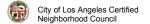
Beth Hirsch Secretary

South Robertson Neighborhoods Council

PO Box 35836 Los Angeles, CA 90035

P: (310) 295-9920 F: (310) 295-9906 E: info@soronc.org

soronc.org



Motion to approve \$150 for a Board strategy and planning meeting

Agenda Item: SB011515-2

Date: 15 January 2015

Proposed By: Doug Fitzsimmons

Full Proposal

In order to preserve options for the soon-to-be-seated SORO NC Board, the 2014-15 budget passed by the previous Board was necessarily lacking in detail. The upcoming strategy and fiscal planning meeting will allow us to discuss the NC's priorities and create a more developed budget.

The Executive Committee is proposing holding the meeting at the Relational Center on Robertson Blvd. There is a \$100 room rental fee. An additional \$50 would be for snacks and beverages for the meeting.

Proposed Motion

To approve \$150 for a Board strategy and fiscal planning meeting.

Considerations

Committee review: Votes For: Against: (highly recommended)

Amount previously allocated in Committee's working budget: (applies to funding motions only)

Arguments for: Arguments against:

Reductions to our NC budget and removal of our rollover funds has left us with less than we've had in past years.

The funds could be spent for some other purpose.

The Relational Center is a new partner in the neighborhood, and we want to strengthen ties with local communityminded organizations Another venue might be cheaper.