



## OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

NOVEMBER 17, 2015

7031-123-2

CORP-LINK SERVICES, INC.  
118 W EDWARDS ST STE 200  
SPRINGFIELD, IL 62704

RE CHICAGO CLASSICAL ACADEMY

DEAR SIR OR MADAM:

ENCLOSED YOU WILL FIND THE ARTICLES OF INCORPORATION OF THE ABOVE NAMED CORPORATION. THE CORPORATION IS REQUIRED TO FILE AN ANNUAL REPORT EACH YEAR. BLANK FORMS WILL BE MAILED BY THIS OFFICE TO THE REGISTERED AGENT AS SHOWN BY OUR FILES APPROXIMATELY 60 DAYS PRIOR TO ITS ANNIVERSARY MONTH. (ORIGINAL DATE OF INCORPORATION).

THE REQUIRED FEE OF \$50.00 IN THIS CONNECTION HAS BEEN RECEIVED AND PLACED TO YOUR CREDIT.

CERTAIN NOT FOR PROFIT CORPORATIONS ORGANIZED AS A CHARITABLE CORPORATION ARE REQUIRED TO REGISTER WITH THE OFFICE OF THE ATTORNEY GENERAL. UPON RECEIPT OF THE ENCLOSED ARTICLES OF INCORPORATION, YOU MUST CONTACT THE CHARITABLE TRUST DIVISION, OFFICE OF THE ATTORNEY GENERAL, 100 W. RANDOLPH, 11TH FLOOR, CHICAGO, ILLINOIS 60601 TELEPHONE (312) 814-2595.

THE ISSUANCE OF THE ARTICLES OF INCORPORATION DOES NOT ENTITLE THE CORPORATION TO A PROPERTY TAX EXEMPTION. YOU MUST APPLY FOR THAT EXEMPTION THROUGH THE BOARD OF REVIEW IN THE COUNTY WHERE THE REAL ESTATE IS LOCATED.

SINCERELY,

A handwritten signature in cursive script that reads "Jesse White".

JESSE WHITE  
SECRETARY OF STATE  
DEPARTMENT OF BUSINESS SERVICES  
CORPORATION DIVISION  
TELEPHONE (217) 782-6961

**FILED**

NOV 17 2015

JESSE WHITE  
SECRETARY OF STATE

Secretary of State  
Department of Business Services  
501 S. Second St., Rm. 350  
Springfield, IL 62756  
217-782-9522  
www.cyberdriveillinois.com

Remit payment in the form of a  
cashier's check, certified check,  
money order or Illinois attorney's  
or C.P.A.'s check payable  
to Secretary of State.

File # 7031-123-2 Filing Fee: \$50 Approved: J.P.F.

----- Submit in duplicate ----- Type or Print clearly in black ink ----- Do not write above this line -----

**Article 1.**

Corporate Name: Chicago Classical Academy O.C.

**Article 2.**

Name and Address of Registered Agent and Registered Office in Illinois:

Registered Agent: Steven C. Gustafson

First Name	Middle Name	Last Name
------------	-------------	-----------

Registered Office: 222 N. LaSalle Street, Suite 800

Number	Street	Suite # (P.O. Box alone is unacceptable)
<u>Chicago</u>	<u>IL</u>	<u>60601</u>
City	ZIP Code	County
		<u>Cook</u>

**Article 3.**

The first Board of Directors shall be three in number, their Names and Addresses being as follows  
Not less than three

Director Name	Street Address	City	State	ZIP Code
Alice Epstein	222 North LaSalle Street, Suite 800, Chicago, IL	60601		
Heidi Schroeder	222 North LaSalle Street, Suite 800, Chicago, IL	60601		
Gabriel Arc'e	222 North LaSalle Street, Suite 800, Chicago, IL	60601		

**Article 4.**

Purpose(s) for which the Corporation is organized:  
See attached EXHIBIT A.

(continued on back)

**Article 4.**(continued)

Is this Corporation a Condominium Association as established under the Condominium Property Act? (check one)

Yes  No

Is this Corporation a Cooperative Housing Corporation as defined in Section 216 of the Internal Revenue Code of 1954? (check one)

Yes  No

Is this Corporation a Homeowner's Association, which administers a common-interest community as defined in subsection (c) of Section 9-102 of the code of Civil Procedure? (check one)

Yes  No

**Article 5.**

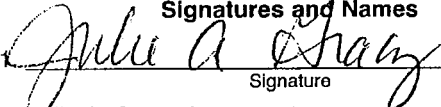
Other provisions (**For more space, attach additional sheets of this size.**):

**Article 6.**

**Names & Addresses of Incorporators**

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated November 16, 2015  
Month Day Year

<b>Signatures and Names</b>	
 _____ Signature	_____ Name (print)
2. _____ Signature	_____ Name (print)
3. _____ Signature	_____ Name (print)

<b>Post Office Address</b>	
1. <u>222 N. LaSalle Street, Suite 800</u> Street	_____ City, State, ZIP
2. _____ Street	_____ City, State, ZIP
3. _____ Street	_____ City, State, ZIP

**Signatures must be in BLACK INK on the original document.  
Carbon copies, photocopies or rubber stamped signatures may only be used on the duplicate copy.**

- If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by a duly authorized corporate officer. Please print name and title beneath the officer's signature.
- The registered agent cannot be the corporation itself.
- The registered agent may be an individual, resident in Illinois, or a domestic or foreign corporation, authorized to act as a registered agent.
- The registered office may be, but need not be, the same as its principal office.
- A corporation that is to function as a club, as defined in Section 1-3.24 of the "Liquor Control Act" of 1934, must insert in its purpose clause a statement that **it will comply with the State and local laws and ordinances relating to alcoholic liquors.**

**Return to:**

Gould & Ratner LLP  
Firm Name  
222 N. LaSalle Street, Suite 800  
Mailing address

Julie A. Gracz  
Attention  
Chicago, IL 60601  
City, State, ZIP

**CHICAGO CLASSICAL ACADEMY**  
**EXHIBIT A**  
**TO ARTICLES OF INCORPORATION**

The Corporation is organized and shall be operated exclusively for charitable, educational, religious, or scientific purposes, within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986 ("Code"), as amended, including, for such purposes, the making of distributions and contributions to individuals or organizations that qualify as exempt organizations under Section 501(c)(3) of the Code or corresponding section of any future United States Internal Revenue Law and, consistent therewith, to establish and operate a network of kindergarten through twelfth grades charter schools throughout Illinois, providing a rigorous, classical liberal-arts curriculum with a strong civics component coupled with a commitment to the overall health and wellness of every child. The Corporation will not maintain a program to solicit for donations and/or contributions but will accept contributions from individuals and corporations.

For such purposes, it may promote, establish, conduct, and maintain activities on its own behalf or it may contribute to, expend for the use of, or otherwise assist other corporations, organizations and institutions that qualify as exempt organizations under Section 501(c)(3) of the Code, or corresponding sections of any future federal tax code. The Corporation may also make contributions or distributions to or for the use of states, territories, or possessions of the United States, any political subdivision of any of the foregoing, or to the United States or the District of Columbia, but only for the charitable purposes of the Corporation.

For the above stated purposes, the Corporation may receive funds and other property, real, personal and mixed, and interests therein, by gift, transfer, devise, or bequest, and invest, reinvest, hold, manage, administer, expend, and apply such funds and property, subject to such conditions and limitations, if any, as may be expressed in any instrument evidencing such gift, transfer, devise or bequest.

No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to its members, directors, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Third. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office.

Notwithstanding any other provision of these Articles, the Corporation shall not conduct any other activities not permitted to be conducted (a) by a Corporation exempt from federal income tax under Code Section 501(c)(3), or corresponding sections of any future federal tax code or (b) by a Corporation, contributions to which are deductible under section 170(c)(2) of the Code or corresponding sections of any future federal tax code. Consistent with the foregoing, the board of directors and officers of the Corporation shall not have any power or authority to do any act which would prevent the Corporation from being an organization described in Code Section 501(c)(3), or under the corresponding provisions of any future federal

tax code. The Corporation shall distribute its income at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Code or the corresponding section of any future federal tax code. The Corporation shall not engage in any act of self-dealing as defined in Code Section 4941(d), retain any excess business holdings as defined in Code Section 4943(c), make any investment in such manner as to subject it to tax under Code Section 4944, or make any taxable expenditures as defined in Code Section 4945, in each case as said Code sections now exist or may hereafter be amended, or under the corresponding provisions of any future federal tax code.

Upon dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by a court of competent jurisdiction in the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

4834-7132-3941, v. 1

**ATTACHMENT TO FORM 1023**

CHICAGO CLASSICAL ACADEMY (the "Organization")  
c/o Alice Epstein, Secretary  
4604 S. Union Avenue  
Chicago, Illinois 60609  
FEIN: 81-4230633

**1. Part II. Organizational Structure**

Item 1

The Organization's Articles of Incorporation are attached as Exhibit 1.

Item 5

The Organization's Bylaws are attached as Exhibit 2.

**2. Part IV. Narrative Description of Activities**

The Corporation is organized and shall be operated exclusively for charitable, educational, religious, or scientific purposes, within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986 ("Code"), as amended, including, for such purposes, the making of distributions and contributions to individuals or organizations that qualify as exempt organizations under Section 501(c)(3) of the Code or corresponding section of any future United States Internal Revenue Law and, consistent therewith, to establish and operate a network of kindergarten through twelfth grades charter schools throughout Illinois, providing a rigorous, classical liberal-arts curriculum with a strong civics component coupled with a commitment to the overall health and wellness of every child. The Corporation will not maintain a program to solicit for donations and/or contributions but will accept contributions from individuals and corporations.

For such purposes, it may promote, establish, conduct, and maintain activities on its own behalf or it may contribute to, expend for the use of, or otherwise assist other corporations, organizations and institutions that qualify as exempt organizations under Section 501(c)(3) of the Code, or corresponding sections of any future federal tax code. The Corporation may also make contributions or distributions to or for the use of states, territories, or possessions of the United States, any political subdivision of any of the foregoing, or to the United States or the District of Columbia, but only for the charitable purposes of the Corporation.

For the above stated purposes, the Corporation may receive funds and other property, real, personal and mixed, and interests therein, by gift, transfer, devise, or bequest, and invest, reinvest, hold, manage, administer, expend, and apply such funds and property, subject to such conditions and limitations, if any, as may be expressed in any instrument evidencing such gift, transfer, devise or bequest.

