

# Uniform Statewide Assessment Calendar

Assessment	Students to Be Tested	Statewide Window	District Window	Mode	Testing Time	Results Expected
FAST PM3	Grade 2 ELA Reading	May 1–June 2, 2023	May 1–26, 2023	CBT	15–20 minutes	Immediately following test completion
FAST PM3	K–Grade 2 Mathematics	May 1–June 2, 2023	May 1–26, 2023	CBT	20–30 minutes	Immediately following test completion
FAST PM3	Grades 3–10 ELA Reading	May 1–June 2, 2023	May 1–26, 2023	CBT <sup>1</sup>	120 minutes	Immediately following test completion
FAST PM3	Grades 3–5 Mathematics	May 1–June 2, 2023	May 1–26, 2023	CBT <sup>1</sup>	100 minutes	Immediately following test completion
FAST PM3	Grades 6–8 Mathematics	May 1–June 2, 2023	May 1–26, 2023	CBT <sup>1</sup>	120 minutes	Immediately following test completion
FSAA —Performance Task <sup>5</sup>	Grades 9 & 10 ELA; Grades 9 & 10 Writing; and Algebra 1, Biology 1, Geometry, and U.S. History EOCs	March 13–April 28, 2023	March 13–April 28, 2023	PBT	Varies/Untimed	June 2023
FCLE	Students enrolled in associated courses	April 17–May 26, 2023	April 17–May 26, 2023	CBT <sup>1</sup>	160 minutes <sup>2</sup>	Immediately following test completion
B.E.S.T. Algebra 1 and Geometry EOC	Students enrolled in associated courses	May 1–26, 2023	May 1–26, 2023	CBT <sup>1</sup>	160 minutes	June 2023
NGSSS Biology 1, Civics, and U.S. History EOC	Students enrolled in associated courses	May 1–26, 2023	May 1–26, 2023	CBT <sup>1</sup>	160 minutes <sup>3</sup>	June 2023
NGSSS Statewide Science	Grades 5 and 8	May 8–19, 2023	May 8–19, 2023	PBT	160 minutes	June 2023

<sup>1</sup> Paper-based accommodations (e.g., regular print, large print, braille, one-item-per-page) for computer-based tests are available to eligible students if indicated as an accommodation on an IEP or Section 504 plan.  
<sup>2</sup> Any student taking an EOC assessment aligned to the Florida Standards or the B.E.S.T. Standards who has not completed a session by the end of the allotted time may continue working up to half the length of a typical school day.  
<sup>3</sup> Any student taking an NGSSS EOC assessment who has not completed the session by the end of the allotted time may continue working; however, testing must be completed within the same school day.  
<sup>4</sup> The FSAA — Datafolio is designed for students with significant cognitive disabilities for whom participation in the general statewide assessment or the FSAA — Performance Task is inappropriate, even with accommodations.  
<sup>5</sup> The FSAA — Performance Task is designed for students with significant cognitive disabilities for whom participation in the general statewide assessment is inappropriate, even with accommodations.  
<sup>6</sup> Each district must choose to administer either the ACT or SAT. Complete the row for the assessment chosen by your district and then change the background for the assessment not chosen to gray and leave the district window cell blank.



## Uniform Statewide Assessment Calendar

### 4. Statewide Assessments for SELECT Students

The following assessments are only intended for selected students/students in certain sub-groups. The FDOE will complete this section with the applicable statewide assessments. Districts should then populate the **District Window** column for the assessments in the table below but should not modify any FDOE-provided information. If an assessment is not being administered in your district, indicate "N/A" in the District Window column.

Because the tests included in this section are not administered to all students or, in some cases, are optional for students, the testing time for these tests should not be included in the total testing time calculated in Section 6.

