

Submission of Exemption Request

3500A

Exemption Based on 501(c)(3) Federal Determination Letter

Enclose a copy of the Federal Determination Letter.

| | |
|--|--------------------|
| Corporation number/Secretary of State file number 3055270 | FEIN 26-1759681 |
|--|--------------------|

Name of organization as shown in the organization's creating document
Partnership for Los Angeles Schools

| | |
|---|--|
| Address (including suite, room, or PMB no.) 200 N. Spring Street, Room 303 | Daytime telephone number (213) 978-0735 |
|---|--|

| | | |
|---------------------|-------------|--------------------------|
| City Los Angeles | State CA | ZIP Code 90012 - 3239 |
|---------------------|-------------|--------------------------|

| | |
|--|--|
| Name of representative to be contacted regarding additional requirements or information Reynolds T. Cafferata, Esq., Rodriguez, Horii, Choi & Cafferata LLP | Daytime telephone number (213) 892-7704 |
|--|--|

Representative's mailing address (including suite, room, or PMB no.)
777 S. Figueroa Street, #2150

| | | |
|---------------------|-------------|--------------------------|
| City Los Angeles | State CA | ZIP Code 90017 - 5819 |
|---------------------|-------------|--------------------------|

Part I — Purpose and Activity

1 Check the box for the primary purpose and activity of the organization:

| | | | | |
|---|--------------------------------------|--|--|---------------------------------|
| <input checked="" type="checkbox"/> Charitable | <input type="checkbox"/> Educational | <input type="checkbox"/> Religious | <input type="checkbox"/> Church | <input type="checkbox"/> School |
| <input type="checkbox"/> Prevent Cruelty to Animals | <input type="checkbox"/> Literary | <input type="checkbox"/> Hospital | <input type="checkbox"/> Medical Center | |
| <input type="checkbox"/> Health Care Center | <input type="checkbox"/> Scientific | <input type="checkbox"/> Testing For Public Safety | <input type="checkbox"/> Qualified Sports Organization | |

2 Annual Accounting period (must end on last day of the month) 07/01 - 06/30

Part II — Entity Information

Check the boxes that apply:

1 Entity Type: Corporation Association Trust

2 Private Foundation

3 Public Benefit Mutual Benefit Religious Foreign Corporation (State of Incorporation) _____

Additional Information:

4 Has the organization ever been suspended, revoked or audited by the IRS? Yes No If "Yes," explain _____

Part III — Group Exemption

Organizations applying for group exemption complete the following:

Group Exemption - All Subordinates are:

1 Section 501(c)(3) Organizations

2 Federal Group # _____

3 Attach a list of all California Subordinates, include mailing addresses and identification numbers.

Mail Form 3500A and all documents to EXEMPT ORGANIZATIONS UNIT MS F120, FRANCHISE TAX BOARD, PO BOX 1286, RANCHO CORDOVA CA 95741-1286.

Under penalties of perjury, I declare that I have examined this submission for exemption based on the 501(c)(3) federal determination letter, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | |
|-----------------|--|----------------------------------|
| 9/29/08 DATE | SIGNATURE OF OFFICER OR REPRESENTATIVE | Secretary/Treasurer/COO TITLE |
|-----------------|--|----------------------------------|