No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to its members, directors, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Third. No substantial part

of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office.

Notwithstanding any other provision of these Articles, the Corporation shall not conduct any other activities not permitted to be conducted (a) by a Corporation exempt from federal income tax under Code Section 501(c)(3), or corresponding sections of any future federal tax code or (b) by a Corporation, contributions to which are deductible under section 170(c)(2) of the Code or corresponding sections of any future federal tax code. Consistent with the foregoing, the board of directors and officers of the Corporation shall not have any power or authority to do any act which would prevent the Corporation from being an organization described in Code Section 501(c)(3), or under the corresponding provisions of any future federal tax code. The Corporation shall distribute its income at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Code or the corresponding section of any future federal tax code. The Corporation shall not engage in any act of self-dealing as defined in Code Section 4941(d), retain any excess business holdings as defined in Code Section 4943(c), make any investment in such manner as to subject it to tax under Code Section 4944, or make any taxable expenditures as defined in Code Section 4945, in each case as said Code sections now exist or may hereafter be amended, or under the corresponding provisions of any future federal tax code.

Upon dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by a court of competent jurisdiction in the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

### **3. Part V. Compensation and Other Financial Arrangements**

#### **Part 3a Qualifications**

##### **Alice Epstein, Secretary and Director**

Alice was introduced to three unique educational models from an early age. All three approaches were infused with elements of a classical curriculum and drove her towards traditional classical model when she began developing educational materials for her oldest. With three additional little ones to educate, her original intent to bring her own kids a rich education has expanded to building a school to serve the city as a whole. At CCA, she focuses on operations and curriculum development given her background in business development, communications and marketing. She received a BA in Political Science from the University of Chicago.

##### **Heidi Schroeder, President and Director**

Heidi Schroeder spent her formative years in Fort Atkinson, WI (Go Pack!). She was one of five in her grade level at a parochial school, and this early foundational education proved to be critical. Following this, Heidi had a year of homeschooling before transitioning to

public high school. Despite the subpar education she received in high school, Heidi progressed to a college known for its unique and difficult curriculum: Hillsdale College where she received a B.S. in Mathematics and Theatre. At Hillsdale, Heidi was educationally inspired. During a 5 year corporate stint her zeal was toned and focus narrowed: a right and good education is essential for a man's potential to be realized. Thus, Heidi took a hard pivot into education and began teaching for the Noble Network of Charter Schools. So now she teaches while working to implement her own educational vision by opening a school in Chicago that teaches students to be independent thinkers, great writers, clear speakers and wise decision makers. She focuses her efforts on development, networking, board and faculty recruitment.

### **Bruno Behrend, Director**

Bruno Behrend, J.D., is the founder and a board member of American Transparency, a non-profit organization dedicated to putting all local, state, and federal spending in one database, ready for instant retrieval. He was engaged in the same goal at For the Good of Illinois, an Illinois-based non-profit watchdog group that created the OpenTheBooks.com on-line database and mobile app. Prior to his current position, he was director of the Center for School Reform at The Heartland Institute, where he advocated for transforming America's education system. Mr. Behrend has a background in public policy research, database consulting (specialist in fund raising software), and corporate seminar and training development. An entrepreneur, he has started five businesses. In 2009, he was policy director for gubernatorial candidate Adam Andzejewski in the Illinois primary election. In 2008, Behrend coauthored Illinois Deserves Better - The Ironclad Case for an Illinois Constitutional Convention, the release of which coincided with a campaign to pass a referendum calling for a Constitutional Convention in Illinois. Mr. Behrend has also served as an advisor to groups seeking to rewrite the legislative article of the Illinois Constitution and as Field Director for FreedomWorks ([www.FreedomWorks.com](http://www.FreedomWorks.com)) in Illinois. Mr. Behrend is a graduate of University of Illinois (1983) with a degree in finance and a graduate of IIT-Kent College of Law (1990), and is licensed to practice law in the state of Illinois.

### Items 5a–c Conflict of Interest Policy

A copy of the Organization's Conflict of Interest Policy is attached as Exhibit 3.

#### **4. Part VI. Your Members and Other Individuals and Organizations That Receive Benefits From You**

##### Item 1a, 1b and 2

Please see Item 2 above.

#### **5. Part VIII. Your Specific Activities**

##### Item 19

Please see Schedule B.



# Form 1023 Checklist

## (Revised December 2013)

### Application for Recognition of Exemption under Section 501(c)(3) of the Internal Revenue Code

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**Note.** Retain a copy of the completed Form 1023 in your permanent records. Refer to the General Instructions regarding Public Inspection of approved applications.

**Check each box to finish your application (Form 1023). Send this completed Checklist with your filled-in application. If you have not answered all the items below, your application may be returned to you as incomplete.**

- Assemble the application and materials in this order:
- Form 1023 Checklist
  - Form 2848, *Power of Attorney and Declaration of Representative* (if filing)
  - Form 8821, *Tax Information Authorization* (if filing)
  - Expedite request (if requesting)
  - Application (Form 1023 and Schedules A through H, as required)
  - Articles of organization
  - Amendments to articles of organization in chronological order
  - Bylaws or other rules of operation and amendments
  - Documentation of nondiscriminatory policy for schools, as required by Schedule B
  - Form 5768, *Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation* (if filing)
  - All other attachments, including explanations, financial data, and printed materials or publications. Label each page with name and EIN.
- User fee payment placed in envelope on top of checklist. DO NOT STAPLE or otherwise attach your check or money order to your application. Instead, just place it in the envelope.
- Employer Identification Number (EIN)
- Completed Parts I through XI of the application, including any requested information and any required Schedules A through H.
- You must provide specific details about your past, present, and planned activities.
  - Generalizations or failure to answer questions in the Form 1023 application will prevent us from recognizing you as tax exempt.
  - Describe your purposes and proposed activities in specific easily understood terms.
  - Financial information should correspond with proposed activities.
- Schedules. Submit only those schedules that apply to you and check either "Yes" or "No" below.
- |            |     |          |    |          |            |     |     |    |          |
|------------|-----|----------|----|----------|------------|-----|-----|----|----------|
| Schedule A | Yes | ___      | No | <u>X</u> | Schedule E | Yes | ___ | No | <u>X</u> |
| Schedule B | Yes | <u>X</u> | No | ___      | Schedule F | Yes | ___ | No | <u>X</u> |
| Schedule C | Yes | ___      | No | <u>X</u> | Schedule G | Yes | ___ | No | <u>X</u> |
| Schedule D | Yes | ___      | No | <u>X</u> | Schedule H | Yes | ___ | No | <u>X</u> |

- An exact copy of your complete articles of organization (creating document). Absence of the proper purpose and dissolution clauses is the number one reason for delays in the issuance of determination letters.
- Location of Purpose Clause from Part III, line 1 (Page, Article and Paragraph Number) EXH 1 PARA 1
  - Location of Dissolution Clause from Part III, line 2b or 2c (Page, Article and Paragraph Number) or by operation of state law EXH 1 PARA 6
- Signature of an officer, director, trustee, or other official who is authorized to sign the application.
- Signature at Part XI of Form 1023.
- Your name on the application must be the same as your legal name as it appears in your articles of organization.

Send completed Form 1023, user fee payment, and all other required information, to:

Internal Revenue Service  
P.O. Box 192  
Covington, KY 41012-0192

If you are using express mail or a delivery service, send Form 1023, user fee payment, and attachments to:

Internal Revenue Service  
201 West Rivercenter Blvd.  
Attn: Extracting Stop 312  
Covington, KY 41011

## Power of Attorney and Declaration of Representative

OMB No. 1545-0150

**For IRS Use Only**

Received by: \_\_\_\_\_  
 Name \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Function \_\_\_\_\_  
 Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

▶ Information about Form 2848 and its instructions is at [www.irs.gov/form2848](http://www.irs.gov/form2848).

**Part I Power of Attorney**

**Caution:** A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

**1 Taxpayer information.** Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address CHICAGO CLASSICAL ACADEMY 222 NORTH LASALLE STREET SUITE 800 CHICAGO, IL 60601	Taxpayer identification number(s) 81-4230633
	Daytime telephone number 312-236-3003
	Plan number (if applicable)

hereby appoints the following representative(s) as attorney(s)-in-fact:

**2 Representative(s) must sign and date this form on page 2, Part II.**

Name and address STEVEN C. GUSTAFSON GOULD & RATNER LLP 222 N. LASALLE STREET, 8TH FLOOR CHICAGO, IL 60601 Check if to be sent copies of notices and communications <input type="checkbox"/>	CAF No. 4005-26391R PTIN _____ Telephone No. 312-236-3003 Fax No. 312-236-3241 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address Check if to be sent copies of notices and communications <input type="checkbox"/>	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address (Note: IRS sends notices and communications to only two representatives.)	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address (Note: IRS sends notices and communications to only two representatives.)	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

**3 Acts authorized (you are required to complete this line 3).** With the exception of the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts that I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 5000A Shared Responsibility Payment, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)
APPLICATION FOR RECOGNITION OF EXEMPTION	1023	2015, 2016, 2017

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for **Line 4. Specific Use Not Recorded on CAF** . . . . .

**5a Additional acts authorized.** In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information):

Authorize disclosure to third parties;  Substitute or add representative(s);  Sign a return; \_\_\_\_\_

Other acts authorized: \_\_\_\_\_

**b Specific acts not authorized.** My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability. List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): \_\_\_\_\_

**6 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here . . . . .   
**YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

**7 Signature of taxpayer.** If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the legal authority to execute this form on behalf of the taxpayer.  
**▶ IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.**



Signature	Date	Title (if applicable)
Print Name	Print name of taxpayer from line 1 if other than individual	

**Part II Declaration of Representative**

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations contained in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
  - a Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b Certified Public Accountant - licensed to practice as a certified public accountant is active in the jurisdiction shown below.
  - c Enrolled Agent - enrolled as an agent by the Internal Revenue Service per the requirements of Circular 230.
  - d Officer - a bona fide officer of the taxpayer organization.
  - e Full-Time Employee - a full-time employee of the taxpayer.
  - f Family Member - a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
  - g Enrolled Actuary - enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
  - h Unenrolled Return Preparer - Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). **See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.**
  - k Student Attorney or CPA - receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student working in an LITC or STCP. See instructions for Part II for additional information and requirements.
  - r Enrolled Retirement Plan Agent - enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

**▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.**

**Note:** For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Designation - Insert above letter (a-r)	Licensing jurisdiction (State) or other licensing authority (if applicable).	Bar, license, certification, registration, or enrollment number (if applicable).	Signature	Date
A	ILLINOIS	P00178496		

April 18, 2017

**VIA FACSIMILE: (855) 202-6946**

Department of the Treasury  
Internal Revenue Service  
Tax Exempt and Government Entities  
ATT: Mrs. Moll-Malone  
Room 4-511  
Group 7828

Re: Chicago Classical Academy; FEIN: 81-4230633

Dear Madam:

The following responds to the Information Request (First Request) of your March 6, 2017 letter to me as representative of the above referenced organization (the "Academy"). A copy of your letter is attached as Exhibit A.

