



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 01-16-2008

Employer Identification Number:
26-1759681

Form: SS-4

Number of this notice: CP 575 A

PARTNERSHIP FOR LOS ANGELES SCHOOLS
200 N SPRING ST STE 303
LOS ANGELES, CA 90012

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 26-1759681. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments, and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If this information isn't correct as shown above, please correct it using the tear off stub from this notice and return it to us so we can correct your account.

Based on the information from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	07/31/2008
Form 940	01/31/2009

If you have questions about the form(s) or the due date(s) shown, you can call or write to us at the phone number or address at the top of this notice. If you need help in determining what your tax year is, see Publication 538, Accounting Periods and Methods, available at your local IRS office or you can download this publication from our website at www.irs.gov.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination on your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue.)

Form **SS-4**
(Rev. July 2007)

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

OMB No. 1545-0003

EIN

Department of the Treasury
Internal Revenue Service

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
Partnership for Los Angeles Schools

2 Trade name of business (if different from name on line 1)

3 Executor, administrator, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)
200 N. Spring Street, Room 303

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code (if foreign, see instructions)
Los Angeles, CA 90012

5b City, state, and ZIP code (if foreign, see instructions)

6 County and state where principal business is located
Los Angeles, CA

7a Name of principal officer, general partner, grantor, owner, or trustor
Marshall Tuck

7b SSN, ITIN, or EIN

8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? Yes No

8b If 8a is "Yes," enter the number of LLC members ▶

8c If 8a is "Yes," was the LLC organized in the United States? Yes No

9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.

- Sole proprietor (SSN) _____
- Partnership _____
- Corporation (enter form number to be filed) ▶ _____
- Personal service corporation _____
- Church or church-controlled organization _____
- Other nonprofit organization (specify) ▶ **Corporation**
- Other (specify) ▶ _____
- Estate (SSN of decedent) _____
- Plan administrator (TIN) _____
- Trust (TIN of grantor) _____
- National Guard State/local government
- Farmers' cooperative Federal government/military
- REMIC Indian tribal governments/enterprises

Group Exemption Number (GEN) if any ▶

9b If a corporation, name the state or foreign country (if applicable) where incorporated

State
California

Foreign country

10 Reason for applying (check only one box)

- Started new business (specify type) ▶ **Nonprofit Corporation**
- Banking purpose (specify purpose) ▶ _____
- Changed type of organization (specify new type) ▶ _____
- Purchased going business
- Hired employees (Check the box and see line 13.)
- Created a trust (specify type) ▶ _____
- Compliance with IRS withholding regulations
- Created a pension plan (specify type) ▶ _____
- Other (specify) ▶ _____

11 Date business started or acquired (month, day, year). See instructions.
11/15/2007

12 Closing month of accounting year **12**

13 Highest number of employees expected in the next 12 months (enter -0- if none).
Agricultural: **0** Household: **0** Other: **4**

14 Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? Yes No (If you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.")

15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ **N/A**

16 Check one box that best describes the principal activity of your business.
 Construction Rental & leasing Transportation & warehousing Health care & social assistance Wholesale-agent/broker
 Real estate Manufacturing Finance & insurance Accommodation & food service Wholesale-other Retail
 Other (specify) **Nonprofit Corp**

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
NA

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? Yes No
If "Yes," write previous EIN here ▶

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name Sandra M. Serna	Designee's telephone number (include area code) (213) 892-7715
	Address and ZIP code 777 S. Figueroa Street, #3307	Designee's fax number (include area code) (213) 892-7777
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) (213) 978-0723
Name and title (type or print clearly) ▶ Marshall Tuck, President		Applicant's fax number (include area code)

Signature ▶ 

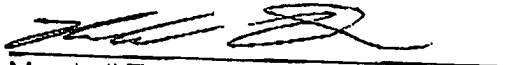
Date ▶ **1/15/08**

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **SS-4** (Rev. 7-2007)

AUTHORIZATION TO OBTAIN EMPLOYER IDENTIFICATION NUMBER

The undersigned, Marshall Tuck, hereby authorizes Rodriguez, Horii & Choi LLP to apply for and receive the Employer Identification Number on behalf of Partnership for Los Angeles Schools, and to answer questions in connection with completing the form required to obtain such number on behalf of Partnership for Los Angeles Schools.



Marshall Tuck
President