Assessment	Students to Be Tested <sup>4</sup>	Statewide Window	District Window	Mode	Testing Time	Results Expected
PreACT	Grade 10	September–December 2022	NA	PBT	150 minutes	Approximately 2 weeks after testing
FSA ELA Writing Retake	Grades 11–12	September 12–30, 2022	September 12–30, 2022	CBT <sup>1</sup>	120 minutes <sup>2</sup>	December 2022
FSA ELA Reading Retake	Grades 11–12	September 12–30, 2022	September 12–30, 2022	CBT <sup>1</sup>	180 minutes <sup>2</sup>	December 2022
FSA Algebra 1 and Geometry EOC	Grades 11–12	September 12–30, 2022	September 12–30, 2022	CBT <sup>1</sup>	180 minutes <sup>2</sup>	October 2022
NGSS Biology 1, Civics, and U.S. History EOC	Grades 11–12	September 12–30, 2022	September 12–30, 2022	CBT <sup>1</sup>	160 minutes <sup>3</sup>	October 2022
FSAA—Performance Task <sup>6</sup> Grade 10 ELA and Algebra 1 EOC Makeup	Grades 11–12	September 26–October 14, 2022	September 27–October 13, 2022	PBT	Varies/Untimed	December 2022
NAEP	Age 13 Students	October–December 2022	October 10–December 16, 2022	PBT	90 minutes	Summer 2023
PSAT/NMSQT	Grade 10	October 12, 2022	October 12, 2022	PBT	165 minutes	January 2023
ACCESS for ELLs	Grades K–12 currently classified as ELL with "LY" code	January 23–March 17, 2023	January 23–March 16, 2023	PBT	Kindergarten: 45 minutes Grades 1–12: 105–245 minutes (varies by grade-level/tier)	June 2023
Alternate ACCESS for ELLs	Grades 1–12 with significant cognitive disabilities and currently classified as ELL with "LY" code	January 23–March 17, 2023	January 23–March 16, 2023	PBT	80 minutes	June 2023

## Uniform Statewide Assessment Calendar

Assessment	Students to Be Tested <sup>4</sup>	Statewide Window	District Window	Mode	Testing Time	Results Expected
FSA ELA Grade 10 Retake – Writing	Grades 11–12	February 20–March 10, 2023	February 21–March 10, 2023	CBT <sup>1</sup>	120 minutes <sup>2</sup>	May 2023
FSA ELA Grade 10 Retake – Reading	Grades 11–12	February 20–March 10, 2023	February 21–March 10, 2023	CBT <sup>1</sup>	180 minutes <sup>2</sup>	May 2023
FSA Algebra 1 Retake EOC <sup>5</sup>	Grades 11–12	February 20–March 10, 2023	February 21–March 10, 2023	CBT <sup>1</sup>	180 minutes <sup>2</sup>	May 2023
Writing Field Test	Grades 4–10 <sup>7</sup>	April 3–21, 2023	April 3–21, 2023 (TBD)	CBT	120 minutes	N/A
B.E.S.T. Algebra 1 and Geometry EOC	Students enrolled in associated courses	July 10–21, 2023	July 10–21, 2023	CBT <sup>1</sup>	180 minutes	August 2023
NGSSS Biology 1, Civics, and U.S. History EOC	Students enrolled in associated courses	July 10–21, 2023	July 10–21, 2023	CBT <sup>1</sup>	160 minutes <sup>3</sup>	August 2023

<sup>1</sup> Paper-based accommodations (e.g., regular print, large print, braille, one-item-per-page) for computer-based tests are available to eligible students if indicated as an accommodation on an IEP or Section 504 plan.

<sup>2</sup> Any student taking an ELA Retake or EOC assessment aligned to the Florida Standards who has not completed a session by the end of the allotted time may continue working up to half the length of a typical school day.

<sup>3</sup> Any student taking an NGSSS EOC assessment who has not completed the session by the end of the allotted time may continue working; however, testing must be completed within the same school day.

<sup>4</sup> If indicated, “applicable students” relates to the sub-group(s) of students who may take that assessment; it does not indicate that all students throughout the state in that sub-group will take that assessment.

Assessments for which no applicable student group is listed are available to students as needed but are not limited to any specific sub-group.

<sup>5</sup> The FSA Algebra 1 EOC Assessment is only offered as a separate Retake assessment during the Spring administration; students retaking the Algebra 1 EOC in Fall, Winter, or Summer participate in the regular EOC administration.

<sup>6</sup> The FSAA – Performance Task is designed for students with significant cognitive disabilities for whom participation in the general statewide assessment is inappropriate, even with accommodations.

<sup>7</sup> The Writing Field Test, which will be aligned to the B.E.S.T. standards, will be administered to a representative sample of Florida students.

### 5. District-Required Assessment Information

Complete the table below with assessments that are required for all schools in the district.