**Question 1**

Please see the signed declaration attached to the end of this letter.

**Question 2**

Please see page 12 of the application, signed by an authorized individual, attached as Exhibit B.

**Question 3**

Please see a detailed listing of the past, present and future activities for the Academy, including a list of each activity conducted, currently conducting and plan to conduct with percentages of total time devoted to each activity. In addition the when, where and how each activity is conducted and for whom and by whom is included as Exhibit C.

Also, enclosed as Exhibit D, is the signed Non-Discrimination Policy for the Academy. After your review, please contact me with any questions.

Very truly yours,

GOULD & RATNER LLP



Steven C. Gustafson

SCG/TAS

Department of the Treasury  
Internal Revenue Service  
Tax Exempt and Government Entities  
ATT: Mrs. Moll-Malone  
April 18, 2017  
Page 2

Declaration

Under penalties of perjury, I declare that I have examined this information, including accompanying documents, and, to the best of my knowledge and belief, the information contains all the relevant facts relating to the request for the information and such facts are true, correct and complete.

  
\_\_\_\_\_  
Alice Epstein, Director & Secretary

Date of this notice: 10-25-2016

Employer Identification Number:  
81-4230633

Form: SS-4

Number of this notice: CP 575 E

CHICAGO CLASSICAL ACADEMY  
% ALICE EPSTEIN  
4604 S UNION AVE  
CHICAGO, IL 60609

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 81-4230633. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. 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 the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status under Internal Revenue Code Section 501(c)(3), organizations must complete a Form 1023-series application for recognition. All other entities should file Form 1024 if they want to request recognition under Section 501(a).

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

Unless a filing exception applies to you (search [www.irs.gov](http://www.irs.gov) for Annual Exempt Organization Return: Who Must File), you will lose your tax-exempt status if you fail to file a required return or notice for three consecutive years. We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter.

For the most current information on your filing requirements and other important information, visit [www.irs.gov/charities](http://www.irs.gov/charities).

**IMPORTANT REMINDERS:**

- \* Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.
- \* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is CHIC. You will need to provide this information, along with your EIN, if you file your returns electronically.

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter. Thank you for your cooperation.

Keep this part for your records. CP 575 E (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

9999999999

Your Telephone Number Best Time to Call  
( ) -  
\_\_\_\_\_

DATE OF THIS NOTICE: 10-25-2016  
EMPLOYER IDENTIFICATION NUMBER: 81-4230633  
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023  
|||

CHICAGO CLASSICAL ACADEMY  
% ALICE EPSTEIN  
4604 S UNION AVE  
CHICAGO, IL 60609



## Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code

**Note:** If exempt status is approved, this application will be open for public inspection.

▶ (Use with the June 2006 revision of the Instructions for Form 1023 and the current Notice 1382)

Use the instructions to complete this application and for a definition of all **bold** items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at [www.irs.gov](http://www.irs.gov) for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I - XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

### Part I Identification of Applicant

<b>1</b> Full name of organization (exactly as it appears in your <b>organizing document</b> )  CHICAGO CLASSICAL ACADEMY	<b>2</b> c/o Name (if applicable)
<b>3</b> <b>Mailing address</b> (Number and street) (see instructions)  222 NORTH LASALLE STREET, SUITE 800 City or town, state or country, and ZIP + 4  CHICAGO, IL 60601	Room/Suite  <b>4</b> Employer Identification Number (EIN)  81-4230633
<b>6</b> Primary contact (officer, director, trustee, or <b>authorized representative</b> ) <b>a</b> Name: STEVEN C. GUSTAFSON	<b>5</b> Month the annual accounting period ends (01 - 12)  12  <b>b</b> Phone: 312-236-3003 <b>c</b> Fax: (optional) 312-236-3241
<b>7</b> Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, <i>Power of Attorney and Declaration of Representative</i> , with your application if you would like us to communicate with your representative.	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>8</b> Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role.	<input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>
<b>9 a</b> Organization's website: WWW.CHICLASSICAL.ORG <b>b</b> Organization's email: (optional)	
<b>10</b> Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If "Yes," explain. See the instructions for a description of organizations not required to file Form 990 or Form 990-EZ.	<input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>
<b>11</b> Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY)	11   17   2015
<b>12</b> Were you formed under the laws of a <b>foreign country</b> ? If "Yes," state the country.	<input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>

For Paperwork Reduction Act Notice, see page 24 of the instructions.

**Part II Organizational Structure**

You must be a corporation (including a limited liability company), an unincorporated association, or a trust to be tax exempt. (See instructions.) **DO NOT file this form unless you can check "Yes" on lines 1, 2, 3, or 4.**

- 1 Are you a **corporation**? If "Yes," attach a copy of your articles of incorporation showing **certification of filing** with the appropriate state agency. Include copies of any amendments to your articles and be sure they also show state filing certification.  Yes  No  
SEE ATTACHED
- 2 Are you a **limited liability company (LLC)**? If "Yes," attach a copy of your articles of organization showing certification of filing with the appropriate state agency. Also, if you adopted an operating agreement, attach a copy. Include copies of any amendments to your articles and be sure they show state filing certification. Refer to the instructions for circumstances when an LLC should not file its own exemption application.  Yes  No
- 3 Are you an **unincorporated association**? If "Yes," attach a copy of your articles of association, constitution, or other similar organizing document that is dated and includes at least two signatures. Include signed and dated copies of any amendments.  Yes  No
- 4a Are you a **trust**? If "Yes," attach a signed and dated copy of your trust agreement. Include signed and dated copies of any amendments.  Yes  No
- b Have you been funded? If "No," explain how you are formed without anything of value placed in trust.  Yes  No
- 5 Have you adopted **bylaws**? If "Yes," attach a current copy showing date of adoption. If "No," explain how your officers, directors, or trustees are selected. SEE ATTACHED  Yes  No

**Part III Required Provisions in Your Organizing Document**

The following questions are designed to ensure that when you file this application, your organizing document contains the required provisions to meet the organizational test under section 501(c)(3). Unless you can check the boxes in both lines 1 and 2, your organizing document does not meet the organizational test. **DO NOT file this application until you have amended your organizing document.** Submit your original and amended organizing documents (showing state filing certification if you are a corporation or an LLC) with your application.

- 1 Section 501(c)(3) requires that your organizing document state your exempt purpose(s), such as charitable, religious, educational, and/or scientific purposes. Check the box to confirm that your organizing document meets this requirement. Describe specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document. Refer to the instructions for exempt purpose language. Location of Purpose Clause (Page, Article, and Paragraph): EXHIBIT A, PARAGRAPH 1
- 2a Section 501(c)(3) requires that upon dissolution of your organization, your remaining assets must be used exclusively for exempt purposes, such as charitable, religious, educational, and/or scientific purposes. Check the box on line 2a to confirm that your organizing document meets this requirement by express provision for the distribution of assets upon dissolution. If you rely on state law for your dissolution provision, do not check the box on line 2a and go to line 2c.
- 2b If you checked the box on line 2a, specify the location of your dissolution clause (Page, Article, and Paragraph). Do not complete line 2c if you checked box 2a. EXHIBIT A, PARAGRAPH 6
- 2c See the instructions for information about the operation of state law in your particular state. Check this box if you rely on operation of state law for your dissolution provision and indicate the state: ILLINOIS

**Part IV Narrative Description of Your Activities** SEE ATTACHED

Using an attachment, describe your *past, present, and planned* activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors**

1a List the names, titles, and mailing addresses of all of your officers, directors, and trustees. For each person listed, state their total annual **compensation**, or proposed compensation, for all services to the organization, whether as an officer, employee, or other position. Use actual figures, if available. Enter "none" if no compensation is or will be paid. If additional space is needed, attach a separate sheet. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
ALICE EPSTEIN	DIRECTOR, SECRETARY	4604 S. UNION AVENUE CHICAGO, IL 60609	0.00
HEIDI SCHROEDER	DIRECTOR, PRESIDENT	4604 S. UNION AVENUE CHICAGO, IL 60609	0.00
BRUNO BEHREND	DIRECTOR	222 N. LASALLE STREET CHICAGO, IL 60601	0.00

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)**

**b** List the names, titles, and mailing addresses of each of your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation. Do not include officers, directors, or trustees listed in line 1a.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
			NONE

**c** List the names, names of businesses, and mailing addresses of your five highest compensated **independent contractors** that receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
			NONE

The following "Yes" or "No" questions relate to *past, present, or planned* relationships, transactions, or agreements with your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, and 1c.

- 2 a** Are any of your officers, directors, or trustees **related** to each other through **family or business relationships**? If "Yes," identify the individuals and explain the relationship.  Yes  No
- b** Do you have a business relationship with any of your officers, directors, or trustees other than through their position as an officer, director, or trustee? If "Yes," identify the individuals and describe the business relationship with each of your officers, directors, or trustees.  Yes  No
- c** Are any of your officers, directors, or trustees related to your highest compensated employees or highest compensated independent contractors listed on lines 1b or 1c through family or business relationships? If "Yes," identify the individuals and explain the relationship.  Yes  No

- 3 a** For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties. SEE ATTACHED
- b** Do any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c receive compensation from any other organizations, whether tax exempt or taxable, that are related to you through **common control**? If "Yes," identify the individuals, explain the relationship between you and the other organization, and describe the compensation arrangement.  Yes  No

- 4** In establishing the compensation for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, and 1c, the following practices are recommended, although they are not required to obtain exemption. Answer "Yes" to all the practices you use.
  - a** Do you or will the individuals that approve compensation arrangements follow a conflict of interest policy?  Yes  No
  - b** Do you or will you approve compensation arrangements in advance of paying compensation?  Yes  No
  - c** Do you or will you document in writing the date and terms of approved compensation arrangements?  Yes  No

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)**

- d Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements?  Yes  No
- e Do you or will you approve compensation arrangements based on information about compensation paid by **similarly situated** taxable or tax-exempt organizations for similar services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations? Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.  Yes  No
- f Do you or will you record in writing both the information on which you relied to base your decision and its source?  Yes  No
- g If you answered "No" to any item on lines 4a through 4f, describe how you set compensation that is **reasonable** for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c.

