

Form **SS-4**
(Rev. April 1991)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions before completing this form.)

E.I. 36-3930213

OMB No. 1545-0003
Expires 4-30-94

1 Name of applicant (True legal name) (See instructions.)
Roseland Community Good News Club

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
214 West 113th Street

5a Address of business (See instructions.)
Same

4b City, state, and ZIP code
Chicago, Illinois 60628

5b City, state, and ZIP code

6 County and state where principal business is located
Cook County, Illinois

7 Name of principal officer, grantor, or general partner (See instructions.) ▶ Pearl Willis

8a Type of entity (Check only one box.) (See instructions.)

Individual SSN

REMIC

State/local government

Other nonprofit organization (specify) Charitable If nonprofit organization enter GEN (if applicable)

Other (specify) ▶

Estate

Plan administrator SSN

Other corporation (specify)

Federal government/military

Trust

Partnership

Farmers' cooperative

Church or church controlled organization

8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated ▶ Foreign country State Illinois

9 Reason for applying (Check only one box.)

Started new business

Hired employees

Created a pension plan (specify type) ▶

Banking purpose (specify) ▶ Checking Account

Other (specify) ▶

Changed type of organization (specify) ▶

Purchased going business

Created a trust (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.) January 18, 1994

11 Enter closing month of accounting year. (See instructions.) December

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

Nonagricultural	Agricultural	Household
-0-	-0-	-0-

14 Principal activity (See instructions.) ▶ Charitable - Child care center, food pantry

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶ Yes No

16 To whom are most of the products or services sold? Please check the appropriate box. Business (wholesale) N/A

Public (retail) Other (specify) ▶

17a Has the applicant ever applied for an identification number for this or any other business? Yes No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's true name and trade name, if different than name shown on prior application.

True name ▶ Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year) City and state where filed Previous EIN

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.

Name and title (Please type or print clearly.) ▶ Pearl Willis, President Telephone number (include area code) 312-264-0410

Signature ▶ Date ▶ January 21, 1994

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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