Assessment	Students to Be Tested	District Window	Mode	Testing Time	Results Expected
Benchmark Oral Reading Records (ORR)	K–5	August 15, 2022–May 19, 2023		15–20 minutes/1 day	As administered
Palm Beach Performance Assessment (PBPA) Grades 2–6 (PBT) and Grades 7–10 (CBT) Grades 11 and 12 optional	2–5	Gr2 PBPA 1-January 30 – February 3, 2023	PBT	120 minutes/1 day	1–2 weeks following administration
		Gr 2 PBPA 2-May 1 – 5, 2023			
		Gr 3 PBPA 1-November 14 – 18, 2022			
		Gr 3 PBPA 2-February 27 – March 3, 2023			
		Gr 4-5 PBPA 1-November 14 – 18, 2022			
Gr 4-5 PBPA 2-January 30 – February 3, 2023					

## Uniform Statewide Assessment Calendar

Assessment	Students to Be Tested	District Window	Mode	Testing Time	Results Expected
Palm Beach Performance Assessment (PBPA) Grades 2–6 (PBT) and Grades 7–10 (CBT) Grades 11 and 12 optional	6–10	PBPA 1- October 17 – December 21, 2022 PBPA 2- January 4 – March 16, 2023	CBT	90/1 day or 45/2 days	1–2 weeks following administration
iReady Diagnostic (ELA only)	K–5	1. Instructional Placement - August 10, 2022 – September 9, 2022 2. Winter (Optional) - December 1, 2022 – January 13, 2023 3. Spring (Gr. 3 Good Cause) - May 15 – 19, 2023 4. Spring (K–2 & 4–5) - May 15 – 26, 2023	CBT	45–60 minutes/1 day	As administered
PSAT 8/9	Grade 8-9	October 12, 2022	PBT	165 minutes	January 2023
ACT Non-College Reportable (ACT NCR) for concordance	Select 12	Fall and Spring Administrations	CBT	Varies	3–8 weeks after test administration
LAS Español (Dual Language Schools only)	2–10	October 17–November 18, 2022	CBT	Varies	7–14 days after administration
District Midterm Exams (Algebra 1, Geometry, Biology 1, U.S. History, and World History)	6–12	December 14 - 21, 2022	PBT	120 minutes/1 day	January 2023
District Diagnostic Tests: Science & Civics Winter Administration	5 & 8	January 9–20, 2023	PBT & CBT	90 minutes/1 Day	February 2023
SAT (District-wide School-day Administration for concordance)	11 & Select 12	March 1, 2023	PBT	Varies/1 day	1–2 months after administration
District Final Exams	6–12	May 22–26, 2023	PBT	120 minutes/1 day	June 2023

## Uniform Statewide Assessment Calendar

### 6. Estimates of Total Testing Time by Grade Level

Estimates of average time for administering state-required and district-required assessments (listed in Sections 3 and 5 above) by grade level. Subject-based assessments should be included with the grade level to which they are most likely to be administered (e.g., Biology 1 with grade 9).

Grade Level	Statewide Assessments <sup>1</sup>			District Assessments <sup>1</sup>			Approximate Total Testing Time (In Minutes)
	Range of Minutes	Median Number of Minutes	% Net Instructional Time <sup>2</sup>	Range of Minutes	Median Number of Minutes	% Net Instructional Time <sup>2</sup>	
VPK	30-60	45	0.14%	0	0	0.0%	60
K	90-150	120	0.35%	105-120	112.5	0.28%	270
1	90-150	120	0.35%	105-120	112.5	0.28%	270
2	105-150	127.5	0.35%	345-360	112.5	0.83%	510
3	560	560	1.30%	345-360	352.5	0.83%	920
4	560	560	1.04%	345-360	352.5	0.67%	920
5	720	720	1.33%	435-450	442.5	0.83%	1170

<sup>1</sup> In accordance with Senate Bill 2524 § 45 (Chapter 2022-154, § 45, Laws of Florida), the Department must collect from each school district, by grade level, the range and median number of minutes per school year, including as a percentage of net instructional time, students in prekindergarten through grade 5 spend on district-required assessments and coordinated screening and progress monitoring and state-required assessments and coordinated screening and progress monitoring.

<sup>2</sup> The percent net instructional time is based on 43,200 instructional minutes per school year for VPK through grade 3 and on 54,000 instructional minutes per school year for grades 4 through 5, per s. 1011.61, F.S. SDPBC is reporting percent of time based on the upper limit of the "range of minutes."

Grade Level	Statewide Assessments	District Assessments	Approximate total Testing Time (In Minutes)
6	620	180	800
7	780	270	1050
8	780	435	1215
9	620	465	1245
10	460	660	1765
11	340	120	460
12	160	840*	1000

\*Grade 12 students do not have explicit mandated assessments; however, they spend approximately 14 hours on District identified assessments.