- 5a Have you adopted a **conflict of interest policy** consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," answer lines 5b and 5c.  Yes  No SEE ATTACHED
- b What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?
- c What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves?

**Note.** A conflict of interest policy is recommended though it is not required to obtain exemption. Hospitals, see Schedule C, Section I, line 14.

- 6a Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, or 1c through **non-fixed payments**, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.  Yes  No
- b Do you or will you compensate any of your employees, other than your officers, directors, trustees, or your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year, through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are or will be determined, who is or will be eligible for such arrangements, whether you place or will place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.  Yes  No

- 7a Do you or will you purchase any goods, services, or assets from any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such purchase that you made or intend to make, from whom you make or will make such purchases, how the terms are or will be negotiated at **arm's length**, and explain how you determine or will determine that you pay no more than **fair market value**. Attach copies of any written contracts or other agreements relating to such purchases.  Yes  No
- b Do you or will you sell any goods, services, or assets to any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such sales that you made or intend to make, to whom you make or will make such sales, how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you are or will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such sales.  Yes  No

- 8a Do you or will you have any leases, contracts, loans, or other agreements with your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f.  Yes  No
- b Describe any written or oral arrangements that you made or intend to make.
- c Identify with whom you have or will have such arrangements.
- d Explain how the terms are or will be negotiated at arm's length.
- e Explain how you determine you pay no more than fair market value or you are paid at least fair market value.
- f Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.

- 9a Do you or will you have any leases, contracts, loans, or other agreements with any organization in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest? If "Yes," provide the information requested in lines 9b through 9f.  Yes  No

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)**

- b Describe any written or oral arrangements you made or intend to make.
- c Identify with whom you have or will have such arrangements.
- d Explain how the terms are or will be negotiated at arm's length.
- e Explain how you determine or will determine you pay no more than fair market value or that you are paid at least fair market value.
- f Attach a copy of any signed leases, contracts, loans, or other agreements relating to such arrangements.

**Part VI Your Members and Other Individuals and Organizations That Receive Benefits From You**

The following "Yes" or "No" questions relate to goods, services, and funds you provide to individuals and organizations as part of your activities. Your answers should pertain to *past, present, and planned* activities. (See instructions.)

- 1a In carrying out your exempt purposes, do you provide goods, services, or funds to individuals? If "Yes," describe each program that provides goods, services, or funds to individuals. SEE ATTACHED  Yes  No
- b In carrying out your exempt purposes, do you provide goods, services, or funds to organizations? If "Yes," describe each program that provides goods, services, or funds to organizations. SEE ATTACHED  Yes  No
- 2 Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program.  Yes  No
- 3 Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds.  Yes  No

**Part VII Your History**

The following "Yes" or "No" questions relate to your history. (See instructions.)

- 1 Are you a **successor** to another organization? Answer "Yes," if you have taken or will take over the activities of another organization; you took over 25% or more of the fair market value of the net assets of another organization; or you were established upon the conversion of an organization from for-profit to non-profit status. If "Yes," complete Schedule G.  Yes  No
- 2 Are you submitting this application more than 27 months after the end of the month in which you were legally formed? If "Yes," complete Schedule E.  Yes  No

**Part VIII Your Specific Activities**

The following "Yes" or "No" questions relate to specific activities that you may conduct. Check the appropriate box. Your answers should pertain to *past, present, and planned* activities. (See instructions.)

- 1 Do you support or oppose candidates in **political campaigns** in any way? If "Yes," explain.  Yes  No
- 2a Do you attempt to **influence legislation**? If "Yes," explain how you attempt to influence legislation and complete line 2b. If "No," go to line 3a.  Yes  No
- b Have you made or are you making an **election** to have your legislative activities measured by expenditures by filing Form 5768? If "Yes," attach a copy of the Form 5768 that was already filed or attach a completed Form 5768 that you are filing with this application. If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities.  Yes  No
- 3a Do you or will you operate bingo or **gaming** activities? If "Yes," describe who conducts them, and list all revenue received or expected to be received and expenses paid or expected to be paid in operating these activities. **Revenue and expenses** should be provided for the time periods specified in Part IX, Financial Data.  Yes  No
- b Do you or will you enter into contracts or other agreements with individuals or organizations to conduct bingo or gaming for you? If "Yes," describe any written or oral arrangements that you made or intend to make, identify with whom you have or will have such arrangements, explain how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you pay no more than fair market value or you will be paid at least fair market value. Attach copies or any written contracts or other agreements relating to such arrangements.  Yes  No
- c List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo.

**Part VIII Your Specific Activities (Continued)**

**4a** Do you or will you undertake **fundraising**? If "Yes," check all the fundraising programs you do or will conduct. (See instructions.)  **Yes**  **No**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> mail solicitations              | <input checked="" type="checkbox"/> phone solicitations                        |
| <input checked="" type="checkbox"/> email solicitations             | <input checked="" type="checkbox"/> accept donations on your website           |
| <input checked="" type="checkbox"/> personal solicitations          | <input type="checkbox"/> receive donations from another organization's website |
| <input type="checkbox"/> vehicle, boat, plane, or similar donations | <input checked="" type="checkbox"/> government grant solicitations             |
| <input checked="" type="checkbox"/> foundation grant solicitations  | <input type="checkbox"/> Other   |

Attach a description of each fundraising program.

**b** Do you or will you have written or oral contracts with any individuals or organizations to raise funds for you? If "Yes," describe these activities. Include all revenue and expenses from these activities and state who conducts them. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data. Also, attach a copy of any contracts or agreements.  **Yes**  **No**

**c** Do you or will you engage in fundraising activities for other organizations? If "Yes," describe these arrangements. Include a description of the organizations for which you raise funds and attach copies of all contracts or agreements.  **Yes**  **No**

**d** List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for another organization, or another organization fundraises for you.

**e** Do you or will you maintain separate accounts for any contributor under which the contributor has the right to advise on the use or distribution of funds? Answer "Yes" if the donor may provide advice on the types of investments, distributions from the types of investments, or the distribution from the donor's contribution account. If "Yes," describe this program, including the type of advice that may be provided and submit copies of any written materials provided to donors.  **Yes**  **No**

**5** Are you **affiliated** with a governmental unit? If "Yes," explain.  **Yes**  **No**

**6a** Do you or will you engage in **economic development**? If "Yes," describe your program.  **Yes**  **No**

**b** Describe in full who benefits from your economic development activities and how the activities promote exempt purposes.

**7a** Do or will persons other than your employees or volunteers **develop** your facilities? If "Yes," describe each facility, the role of the developer, and any business or family relationship(s) between the developer and your officers, directors, or trustees.  **Yes**  **No**

**b** Do or will persons other than your employees or volunteers **manage** your activities or facilities? If "Yes," describe each activity and facility, the role of the manager, and any business or family relationship(s) between the manager and your officers, directors, or trustees.  **Yes**  **No**

**c** If there is a business or family relationship between any manager or developer and your officers, directors, or trustees, identify the individuals, explain the relationship, describe how contracts are negotiated at arm's length so that you pay no more than fair market value, and submit a copy of any contracts or other agreements.

**8** Do you or will you enter into **joint ventures**, including partnerships or **limited liability companies** treated as partnerships, in which you share profits and losses with partners other than section 501(c)(3) organizations? If "Yes," describe the activities of these joint ventures in which you participate.  **Yes**  **No**

**9a** Are you applying for exemption as a childcare organization under section 501(k)? If "Yes," answer lines 9b through 9d. If "No," go to line 10.  **Yes**  **No**

**b** Do you provide child care so that parents or caretakers of children you care for can be **gainfully employed** (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k).  **Yes**  **No**

**c** Of the children for whom you provide child care, are 85% or more of them cared for by you to enable their parents or caretakers to be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k).  **Yes**  **No**

**d** Are your services available to the general public? If "No," describe the specific group of people for whom your activities are available. Also, see the instructions and explain how you qualify as a childcare organization described in section 501(k).  **Yes**  **No**

**10** Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other **intellectual property**? If "Yes," explain. Describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed.  **Yes**  **No**

**Part VIII Your Specific Activities (Continued)**

- 11** Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution.  Yes  No
- 
- 12a** Do you or will you operate in a **foreign country** or **countries**? If "Yes," answer lines 12b through 12d. If "No," go to line 13a.  Yes  No
- b** Name the foreign countries and regions within the countries in which you operate.
- c** Describe your operations in each country and region in which you operate.
- d** Describe how your operations in each country and region further your exempt purposes.
- 
- 13a** Do you or will you make grants, loans, or other distributions to organization(s)? If "Yes," answer lines 13b through 13g. If "No," go to line 14a.  Yes  No
- b** Describe how your grants, loans, or other distributions to organizations further your exempt purposes.
- c** Do you have written contracts with each of these organizations? If "Yes," attach a copy of each contract.  Yes  No
- d** Identify each recipient organization and any **relationship** between you and the recipient organization.
- e** Describe the records you keep with respect to the grants, loans, or other distributions you make.
- f** Describe your selection process, including whether you do any of the following:
- (i) Do you require an application form? If "Yes," attach a copy of the form.  Yes  No
- (ii) Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be misused.  Yes  No
- g** Describe your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use of resources.
- 
- 14a** Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," answer lines 14b through 14f. If "No," go to line 15.  Yes  No
- b** Provide the name of each foreign organization, the country and regions within a country in which each foreign organization operates, and describe any relationship you have with each foreign organization.
- c** Does any foreign organization listed in line 14b accept contributions earmarked for a specific country or specific organization? If "Yes," list all earmarked organizations or countries.  Yes  No
- d** Do your contributors know that you have ultimate authority to use contributions made to you at your discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay this information to contributors.  Yes  No
- e** Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information.  Yes  No
- f** Do you or will you use any additional procedures to ensure that your distributions to foreign organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedures, including site visits by your employees or compliance checks by impartial experts, to verify that grant funds are being used appropriately.  Yes  No

**Part VIII Your Specific Activities (Continued)**

- 15 Do you have a **close connection** with any organizations? If "Yes," explain.  Yes  No
- 16 Are you applying for exemption as a **cooperative hospital service organization** under section 501(e)? If "Yes," explain.  Yes  No
- 17 Are you applying for exemption as a **cooperative service organization of operating educational organizations** under section 501(f)? If "Yes," explain.  Yes  No
- 18 Are you applying for exemption as a **charitable risk pool** under section 501(n)? If "Yes," explain.  Yes  No
- 19 Do you or will you operate a **school**? If "Yes," complete Schedule B. Answer "Yes," whether you operate a school as your main function or as a secondary activity.  Yes  No  
SEE ATTACHED
- 20 Is your main function to provide **hospital or medical care**? If "Yes," complete Schedule C.  Yes  No
- 21 Do you or will you provide **low-income housing** or housing for the **elderly** or **handicapped**? If "Yes," complete Schedule F.  Yes  No
- 22 Do you or will you provide scholarships, fellowships, educational loans, or other educational grants to individuals, including grants for travel, study, or other similar purposes? If "Yes," complete Schedule H.  Yes  No
- Note. Private foundations** may use Schedule H to request advance approval of individual grant procedures.



