

# Form 1023

(Rev. December 2017)  
Department of the Treasury  
Internal Revenue Service

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

- Do not enter social security numbers on this form as it may be made public.
- Go to [www.irs.gov/Form1023](http://www.irs.gov/Form1023) for instructions and the latest information.

Use the instructions to complete this application and for a definition of all bold items. For additional help, call IRS Ex 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 the required information and documents are not submitted with payment of the appropriate user fee, the application may not be processed.

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) that apply to you.

### Part I Identification of Applicant

1	Full name of organization (exactly as it appears in your organizing document)	2	c/o Name (if applicable)
	Destiny STREAM Academy for Girls Charter School		Dr. Katina Tolbert-Cavitt
3	Mailing address (Number and street) (see instructions)	4	Employer Identification Number
	20247 E. Lismore Circle		83-218765
	City or town, state or country, and ZIP + 4	5	Month the annual accounting period begins
			5

**CUSTOMER USE ONLY**  
FROM: (PLEASE PRINT)  
Dr. Katina Tolbert-Cavitt  
20247 E Lismore Circle  
Frankfort, IL  
60423

PHONE: 708 200 2933

**PAYMENT BY ACCOUNT (if applicable)**  
USPS® Corporate Acct. No. Federal Agency Acct. No. or Postal Service™ Acct. No.

**DELIVERY OPTIONS (Customer Use Only)**  
 SIGNATURE REQUIRED *Notes: The mailer must check the "Signature Required" box if the mailer: 1) requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's receptacle or other secure location without attempting to obtain the addressee's signature on delivery.*  
 No Saturday Delivery (delivered next business day)  
 Sunday/Holiday Delivery (Required (additional fee, where available))

EE 217089342 US

**UNITED STATES POSTAL SERVICE®**

**PRIORITY MAIL EXPRESS™**

Military Postage

**ORIGIN (POSTAL SERVICE USE ONLY)**

1-Day  
 2-Day  
 Scheduled Delivery Date (MM/DD/YY) 5-1-19  
 Scheduled Delivery Time 10:30 AM  
 12:00 PM  
 10:30 AM Delivery Fee

60423  
430-19

Postage \$ 26.50  
 Insurance Fee \$  
 COD Fee \$  
 Return Receipt Fee \$  
 Live Animal Transport Fee \$

FRANKFORT  
21201 S. ELSNER RD  
FRANKFORT  
IL  
60423-9998  
1628600423  
(800)275-8777 9:32 AM

04/30/2019

Product Description	Sale Qty	Final Price
PM Exp 1-Day (Domestic)	1	\$25.50
Flat Rate Env (COVINGTON, KY 41011) (Flat Rate) (Signature Waiver) (Scheduled Delivery Day) (Wednesday 05/01/2019 12:00 PM) (Money Back Guarantee) (USPS Tracking #) (EE217089342US)	1	\$0.00
PM Exp Insurance (Up to \$100.00 included)		\$600.00
Dom M.O. Value (Serial #: 25487841600-Void) (Serial #: 25487841611-Void) (Serial #: 25487841622)		\$1.70
Dom M.O. Fee		\$627.20
<b>Total</b>		\$627.20

Debit Card Remit'd (Card Name: MasterCard) (Account #: XXXXXXXXXXXX4020) (Transaction #: 137) (Receipt #: 016321) (Debit Card Purchase: \$627.20) (Cash Back: \$0.00) (Chip)