## **Attachment G- Code of Conduct**

**Since American Academy of Palm Beach has opted to adopt the School District of Palm Beach County Code of Conduct, I have attached a link to the most recent SDPBC K-5 and 6-12 Codes of Conduct below:**

### **Grade K-5**

[SY24 Code of Conduct Elementary K-5 \(palmbeachschools.org\)](https://www.palmbeachschools.org/CodeofConduct/Elementary/CodeofConductElementaryK-5)

### **Grades 6-12**

[SY24 Code of Conduct Secondary 6-12 \(palmbeachschools.org\)](https://www.palmbeachschools.org/CodeofConduct/Secondary/CodeofConductSecondary6-12)

**Attachment - H**

**American Academy of Palm Beach - Articles of Incorporation**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 7, 2023

STACY HARRIS  
6345 BRANCHWOOD DRIVE  
LAKE WORTH, FL 33467

SUBJECT: AMERICAN ACADEMY OF PALM BEACH, INCORPORATED  
Ref. Number: N23000012736

We have received your document for AMERICAN ACADEMY OF PALM BEACH, INCORPORATED and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please add the titles for the officers that you are adding.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett  
Regulatory Specialist II

Letter Number: 523A00027874

**COVER LETTER**

FO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: American Academy of Palm Beach

DOCUMENT NUMBER: \_\_\_\_\_

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stacy Harris

\_\_\_\_\_  
(Name of Contact Person)

American Academy of Palm Beach

\_\_\_\_\_  
(Firm/ Company)

6345 Branchwood Drive

\_\_\_\_\_  
(Address)

Lake Worth, FL 33467

\_\_\_\_\_  
(City/ State and Zip Code)

stacy@americanacademy.info

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Roseme

561

692-1313

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|--|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

American Academy of Palm Beach

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

**B. Enter new principal office address, if applicable;**  
**(Principal office address MUST BE A STREET ADDRESS)**

**C. Enter new mailing address, if applicable;**  
**(Mailing address MAY BE A POST OFFICE BOX)**

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

(Florida street address)

New Registered Office Address:

(City)

Florida  
(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones; V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	<u>CEO</u>	<u>Martintoch Roseme</u>	<u>6345 Branchwood Drive</u> <u>Lake Worth, FL 33467</u>
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	<u>D</u>	<u>Terri Ferguson</u>	<u>6345 Branchwood Drive</u> <u>Lake Worth, FL 33467</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

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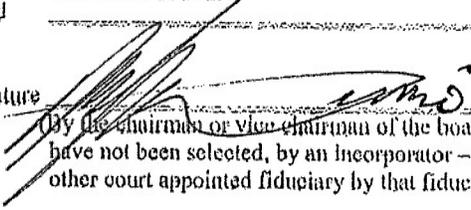


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There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated November 2, 2023

Signature   
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an Incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Martintob Rosemg  
(Typed or printed name of person signing)

Principal of Organization  
(Title of person signing)

**Electronic Articles of Incorporation  
For**

N23000012736  
FILED  
October 20, 2023  
Sec. Of State  
klovelace

AMERICAN ACADEMY OF PALM BEACH, INCORPORATED

The undersigned incorporator, for the purpose of forming a Florida not-for-profit corporation, hereby adopts the following Articles of Incorporation:

**Article I**

The name of the corporation is:

AMERICAN ACADEMY OF PALM BEACH, INCORPORATED

**Article II**

The principal place of business address:

6345 BRANCHWOOD DRIVE  
LAKE WORTH, FL. 33467

The mailing address of the corporation is:

6345 BRANCHWOOD DRIVE  
LAKE WORTH, FL. UN 33467

**Article III**

The specific purpose for which this corporation is organized is:

OUR INTENTION IS TO ESTABLISH AND OPERATE CHARTER SCHOOLS  
IN COMPLIANCE WITH THE REGULATIONS SET FORTH BY  
THE PALM BEACH COUNTY SCHOOL DISTRICT.

**Article IV**

The manner in which directors are elected or appointed is:

AS PROVIDED FOR IN THE BYLAWS.

**Article V**

The name and Florida street address of the registered agent is:

MARTINTOCH M ROSEME  
6345 BRANCHWOOD DRIVE  
LAKE WORTH, FL. 33467

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: MARTINTOCH M ROSEME

## Article VI

The name and address of the incorporator is:

MARTINTOCH ROSEME  
6345 BRANCHWOOD DRIVE

LAKE WORTH, FL 33467

Electronic Signature of Incorporator: MARTINTOCH M ROSEME

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

## Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P  
THAD RUTHERFORD  
6345 BRANCHWOOD DRIVE  
LAKE WORTH, FL. 33467