**Part IX Financial Data**

For purposes of this schedule, years in existence refer to completed tax years. If in existence 4 or more years, complete the schedule for the most recent 4 tax years. If in existence more than 1 year but less than 4 years, complete the statements for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. If in existence less than 1 year, provide projections of your likely revenues and expenses for the current year and the 2 following years, based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. (See instructions.)

**A. Statement of Revenues and Expenses**

	Type of revenue or expense	3 prior tax years or 2 succeeding tax years				(e) Provide Total for (a) through (d)
		(a) From <u>01/16</u> To <u>12/16</u>	(b) From <u>01/17</u> To <u>12/17</u>	(c) From <u>01/18</u> To <u>12/18</u>	(d) From <u>01/19</u> To <u>12/19</u>	
Revenues	<b>1</b> Gifts, grants, and contributions received (do not include unusual grants)	10,000.00				10,000.00
	<b>2</b> Membership fees received					
	<b>3</b> Gross investment income					
	<b>4</b> Net unrelated business income					
	<b>5</b> Taxes levied for your benefit					
	<b>6</b> Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)					
	<b>7</b> Any revenue not otherwise listed above or in lines 9-12 below (attach an itemized list)					
	<b>8</b> Total of lines 1 through 7	10,000.00				10,000.00
	<b>9</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)					
	<b>10</b> Total of lines 8 and 9	10,000.00				10,000.00
	<b>11</b> Net gain or loss on sale of capital assets (attach schedule and see instructions)					
	<b>12</b> Unusual grants					
	<b>13</b> Total Revenue Add lines 10 through 12	10,000.00				10,000.00
Expenses	<b>14</b> Fundraising expenses	2,200.00	16,000.00	18,000.00	18,000.00	
	<b>15</b> Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)					
	<b>16</b> Disbursements to or for the benefit of members (attach an itemized list)					
	<b>17</b> Compensation of officers, directors, and trustees					
	<b>18</b> Other salaries and wages			137,100.00	920,000.00	
	<b>19</b> Interest expense					
	<b>20</b> Occupancy (rent, utilities, etc.)	2,420.00	7,356.00	184,736.00	44,736.00	
	<b>21</b> Depreciation and depletion					
	<b>22</b> Professional fees	4,500.00	15,500.00	21,500.00	2,500.00	
	<b>23</b> Any expense not otherwise classified, such as program services (attach itemized list)	400.00	34,100.00	27,000.00	163,312.00	
	<b>24</b> Total Expenses Add lines 14 through 23	9,520.00	72,956.00	388,336.00	1,148,548.00	

Part IX Financial Data (Continued)

B. Balance Sheet (for your most recently completed tax year)

Year End: 2015

(Whole dollars)

Table with 18 rows for Assets, Liabilities, and Fund Balances or Net Assets. Includes items like Cash, Accounts receivable, Inventories, Bonds and notes receivable, etc. Total Assets and Total Liabilities are marked as 'None'.

Part X Public Charity Status

Part X is designed to classify you as an organization that is either a private foundation or a public charity. Public charity status is a more favorable tax status than private foundation status.

- 1a Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed.
b As a private foundation, section 508(e) requires special provisions in your organizing document in addition to those that apply to all organizations described in section 501(c)(3).
2 Are you a private operating foundation? To be a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and similar activities...
3 Have you existed for one or more years? If "Yes," attach financial information showing that you are a private operating foundation; go to the signature section of Part XI.
4 Have you attached either (1) an affidavit or opinion of counsel, (including a written affidavit or opinion from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation?
5 If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking one of the choices below. You may check only one box.
a 509(a)(1) and 170(b)(1)(A)(i) - a church or a convention or association of churches. Complete and attach Schedule A.
b 509(a)(1) and 170(b)(1)(A)(ii) - a school. Complete and attach Schedule B.
c 509(a)(1) and 170(b)(1)(A)(iii) - a hospital, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete and attach Schedule C.
d 509(a)(3) - an organization supporting either one or more organizations described in line 5a through c, f, g, or h or a publicly supported section 501(c)(4), (5), or (6) organization. Complete and attach Schedule D.

**Part X Public Charity Status (Continued)**

- e 509(a)(4) - an organization organized and operated exclusively for testing for public safety.
- f 509(a)(1) and 170(b)(1)(A)(iv) - an organization operated for the benefit of a college or university that is owned or operated by a governmental unit.
- g 509(a)(1) and 170(b)(1)(A)(vi) - an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.
- h 509(a)(2) - an organization that normally receives not more than one-third of its financial support from gross investment income and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions).
- i A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status.

6 If you checked box g, h, or i in question 5 above, you must request either an **advance** or a **definitive ruling** by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.

**a Request for Advance Ruling:** By checking this box and signing the consent, pursuant to section 6501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, *Extending the Tax Assessment Period*, provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web site at [www.irs.gov](http://www.irs.gov) or by calling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling.

**Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code**

For Organization:

\_\_\_\_\_  
 (Signature of Officer, Director, Trustee, or other authorized official)

\_\_\_\_\_  
 (Type or print name of signer)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Type or print title or authority of signer)

For IRS Use Only

\_\_\_\_\_  
 IRS Director, Exempt Organizations

\_\_\_\_\_  
 (Date)

- b **Request for Definitive Ruling:** Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6(b)(i) and (ii).
- (i) (a) Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and Expenses. \_\_\_\_\_
- (b) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box.
- (ii) (a) For each year amounts are included on lines 1, 2, and 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each **disqualified person**. If the answer is "None," check this box.
- (b) For each year amounts are included on line 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A. Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," check this box.

7 Did you receive any unusual grants during any of the years shown on Part IX-A, Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual.  Yes  No

**Part XI User Fee Information**

You must include a user fee payment with this application. It will not be processed without your paid user fee. If your average annual gross receipts have exceeded or will exceed \$10,000 annually over a 4-year period, you must submit payment of \$850. If your gross receipts have not exceeded or will not exceed \$10,000 annually over a 4-year period, the required user fee payment is \$400. See instructions for Part XI, for a definition of **gross receipts** over a 4-year period. Your check or money order must be made payable to the United States Treasury. *User fees are subject to change. Check our website at [www.irs.gov](http://www.irs.gov) and type "User Fee" in the keyword box, or call Customer Account Services at 1-877-829-5500 for current information.*

- |   |                                     |   |
|---|-------------------------------------|---|
| <p><b>1</b> Have your annual gross receipts averaged or are they expected to average not more than \$10,000?<br/>                 If "Yes," check the box on line 2 and enclose a user fee payment of \$400 (Subject to change - see above).<br/>                 If "No," check the box on line 3 and enclose a user fee payment of \$850 (Subject to change - see above).</p> | <input type="checkbox"/> <b>Yes</b> | <input checked="" type="checkbox"/> <b>No</b> |
| <p><b>2</b> Check the box if you have enclosed the reduced user fee payment of \$400 (Subject to change).</p>   | <input type="checkbox"/>            | <input type="checkbox"/>                      |
| <p><b>3</b> Check the box if you have enclosed the user fee payment of \$850 (Subject to change).</p>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/>           |

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

**Please Sign Here**



(Signature of Officer, Director, Trustee, or other authorized official)

(Type or print name of signer)

(Date)

(Type or print title or authority of signer)

**Reminder:** Send the completed Form 1023 Checklist with your filled-in-application.

**Schedule B. Schools, Colleges, and Universities**

If you operate a school as an activity, complete Schedule B

**Section I Operational Information**

**1a** Do you normally have a regularly scheduled curriculum, a regular faculty of qualified teachers, a regularly enrolled student body, and facilities where your educational activities are regularly carried on? If "No," do not complete the remainder of Schedule B.  Yes  No

**b** Is the primary function of your school the presentation of formal instruction? If "Yes," describe your school in terms of whether it is an elementary, secondary, college, technical, or other type of school. If "No," do not complete the remainder of Schedule B.  Yes  No

**2a** Are you a public school because you are operated by a state or subdivision of a state? If "Yes," explain how you are operated by a state or subdivision of a state. Do not complete the remainder of Schedule B.  Yes  No

**b** Are you a public school because you are operated wholly or predominantly from government funds or property? If "Yes," explain how you are operated wholly or predominantly from government funds or property. Submit a copy of your funding agreement regarding government funding. Do not complete the remainder of Schedule B.  Yes  No

**3** In what public school district, county, and state are you located?  
COOK COUNTY, ILLINOIS

**4** Were you formed or substantially expanded at the time of public school desegregation in the above school district or county?  Yes  No

**5** Has a state or federal administrative agency or judicial body ever determined that you are racially discriminatory? If "Yes," explain.  Yes  No

**6** Has your right to receive financial aid or assistance from a governmental agency ever been revoked or suspended? If "Yes," explain.  Yes  No

**7** Do you or will you contract with another organization to develop, build, market, or finance your facilities? If "Yes," explain how that entity is selected, explain how the terms of any contracts or other agreements are negotiated at arm's length, and explain how you determine that you will pay no more than fair market value for services.  Yes  No

**Note.** Make sure your answer is consistent with the information provided in Part VIII, line 7a.

**8** Do you or will you manage your activities or facilities through your own employees or volunteers? If "No," attach a statement describing the activities that will be managed by others, the names of the persons or organizations that manage or will manage your activities or facilities, and how these managers were or will be selected. Also, submit copies of any contracts, proposed contracts, or other agreements regarding the provision of management services for your activities or facilities. Explain how the terms of any contracts or other agreements were or will be negotiated, and explain how you determine you will pay no more than fair market value for services.  Yes  No

**Note.** Answer "Yes" if you manage or intend to manage your programs through your own employees or by using volunteers. Answer "No" if you engage or intend to engage a separate organization or independent contractor. Make sure your answer is consistent with the information provided in Part VIII, line 7b.

**Section II Establishment of Racially Nondiscriminatory Policy**

Information required by Revenue Procedure 75-50.

**1** Have you adopted a racially nondiscriminatory policy as to students in your organizing document, bylaws, or by resolution of your governing body? If "Yes," state where the policy can be found or supply a copy of the policy. If "No," you must adopt a nondiscriminatory policy as to students before submitting this application. See Publication 557.  Yes  No

**2** Do your brochures, application forms, advertisements, and catalogues dealing with student admissions, programs, and scholarships contain a statement of your racially nondiscriminatory policy?  Yes  No

**a** If "Yes," attach a representative sample of each document.  
**b** If "No," by checking the box to the right you agree that all future printed materials, including website content, will contain the required nondiscriminatory policy statement.

**3** Have you published a notice of your nondiscriminatory policy in a newspaper of general circulation that serves all racial segments of the community? (See the instructions for specific requirements.) If "No," explain.  Yes  No  
NOT OPERATIONAL YET

**4** Does or will the organization (or any department or division within it) discriminate in any way on the basis of race with respect to admissions; use of facilities or exercise of student privileges; faculty or administrative staff; or scholarship or loan programs? If "Yes," for any of the above, explain fully.  Yes  No

**Schedule B. Schools, Colleges, and Universities (Continued)**

5 Complete the table below to show the racial composition for the current academic year and projected for the next academic year, of: (a) the student body, (b) the faculty, and (c) the administrative staff. Provide actual numbers rather than percentages for each racial category.

If you are not operational, submit an estimate based on the best information available (such as the racial composition of the community served).

Racial Category	(a) Student Body		(b) Faculty		(c) Administrative Staff	
	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year
N/A						
<b>Total</b>	0	0	0	0	0	0

6 In the table below, provide the number and amount of loans and scholarships awarded to students enrolled by racial categories.

Racial Category	Number of Loans		Amount of Loans		Number of Scholarships		Amount of Scholarships	
	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year
N/A								
<b>Total</b>	0	0			0	0		

7a Attach a list of your incorporators, founders, board members, and donors of land or buildings, whether individuals or organizations. N/A

b Do any of these individuals or organizations have an objective to maintain segregated public or private school education? If "Yes," explain.

Yes  No

8 Will you maintain records according to the non-discrimination provisions contained in Revenue Procedure 75-50? If "No," explain. (See instructions.)

Yes  No

# EXHIBIT A

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Department of the Treasury  
Internal Revenue Service  
Tax Exempt and Government Entities  
PO Box 2508  
Cincinnati, OH 45201

Chicago Classical Academy  
Attn: Steven Gustafson  
Gould & Ratner, LLP  
222 N. LaSalle Street, 8<sup>th</sup> Floor  
Chicago, IL 60601

**Date:**

March 6, 2017

**Employer ID number:**

81-4230633

**Person to contact / ID number:**

Mrs. Moll-Malone

ID# 0203247

**Contact telephone number:**

513-263-3599

**Contact fax number:**

855-202-6946

**Response due date:**

April 3, 2017

Dear Applicant:

**Why you are receiving this letter**

We need more information to consider your determination letter request.

**What you must do**

Please provide the information requested and follow the submission instructions. You must submit your response by the due date above.

**If you don't respond**

If you don't respond to the Information Request by the due date or do not provide all the requested information, we may close your case without making a determination. If so, we won't refund any user fee you paid, and you'll need to submit a new request and any applicable user fee payment if you want us to reconsider your request. Alternatively, if you haven't established that you meet the requirements for exemption for the subsection requested, we may make an adverse determination.

In addition, if you don't provide the requested information by the due date, you may lose your rights to get a declaratory judgment. Under Internal Revenue Code (IRC) Section 7428(b)(2), you must exhaust all administrative remedies available to you within the IRS before a court will issue a declaratory judgment regarding your exempt status. This requirement means you must take all reasonable steps in a timely manner to secure a determination under IRS procedures, including providing the information we need to act on your request. If you fail to timely provide the requested information, you may lose your rights to obtain a declaratory judgment under Section 7428.

**Additional information**

If you have questions or need additional time to respond, call me at the number at the top of this letter. If you have concerns after speaking with me, you can call my supervisor Mr. Lewis at (513)263-3723.



Chicago Classical Academy  
81-4230633

The Taxpayer Advocate Service (TAS) is an independent organization within the IRS that can help protect your taxpayer rights. TAS can offer you help if your tax problem is causing a hardship or you've tried but haven't been able to resolve your problem with the IRS. If you qualify for TAS assistance, which is always free, TAS will do everything possible to help you. Visit [taxpayeradvocate.irs.gov](http://taxpayeradvocate.irs.gov) or call 1-877-777-4778.

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

Sincerely,

A handwritten signature in black ink that reads "Mrs. Moll-Malone". The signature is written in a cursive style with a large initial "M".

Mrs. Moll-Malone  
Exempt Organizations Specialist

Enclosure:  
Information Request

## Information Request First Request

### Information we need to make our determination

1. Include the following declaration with your response, signed and dated by an officer, director, trustee, or other governing body member (not an authorized representative). You can sign and date the statement below or reproduce it in the body of your signed response. The declaration must accompany responses per Revenue Procedure 2016-4 (updated annually).

*Under penalties of perjury, I declare that I have examined this information, including accompanying documents, and, to the best of my knowledge and belief, the information contains all the relevant facts relating to the request for the information, and such facts are true, correct, and complete.*

2. Your application was not signed by an authorized individual. Please have an authorized individual (an officer, board member, director, or other authorized person) sign page 12 of your application.

3. Before exemption may be granted we must be provided a detailed description of your past, present and future activities. Therefore, please submit a list showing each activity you have conducted, currently conduct or plan to conduct. Beside each activity, indicate the percentage of total time devoted to the activity. In addition, explain when, where and how each activity is conducted. For whom are the activities conducted? By whom are activities conducted?

### How to submit the requested information (do's and don'ts)

- **Don't include** any personal identifying information like bank account or social security numbers that could result in identity theft or other adverse consequences if publicly disclosed. If we approve your application for exemption, we're generally required by law to make the application and the information you submit in response to this letter available for public inspection. If you have questions about the public inspection of your application or other documents, please call me.
- **Do include** the following declaration with your response, signed by one of your principal officers or directors:

**Under penalties of perjury, I declare that I have examined this information, including accompanying documents, and, to the best of my knowledge and belief, the information contains all the relevant facts relating to the request for the information and such facts are true, correct, and complete.**

- **Do attach** a copy of the cover letter to your response. This enables us to quickly and accurately associate your response with your case file.

- **Do fax or mail** your response to:

**Fax:**

(855)202-6946  
ATT: Mrs. Moll-Malone  
Room 4-511  
Group 7828

**US Mail:**

Internal Revenue Service  
Exempt Organizations  
P. O. Box 2508  
Cincinnati, OH 45201  
ATT: Mrs. Moll-Malone  
Room 4-511  
Group 7828

**Street Address (delivery service):**

Internal Revenue Service  
Exempt Organizations  
550 Main Street  
Cincinnati, OH 45202  
ATT: Mrs. Moll-Malone  
Room 4-511  
Group 7828

- **Don't provide** multiple copies of your response. Providing more than a single response may result in unnecessary delays in processing your response. We must process, assign, and review each piece of correspondence submitted (whether fax or mail).
- **Do allow** adequate processing time if you want to call to verify we received your response. If you fax your response, allow a minimum of three workdays from the day you fax it. If you mail your response, allow a minimum of seven workdays from the day you mail it.

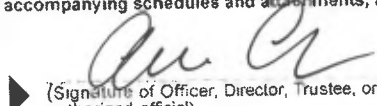
# EXHIBIT B

**Part XI User Fee Information**

You must include a user fee payment with this application. It will not be processed without your paid user fee. If your average annual gross receipts have exceeded or will exceed \$10,000 annually over a 4-year period, you must submit payment of \$850. If your gross receipts have not exceeded or will not exceed \$10,000 annually over a 4-year period, the required user fee payment is \$400. See instructions for Part XI, for a definition of **gross receipts** over a 4-year period. Your check or money order must be made payable to the United States Treasury. *User fees are subject to change. Check our website at www.irs.gov and type "User Fee" in the keyword box, or call Customer Account Services at 1-877-829-5500 for current information.*

- 1 Have your annual gross receipts averaged or are they expected to average not more than \$10,000?  Yes  No  
 If "Yes," check the box on line 2 and enclose a user fee payment of \$400 (Subject to change - see above).  
 If "No," check the box on line 3 and enclose a user fee payment of \$850 (Subject to change - see above).
- 2 Check the box if you have enclosed the reduced user fee payment of \$400 (Subject to change).
- 3 Check the box if you have enclosed the user fee payment of \$850 (Subject to change).