Title: VP  
DAVID VANCAMP  
6345 BRANCHWOOD DRIVE  
LAKE WORTH, FL. 33467

Title: S  
STACY A HARRIS  
6345 BRANCHWOOD DRIVE  
LAKE WORTH, FL. 33467

## Article VIII

The effective date for this corporation shall be:

01/01/2024

**Attachment I**

**American Academy of Palm Beach K-8 Charter School**

**501 (C) 3 Filing**

**Fwd: Pay.gov Payment Confirmation: Form 1023**

1 message

Stacy Harris <stacy@americanacademy.info>

Sun, Dec 10, 2023 at 10:08 AM

To: John Carvelli <carvelliconsulting@gmail.com>, Mark Roseme <mtriplethreat.inc@gmail.com>, Mark Roseme <Mark@americanacademy.info>, Jim Pegg <513JTP@gmail.com>, Lisa Helfrich <teacherbuilders@gmail.com>, Frank Dino <fpdino@icloud.com>

Good Morning, all! Hope everyone is having a great weekend. Here is the forwarded email that we have submitted our 501c3 application and the attached application that was submitted. <https://www.pay.gov/public/form/pdf/2799SF38>

I will advise when we get our recognition.

Have a great rest of your weekend!

----- Forwarded message -----

From: <notification@pay.gov>

Date: Sun, Dec 10, 2023 at 10:05 AM

Subject: Pay.gov Payment Confirmation: Form 1023

To: <stacy@americanacademy.info>



An official email of the United States government



You successfully submitted your Form 1023 user fee payment to Pay.gov and the details are below. You can expect to be contacted about your application by the IRS within 180 days from the date you submitted it. After 180 days, if you haven't been contacted, you can call the toll-free Customer Account Services number, Monday through Friday, 8 a.m. - 5 p.m. (local time), at 877-829-5500 to check on the status. You will need to provide your name, your employer identification number (EIN), and the date you submitted your application when calling.

Application Name: Form 1023

Pay.gov Tracking ID: 2799SF38

Agency Tracking ID: 76573801391

Transaction Type: Sale

Transaction Date: 12/10/2023 10:04:25 AM EST

Account Holder Name: Martintoch M Roseme

Transaction Amount: \$600.00

Card Type: Visa

Card Number: \*\*\*\*\*4045

THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY.



Effective September 16, 2023, new sign-in options to further protect your information have been deployed on Pay.gov. Note that most payments do not require you to sign in. For customers that sign-in to Pay.gov: [Read More](#)

[Dismiss](#)

MENU

## Streamlined Application for Recognition of Exemption Under Section 501(c)(3)

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1

2

3

4

5

**Before You Begin** Complete Agency Form Enter Payment Info Review & Submit Confirmation

### About this form

Eligible organizations file this form to apply for recognition of exemption from federal income tax under Section 501(c)(3). NOTICE: You may experience issues with saving a form and accessing it later. If this occurs, you will need to complete the form again. We apologize for this inconvenience.

*Note: You must complete the Form 1023-EZ Eligibility Worksheet in the [Instructions for Form 1023-EZ](#) to determine if you are eligible to file Form 1023-EZ. If you are not eligible to file Form 1023-EZ, you must file Form 1023 to obtain recognition of exemption under Section 501(c)(3).*

See the [Instructions for Form 1023-EZ](#) for help in completing this application. The organization must have an Employer Identification Number (EIN). **DO NOT ENTER a Social Security Number (SSN) on the form.**

This form requires entering a 3-character National Taxonomy of Exempt Entities (NTEE) Code that best describes your organizations activities. See the [Instructions for Form 1023-EZ](#) beginning on page 21 for a listing of NTEE codes.

You might find the following additional information useful when applying for recognition of tax-exempt status under Section 501(c)(3):

- [Publication 557](#)
- [Publication 4220](#)
- [StayExempt.irs.gov](#)
- [Charities & Nonprofits page on IRS.gov](#)

## After you submit your application

For information on the status of your application, go to [Where's My Application page on IRS.gov](#). If you submitted your application before the date indicated in the chart and have not been contacted, you can call the toll-free Customer Account Services number, Monday through Friday, 8 a.m - 5 p.m (local time), at (877)-829-5500 to check on the status.

You will need the following information when calling:

- Your name
- Your employer identification number (EIN)

### Accepted Payment Methods:

- Bank account (ACH)
- Debit or credit card

**You must be signed in to submit this form. [Sign In](#) . If you don't have an existing account, you will have the option to create an account on the sign-in page.**

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WARNING WARNING WARNING

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Note: This system may contain Sensitive But Unclassified (SBU) data that requires specific data privacy handling.



Date of this notice: 10-27-2023

Employer Identification Number:  
93-4125323

Form: SS-4

Number of this notice: CP 575 E

AMERICAN ACADEMY OF PALM BEACH  
% MARTINTOCH ROSEME  
6345 BRANCHWOOD DR  
LAKE WORTH, FL 33467

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 93-4125323. This EIN will identify your entity, accounts, tax returns, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for business and tax purposes. Some taxpayers receive CP575 notices when another person has stolen their identity and are operating using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any 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, organizations must complete an application on one of the following forms: Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code; Form 1023-EZ, Streamlined Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code; Form 1024, Application for Recognition Under Section 501(a); or Form 1024-A, Application for Recognition of Exemption Under Section 501(c)(4) of the Internal Revenue Code.

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.

If you become tax-exempt, you will lose tax-exempt status if you fail to file a required return or notice for three consecutive years, unless a filing exception applies to you (search [www.irs.gov](http://www.irs.gov) for Annual Exempt Organization Return: Who Must File). 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).



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

(Rev. January 2020)

Department of the Treasury  
Internal Revenue Service

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

Use the "?" buttons throughout this form for help in completing this application. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500.

If you cannot complete required responses within the textbox limits throughout this form, upload your additional narratives with the other required documents.

**Part I Identification of Applicant**

<b>1a</b> Full Name of Organization (exactly as it appears in your organizing document)				<b>b</b> Care of Name (if applicable)	
AMERICAN ACADEMY OF PALM BEACH					
<b>c</b> Mailing Address (Number, street and room/suite)		<b>d</b> City		<b>e</b> Country	
6345 BRANCHWOOD DRIVE		LAKE WORTH		United States	
<b>f</b> State		<b>g</b> Zip Code + 4	<b>h</b> Foreign Province (or State)		<b>i</b> Foreign Postal Code
Florida		33467			
<b>2</b> Employer Identification Number		<b>3</b> Month Tax Year Ends		<b>4</b> Person to Contact if More Information is Needed (officer, director, trustee, or authorized representative)	
93-4125323		MAY		STACY HARRIS	
<b>5</b> Contact Telephone Number			<b>6</b> Fax Number (optional)		<b>7</b> User Fee Submitted
561-692-1313					\$600.00
<b>8</b> Organization's Website (if available):					
<b>9</b> List the names, titles, and mailing addresses of your officers, directors, and/or trustees.					
First Name: THAD		Last Name: RUTHERFORD		Title: CHAIRPERSON	
Mailing Address: 1118 VINTAGE WAY			City: NEW BRAUNFELS		
State (or Province): TX			Zip Code (or Foreign Postal Code): 78132		
First Name: DAVID		Last Name: VANCAMP		Title: VICE-CHAIRPERSON	
Mailing Address: 911 CHAPEL HILL BLVD			City: BOYNTON BEACH		
State (or Province): FL			Zip Code (or Foreign Postal Code): 33435		
First Name: TERRI		Last Name: FERGUSON		Title: MEMBER	
Mailing Address: 6345 BRANCHWOOD DRIVE			City: LAKE WORTH		
State (or Province): FL			Zip Code (or Foreign Postal Code): 33467		
First Name: MARTINTOCH		Last Name: ROSEME		Title: MEMBER	
Mailing Address: 6345 BRANCHWOOD DRIVE			City: LAKE WORTH		
State (or Province): FL			Zip Code (or Foreign Postal Code): 33467		
First Name: STACY		Last Name: HARRIS		Title: MEMBER	
Mailing Address: 6345 BRANCHWOOD DRIVE			City: LAKE WORTH		
State (or Province): FL			Zip Code (or Foreign Postal Code): 33467		

 Check here to add more officers, directors, and/or trustees.

**Part II Organizational Structure**

- 1** You must be a corporation, limited liability company (LLC), unincorporated association, or trust to be tax exempt.

Select your type of organization.

Corporation

At the end of this form, you must upload a copy of your articles of incorporation (and any amendments) that shows proof of filing with the appropriate state agency.

Limited Liability Company (LLC)

At the end of this form, you must upload a copy of your articles of organization (and any amendments) that shows proof of filing with the appropriate state agency. Also, if you adopted an operating agreement, upload a copy, along with any amendments.

Unincorporated Association

At the end of this form, you must upload 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.

Trust

At the end of this form, you must upload a signed and dated copy of your trust agreement. Include signed and dated copies of any amendments.

- 2** Enter the date you formed. (MM/DD/YYYY)

10/20/2023

- 3** Select your state (or U.S. territory) of incorporation or other formation. If you were formed under the laws of a foreign country, select Foreign Country.