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please Sign Here  (Signature of Officer, Director, Trustee, or other authorized official)

**Alice Epstein** (Type or print name of signer)

**Secretary** (Type or print title or authority of signer)

**04-03-17** (Date)

**Reminder: Send the completed Form 1023 Checklist with your filled-in-application.** Form 1023 (Rev. 12-2013)

# EXHIBIT C

2014 Q4

***Heidi Schroeder & Alice Epstein introduced by Barney Charter School Initiative of Hillsdale College - initial meeting and project launch***

- Built initial list of potential supporters and advocates for the classical model (Time devoted: 25%)
- Researched charter school environment and requirements in Chicago (time devoted: 75%)

2015 Q1

- Established on-going relationship with Illinois Policy Institute (time devoted: 5%)
- Researching Barney Charter School Initiative model, adopted curricula (time devoted: 20%)
- Survey of national classical charter school movement ((time devoted:20%)
- Developed website (time devoted: 25%)
- Developed initial marketing materials (time devoted: 25%)
- Networked to build team and supporters (time devoted: 5%)

2015 Q2

- Survey of Chicago communities, population trends, current school options and performance (time devoted: 70%)
- Began developing and researching space needs, requirements and costs (time devoted: 10%)
- Developed internship program with Hillsdale College (time devoted: 10%)
- Illinois Network of Charter Schools Charter Design Institute (time devoted: 10%)

2015 Q3

- Attended Hillsdale Charter School Seminar (time devoted: 10%)
- Participated in 10-week Neighborhood Advisory Council process - a Chicago Public Schools initiative to help identify community support and opposition to proposed charter school applicants (time devoted: 60%)
- Hosted one intern for the summer to assist with research on Chicago charter school landscape (time devoted: 30%)

2015 Q4

- Developed school mission and vision (time devoted:80%)
- Applied for Non-profit status (time devoted: 20%)

2016 Q1

- Adjusted model from a K-2 to a K-5 launch based on budget and best practices established by other Barney Charter School Initiative schools (time devoted: 25%)
- Community outreach: initial meeting with Ward 3 Alderman Pat Dowell (time devoted:5%)

- In-depth survey of projected recruitment area that included list of all schools, daycares, community centers, non-profits, recreation centers, parks, and other family-oriented businesses (time devoted: 70%)

#### 2016 Q2

- Ran a robo call across the city with brief survey to determine level of interest in project (time devoted: 50%)
- Continued to attend aldermanic ward nights and town halls (wards 3, 4, 11, 25) (time devoted: 50%)

#### 2016 Q3

- Hosted two interns for the summer to assist with research, project development and community outreach efforts (time devoted: 20%)
- School Board Training at Hillsdale college (time devoted: 10%)
- Continued to attend aldermanic ward nights and town halls (wards 3, 4, 11, 25) (time devoted: 10%)
- Began engaging South Loop neighborhood community leaders (time devoted: 50%)
- Held first community information session at Bridgeport Coffee House (time devoted: 10%)

#### 2016 Q4

- Illinois Network of Charter Schools Charter Design Conference (time devoted: 5%)
- Bruno Behrend joined team, attended School Board Training at Hillsdale college (time devoted: 10%)
- James Gurnee joined team
- Engaged IFF, a non-profit real-estate advisor and lender, to provide a facility feasibility analysis (time devoted: 15%)
- Developed budget model based on sister school and best practices identified among Chicago-based charter schools (time devoted: 30%)
- School lunch program: potential vendors (time devoted: 10%)
- Continued to attend aldermanic ward nights and town halls (wards 3, 4, 11, 25) (time devoted: 5%)
- Continued to engage and meet with South Loop community leaders (time devoted: 5%)
- Developed technology plan and budget (time devoted: 5%)
- Build relationship with CityPoint Church (time devoted: 10%)
- Held two community information sessions and area libraries (time devoted: 5%)

#### 2017 Q1

- Initial fundraising event to raise awareness and interest held Jan. 6 (time devoted: 5%)
- Community engagement: launched parent survey and began collecting intent to enroll forms to gauge interest and raise awareness; goal of 10% of projected enrollment YR1 (time devoted: 5%)



- Community engagement: began hosting parent luncheons to explain the classical model to interested families (time devoted: 1%)
- Preparing Request for Proposal for Tier I submission (time devoted: 35%)
- Budget model revised based on 2017 cuts in per pupil funding (time devoted: 5%)
- Identified principal candidate (time devoted: 10%)
- Completed IFF engagement; received completed facility feasibility analysis (time devoted: 5%)
- Fundraising: launched online fundraising campaign to secure \$50K seed money (by April 24th) (time devoted: 5%)
- Postcard mailing to database of Chicago subscribers (Hillsdale database) (time devoted: 5%)
- Developed student assessment model (time devoted: 5%)
- Visited Nashville Classical, Atlanta Classical and Savannah Classical Academies (time devoted: 10%)
- Continued to engage and meet with South Loop community leaders (time devoted: 1%)
- Translated core material (brochure and parent survey) into Spanish and Chinese to enhance community engagement efforts (time devoted: 5%)
- Engaged broker to find feasible facility options (time devoted: 1%)
- Continued to attend aldermanic ward nights and town halls (wards 3, 4, 11, 25) (time devoted: 1%)
- Securing meeting with Ward 42 (time devoted: 1%)

#### 2017 Q2

- Submit Request for Proposals to Chicago Public Schools (April 28th, 2017) (allocation: 10%)
- Community engagement (allocation: 45%)
- Facility search (allocation: 10%)
- Fundraising: bi-monthly or monthly fundraising lunches to secure \$4M upon charter approval (allocation: 15%)
- Continue collecting intent to enroll forms: goal of 35% of projected enrollment YR1 (allocation: 5%)
- Submit The electronic Charter Schools Program - QSO Program Design and Initial Implementation Request for Proposals *Cohort III* (15%)

#### 2017 Q3

- Submit Tier II application to Chicago Public Schools (Sept. 8, 2017) (allocation: 30%)
- Community engagement (allocation: 20%)
- Fundraising: bi-monthly or monthly fundraising lunches to secure \$4M upon charter approval (allocation: 15%)
- Continue collecting intent to enroll forms: goal of 60% of projected enrollment YR1 (allocation: 5%)
- Develop facilities plan based on identified options (allocation: 30%)

#### 2017 Q4

- Sign charter contract with Chicago Public Schools upon approval (allocation: 5%)
- If denied, appeal to Illinois State Board of Education (75 day wait period for review); if denied - submit a revised charter application for the 2018 cohort (allocation: 15%)
- Community engagement: outreach to South Loop, Bronzeville, Bridgeport, Chinatown, McKinley Park, Pilsen via churches, daycares, community centers and family-oriented businesses (allocation: 15%)
- Community engagement: pop-up classrooms, parent luncheons (allocation: 20%)
- Fundraising: bi-monthly or monthly fundraising lunches to secure \$4M upon charter approval (allocation: 15%)
- Continue collecting intent to enroll forms: goal of 90% of projected enrollment YR1 (allocation: 5%)
- Solicit bids for facility innovation & improvements; secure contractors & architects to implement facilities plan upon approval (allocation: 25%)

#### 2018 Q1

- Execute facilities plan (including all code compliance reviews) (allocation: 30%)
- Establish property insurance (allocation: 1%)
- Execute on building security plan (allocation: 5%)
- Hire principal full time (allocation: 1%)
- Hire business manager full time (allocation: 5%)
- Finalize hiring process and begin teacher search & recruitment (allocation: 7%)
- Launch marketing campaign via select parent-focused Chicago print and online magazines and websites; facebook; billboards and radio ads (allocation: 5%)
- Fundraising: monthly fundraising lunches to continue raising funds for specific items (e.g. playground equipment, technology, gym equipment, library resources) (allocation: 10%)
- Operations: upon charter approval, immediately establish line of credit, open bank accounts and implement financial policies (allocation: 5%)
- Hire accounting firm and purchase accounting software (allocation: 1%)
- Identify list of vendors (allocation: 5%)
- Website development (allocation: 5%)
- Student recruitment (allocation: 15%)
- Send out admission timeline, official intent to enroll letter and lottery information to prospective parents (allocation: 5%)

#### 2018 Q2

- Hire academic staff (allocation: 20%)
- Begin ordering instructional material, classroom supplies (allocation: 5%)
- Order furniture and other school supplies (allocation: 5%)
- Fundraising: monthly fundraising lunches to continue raising funds for specific items (e.g. playground equipment, technology, gym equipment, library resources) (allocation: 15%)
- Implement student record plan and integrate software with website (allocation: 5%)
- Student recruitment - continue to collect intent to enroll forms (allocation: 10%)

- Prepare and hold lottery; notify parents of lottery results (allocation: 5%)
- Schedule information sessions for parents (allocation: 10%)
- Register all accepted students and enroll in Chicago Public Schools system; notify students on waitlist (allocation: 5%)
- Finalize school policies & procedures (allocation: 10%)
- Finalize school calendar & bell schedule (allocation: 5%)
- Install technology equipment, purchase and test internet & phone services (allocation: 5%)

#### 2018 Q3

- Hire remaining administrative staff (allocation: 10%)
- Professional development for academic staff through Barney Charter School Initiative (allocation: 10%)
- Set up classrooms and administrative offices (allocation: 10%)
- Internal staff development & training (allocation: 20%)
- Finalize student handbook (allocation: 5%)
- Finalize school policies & procedures (allocation: 5%)
- Finalize school operation and policy manual (allocation: 5%)
- Prepare for academic year (allocation: 10%)
- Fundraising: monthly fundraising lunches to continue raising funds for specific items (e.g. playground equipment, technology, gym equipment, library resources) (allocation: 15%)
- Student orientation (allocation: 20%)

#### ***2018 Q4 - open our doors for the initial K-5 cohort in the fall of 2018***

	FY18	FY19	FY20	FY21	FY22
		K-5	K-6	K-7	K-8
Simplified Balance Sheet					
Beginning Cash Balance	\$4,500,000	\$522,541	\$1,009,430	\$1,470,116	\$1,661,437
Net Income	-\$4,727,459	-\$263,111	-\$39,315	-\$308,679	\$90,243
Ending Cash Balance	-\$227,459	\$259,430	\$970,116	\$1,161,437	\$1,751,680
Simplified Income Statement					
Fundraising	\$4,500,000	\$750,000	\$750,000	\$500,000	\$500,000
Grants	\$150,000	\$400,000	\$400,000	\$0	\$0
State and Local	\$0	\$1,895,267	\$2,601,380	\$3,340,507	\$4,117,422
Federal	\$0	\$252,090	\$305,885	\$420,161	\$506,722
Other	\$0	\$65,480	\$91,672	\$117,863	\$147,329
Total Revenue	\$150,000	\$2,612,836	\$3,398,937	\$3,878,532	\$4,771,473
Revenue Growth Y/Y %			30%	14%	23%
Direct Student	\$10,000	\$295,175	\$405,422	\$508,920	\$633,373
Personnel	\$96,021	\$1,509,047	\$2,004,750	\$2,583,418	\$2,900,175
Office/Administration	\$130,813	\$405,162	\$348,185	\$401,381	\$440,319
Occupancy	\$0	\$666,563	\$679,894	\$693,492	\$707,362
Other (Facility Development)	\$4,640,625	\$0	\$0	\$0	\$0
Total Expense	\$4,877,459	\$2,875,947	\$3,438,251	\$4,187,211	\$4,681,230
Expense Growth Y/Y %			20%	22%	12%
Net Income	-\$4,727,459	-\$263,111	-\$39,315	-\$308,679	\$90,243
Annual Surplus/Deficit (%)		-10%	-1%	-8%	2%

# EXHIBIT D

# **CHICAGO CLASSICAL ACADEMY NON-DISCRIMINATION POLICY**

## **Article 1 Purpose**

The purpose of the non-discrimination policy is to set forth guidelines and recordkeeping requirements that are required for this tax-exempt organization's interest in maintaining its tax-exempt status as a school. This policy is intended to supplement but not replace any applicable state and federal laws governing non-discrimination policies to nonprofit and charitable organizations.