Florida

- 4** Have you adopted bylaws? If "Yes," at the end of this form, upload a current copy showing the date of adoption. If "No," explain how you select your officers, directors, or trustees.

Yes  No

- 5** Are you a successor to another organization?

Yes  No

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 nonprofit status. If "Yes," complete Schedule G.

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

Part III helps ensure that, when you submit this application, your organizing document contains the required provisions to meet the organizational test under section 501(c)(3).

If you cannot check "Yes" 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. Remember to upload your original and amended organizing documents at the end of this form.

- 1** Section 501(c)(3) requires that your organizing document limit your purposes to one or more exempt purposes within section 501(c)(3), such as charitable, religious, educational, and/or scientific purposes.

*The following is an example of an acceptable purpose clause: The organization is organized exclusively for charitable, religious, educational, and scientific purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.*

Does your organizing document meet this requirement?

Yes  No

- 1a** State specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document (Page/Article/Paragraph):

Page 1 Article 3

- 2** Section 501(c)(3) requires that your organizing document provide that upon dissolution, your remaining assets be used exclusively for section 501(c)(3) exempt purposes, such as charitable, religious, educational, and/or scientific purposes. Depending on your entity type and the state in which you are formed, this requirement may be satisfied by operation of state law.

*The following is an example of an acceptable dissolution clause: Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue 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.*

Does your organizing document meet this requirement?

Yes  No

- 2a** State specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document (Page/Article/Paragraph) or indicate that you rely on state law.

State Law

**Part IV Your Activities**

1 Describe completely and in detail your past, present, and planned activities. Do not refer to or repeat the purposes in your organizing document.

For each past, present, or planned activity, include information that answers the following questions:

- a. What is the activity?
- b. Who conducts the activity?
- c. Where is the activity conducted?
- d. What percentage of your total time is allocated to the activity?
- e. How is the activity funded (for example, donations, fees, etc.) and what percentage of your overall expenses is allocated to this activity?
- f. How does the activity further your exempt purposes?

The American Academy of Palm Beach plans to establish and manage a charter school within Palm Beach County. Our aim is to recruit certified teachers and staff to leverage our facilities for educating and enabling extracurricular activities for the local youth. The school's funding, provided by our sponsor, will be dedicated exclusively to the educational and developmental needs of the youth and the community in our chosen location.

**Part IV** Your Activities (continued)

2 Enter the 3-character NTEE Code that best describes your activities.

Or check here if you want the IRS to select the NTEE Code that best describes your activities.

3 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

4 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? If "Yes," explain how these related individuals are eligible for goods, services, or funds.  Yes  No

5 Do you or will you support or oppose candidates in political campaigns in any way? If "Yes," explain.  Yes  No

6 Do you or will you attempt to influence legislation? If "Yes," explain how you attempt to influence legislation.  Yes  No

**Part IV** Your Activities (continued)

**6a** Did you or will you make an election to have your legislative activities measured by expenditures by filing Form 5768?  Yes  No  
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.

**7** Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other intellectual property? If "Yes," 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

**8** Do you or will you provide educational information to the general public on budgeting, personal finance, financial literacy, saving and spending practices, the sound use of consumer credit, and/or assist individuals and families with financial problems such as credit card debt and foreclosure by providing them with counseling? If "Yes," explain.  Yes  No

**9** Do you or will you make grants, loans, or other distributions to organizations? If "Yes," describe the type and purpose of the grants, loans, or distributions, how you select your recipients including submission requirements (such as grant proposals or application forms), and the criteria you use or will use to select recipients. Also describe how you ensure the grants, loans, and other distributions are or will be used for their intended purposes (including whether you require periodic or final reports on the use of funds and any procedures you have if you identify that funds are not being used for their intended purposes). Finally, describe the records you keep with respect to grants, loans, or other distributions you make and identify any recipient organizations and any relationships between you and the recipients. If "No," continue to Line 10.  Yes  No

**Part IV** Your Activities (continued)

- 9a** Do you or will you make grants, loans, or other distributions to organizations that are not recognized by the IRS as tax exempt under section 501(c)(3)? If "Yes," name and/or describe the non-section 501(c)(3) organizations to whom you do or will make distributions and explain how these distributions further your exempt purposes.  Yes  No

- 9b** Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," name each foreign organization (if not already provided), the country and region within each country in which each foreign organization operates, any relationship you have with each foreign organization, and whether the foreign organization accepts contributions earmarked for a specific country or organization (if so, specify which countries or organizations). If "No," continue to Line 10.  Yes  No