## **Article 2 Background**

Chicago Classical Academy (the "school") has adopted a racially nondiscriminatory policy as to applicants, students and individuals and is committed to an environment in which all are treated with respect and dignity. The school does not discriminate against applicants and students on the basis of race, color, and national or ethnic origin.

Chicago Classical Academy admits the students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at Chicago Classical Academy school and that the school does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs and athletic and other school administered programs.

## **Article 3 Procedures**

**3.1. Organizational Requirements.** The school must include a statement in its charter, bylaws, or other governing instrument, or in a resolution of its governing body, that it has a racially nondiscriminatory policy as to students and therefore does not discriminate against applicants and students on the basis of race, color, and national or ethnic origin'

**3.2. Statement of Policy.** The school must include a statement of its racially nondiscriminatory policy as to students in all its brochures and catalogues dealing with student admissions, programs, and scholarships. A statement such as: "Chicago Classical Academy admits students of any race, color, and national or ethnic origin". Further, the school must include a reference to its racially nondiscriminatory policy in other written advertising that it uses as a means of informing prospective students of its programs; and

**3.3. Publicity.** The school will publically make known its nondiscriminatory policy to all segments of the general community by one of the following methods:

- (a) The school may publish a notice of its racially nondiscriminatory policy in a newspaper of general circulation that serves all racial segments of the community and/or;

- (b) The school may use the broadcast media to publicize its racially nondiscriminatory policy to all segments of the general community the school serves.

**3.4. Facilities and Programs.** The school must be able to show that all of its programs and facilities are operated in a racially nondiscriminatory manner.

**3.5. Scholarship and loan programs.** As a general rule, all scholarship or other comparable benefits procurable for use by the school must be offered on a racially nondiscriminatory basis. Their availability on this basis must be known throughout the general community being served by the school and should be referred to in the publicity required by this section in order for the school to be considered racially nondiscriminatory as to students. Scholarships and loans that are made pursuant to financial assistance programs favoring members of one or more racial minority groups that are designed to promote the school's racially nondiscriminatory policy will not adversely affect the school's exempt status. Financial assistance programs favoring members of one or more racial groups that do not significantly derogate from the school's racially nondiscriminatory policy similarly will not adversely affect the school's exempt status.

**3.6. Certification.** An individual authorized to take official action on behalf of the school that claims to be racially nondiscriminatory as to students must certify annually, under penalties of perjury, on an Internal Revenue form to be issued, that to best of his or her knowledge and belief the school has satisfied the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587.

**3.7. Faculty and Staff.** The existence of a racially discriminatory policy with respect to employment of faculty and administrative staff is indicative of a racially discriminatory policy as to students. Conversely, the absence of racial discrimination in employment of faculty and administrative staff is indicative of a racially nondiscriminatory policy as to students.

**3.8. Failure to comply.** Failure to comply with the guidelines will ordinarily result in the proposed revocation of the exempt status of the school in accordance with the procedures set forth in Rev. Proc. 72-4, 1972-1 C.B. 706.

#### **Article 4 Recordkeeping Requirements**

**4.1. Specific records.** Except as provided in section 4.3, the school must maintain for a minimum period of three years, beginning with the year after the year of compilation or acquisition, the following records for the use of the Internal Revenue Service on proper request:

- (a) Records indicating the racial composition of the student body, faculty, and administrative staff for each academic year;
- (b) Records sufficient to document that scholarship and other financial assistance is awarded on a racially nondiscriminatory basis;

- (c) Copies of all brochures, catalogues, and advertising dealing with student admissions, programs, and scholarships. The schools advertising nationally or in a large geographic segment or segments of the United States need only maintain a record sufficient to indicate when and in what publications their advertisements were placed; and
- (d) Copies of all materials used by or on behalf of the school to solicit contributions.

#### **4.2. Limitations.**

- (a) The racial composition of the student body, faculty, and administrative staff may be an estimate based on the best information readily available to the school, without requiring student applicants, students, faculty, or administrative staff to submit information to the school that the school otherwise does not require. For each academic year, however, a record of the method by which racial composition is determined must be maintained. A school may not discontinue maintaining a system of records that reflects racial composition of students, faculty, and administrative staff used on November 6, 1975, unless it substitutes a different system that compiles substantially the same information, without the advance approval of the Internal Revenue Service; and
- (b) The service does not require that a school release personally identifiable records or personal information contained therein except in accordance with the requirements of the 'Family Educational Rights and Privacy Act of 1974,' 20 U.S.C. Sec. 1232g (1974). Similarly, the Service does not require a school to keep records the maintenance of which is prohibited under state or federal law.

#### **4.3. Exceptions:**

- (a) Substantially the same information that each of these records would provide has been included in a report or reports filed in accordance with law with an agency or agencies of Federal, state, or local government, and this information is current within one year; and
- (b) The school maintains copies of these reports from which this information is readily obtainable. Records providing information not included in reports filed with an agency or agencies must be maintained by the school for Internal Revenue Service use.

**4.4. Failure to maintain records.** Failure to maintain or to produce upon the proper request the required records and information will create a presumption that the school has failed to comply with these guidelines.



### **Use of Outside Experts**

When conducting the reviews and recordkeeping, the school may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the governing board of its responsibility for ensuring periodic reviews and recordkeeping are conducted.

**Non-Discrimination Policy Acknowledgement Form**

I have thoroughly read and understand the Chicago Classical Academy Non-Discrimination Policy.

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
Print Witness Name

\_\_\_\_\_  
Employee Signature      Date

\_\_\_\_\_  
Witness Signature      Date

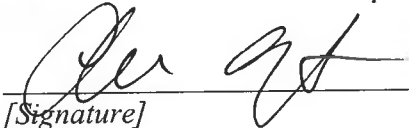
CHICAGO CLASSICAL ACADEMY

ACKNOWLEDGEMENT OF NON-DISCRIMINATION POLICY (the "Policy")

I, **ALICE EPSTEIN**, Director and Secretary of CHICAGO CLASSICAL ACADEMY, an Illinois not-for-profit corporation (the "Corporation"), do hereby acknowledge that I:

- Have received a copy of the Policy  Yes  No
- Have read and understand the Policy  Yes  No
- Agree to comply with the Policy  Yes  No
- Understand that the Corporation is a charitable organization and, in order to maintain its tax exemption, it must engage primarily in activities which accomplish one or more of its tax-exempt purposes  Yes  No

Signed this 3 day of April, 2017.

  
\_\_\_\_\_  
[Signature]

Printed Name: Alice Epstein

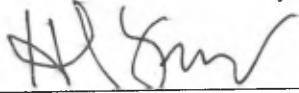
CHICAGO CLASSICAL ACADEMY

ACKNOWLEDGEMENT OF NON-DISCRIMINATION POLICY (the "Policy")

I, **HEIDI SCHROEDER**, Director and President of CHICAGO CLASSICAL ACADEMY, an Illinois not-for-profit corporation (the "Corporation"), do hereby acknowledge that I:

- Have received a copy of the Policy  Yes  No
- Have read and understand the Policy  Yes  No
- Agree to comply with the Policy  Yes  No
- Understand that the Corporation is a charitable organization and, in order to maintain its tax exemption, it must engage primarily in activities which accomplish one or more of its tax-exempt purposes  Yes  No

Signed this 3 day of April, 2017.



\_\_\_\_\_  
[Signature]

Printed Name: Heidi Schroeder

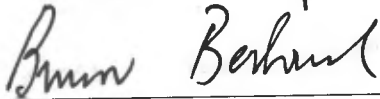
CHICAGO CLASSICAL ACADEMY

ACKNOWLEDGEMENT OF NON-DISCRIMINATION POLICY (the "Policy")

I, **BRUNO BEHREND**, Director of CHICAGO CLASSICAL ACADEMY, an Illinois not-for-profit corporation (the "Corporation"), do hereby acknowledge that I:

- Have received a copy of the Policy  Yes  No
- Have read and understand the Policy  Yes  No
- Agree to comply with the Policy  Yes  No
- Understand that the Corporation is a charitable organization and, in order to maintain its tax exemption, it must engage primarily in activities which accomplish one or more of its tax-exempt purposes  Yes  No

Signed this 3 day of April, 2017.



[Signature]

Printed Name: Bruno Behrend

TRANSMISSION VERIFICATION REPORT

TIME : 04/18/2017 14:36  
NAME : GOULD AND RATNER  
FAX : 3122363241  
TEL : 3122363003  
SER. # : U63315B4J618979

DATE, TIME	04/18 14:30
FAX NO. /NAME	918552026946
DURATION	00:05:37
PAGE(S)	25
RESULT	OK
MODE	STANDARD ECM

**gould + ratner**

**Steven C. Gustafson**

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(312) 933-8541 M  
(312) 236-3241 F

April 18, 2017

**VIA FACSIMILE: (855) 202-6946**

Department of the Treasury  
Internal Revenue Service  
Tax Exempt and Government Entities  
ATT: Mrs. Moll-Malone  
Room 4-511  
Group 7828

Re: Chicago Classical Academy; FEIN: 81-4230633

Dear Madam:

The following responds to the Information Request (First Request) of your March 6, 2017 letter to me as representative of the above referenced organization (the "Academy"). A copy of your letter is attached as Exhibit A.

**Question 1**

Please see the signed declaration attached to the end of this letter.

**Question 2**

Please see page 12 of the application, signed by an authorized individual, attached as Exhibit B.

**Question 3**

Please see a detailed listing of the past, present and future activities for the Academy, including a list of each activity conducted, currently conducting and plan to conduct with percentages of total time devoted to each activity. In addition the when, where and how each activity is conducted and for whom and by whom is