- 9c** 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

- 9d** 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

- 9e** 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 periodic reporting requirements, auditing grantees, site visits by your employees or compliance checks by impartial experts, etc., to verify that grant funds are being used appropriately.  Yes  No

**Part IV** Your Activities (continued)

**9f** Do you share board members or other key personnel with the recipient organization(s)? If "Yes," identify the relationships.  Yes  No

**9g** When you make grants, loans, or other distributions to foreign organizations, will you check the OFAC List of Specially Designated Nationals and Blocked Persons for names of individuals and entities with whom you are dealing to determine if they are included on the list? Describe any other practices you will engage in to ensure that foreign expenditures or grants are not diverted to support terrorism or other non-charitable activities.  Yes  No

**9h** Will you comply with all United States statutes, executive orders, and regulations that restrict or prohibit U.S. persons from engaging in transactions and dealings with designated countries, entities, or individuals, or otherwise engaging in activities in violation of economic sanctions administered by OFAC?  Yes  No

**9i** Will you acquire from OFAC the appropriate license and registration where necessary?  Yes  No

**10** Do you or will you operate in a foreign country or countries? If "Yes," name each foreign country and region within each country in which you do or will operate and describe your operations in each one. If "No," continue to Line 11.  Yes  No

**10a** When you conduct activities in foreign countries, will you check the OFAC List of Specially Designated Nationals and Blocked Persons for names of individuals and entities with whom you are dealing to determine if they are included on the list? Describe any other practices you will engage in to ensure that foreign expenditures or grants are not diverted to support terrorism or other non-charitable activities.  Yes  No

**10b** Will you comply with all United States statutes, executive orders, and regulations that restrict or prohibit U.S. persons from engaging in transactions and dealings with designated countries, entities, or individuals, or otherwise engaging in activities in violation of economic sanctions administered by OFAC?  Yes  No

**10c** Will you acquire from OFAC the appropriate license and registration where necessary?  Yes  No

**Part IV** Your Activities (continued)

11 Are you a sponsoring organization that maintains one or more donor advised funds? If yes, please provide a complete description of your program, including the specific advice that such donors may provide. Describe in detail the control you maintain (or will maintain) over the use of the funds.  Yes  No

12 Do you or will you operate a school?  Yes  No  
 If "Yes," complete Schedule B.

13 Is your principal purpose or function to provide hospital or medical care?  Yes  No  
 If "Yes," complete Schedule C.

14 Do you or will you provide low-income housing?  Yes  No  
 If "Yes," complete Schedule F.

15 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?  Yes  No  
 If "Yes," complete Schedule H - Section I.

16 Check any of the following fundraising activities that you will undertake (check all that apply):

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Website, mail, email, personal, and/or phone solicitations | <input checked="" type="checkbox"/> Foundation grant solicitations |
| <input checked="" type="checkbox"/> Receive donations from another organization's website      | <input checked="" type="checkbox"/> Government grant solicitations |
| <input type="checkbox"/> Bingo   | <input type="checkbox"/> Other (non-bingo) gaming activities       |
| <input checked="" type="checkbox"/> Other (describe)   |  |

Sport Tournaments

We will not engage in fundraising activities.

17 Do you or will you engage in fundraising activities for other organizations? If "Yes," describe these arrangements, including the names or descriptions of the organizations for which you raise funds.  Yes  No

**Part V Compensation and Other Financial Arrangements**

**1** Do you or will you compensate officers, directors, or trustees, or do or will you have highest compensated employees, or highest compensated independent contractors? If "No," continue to Line 2.  Yes  No

In establishing compensation for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors:

**1a** Do or will the individuals that approve compensation arrangements follow a conflict of interest policy?  Yes  No

**1b** Do or will you approve compensation arrangements in advance of paying compensation?  Yes  No

**1c** Do or will you document in writing the date and terms of approved compensation arrangements?  Yes  No

**1d** Do or will you record in writing the decision made by each individual who decided or voted on compensation arrangements?  Yes  No

**1e** Do 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?  Yes  No

**1f** Do or will you record in writing both the information on which you relied to base your decision and its source?  Yes  No

**1g** Do or will you have any other practices you use to set reasonable compensation? If "Yes," describe these practices.  Yes  No

**2** Have you adopted a conflict of interest policy consistent with the sample conflict of interest policy in Appendix A to the instructions? If you are a hospital, answer "Yes" if your conflict of interest policy includes provisions consistent with the additional healthcare related provisions in the sample document. If "No," describe the procedures you will follow to ensure that persons who have a conflict of interest will not have influence over setting their own compensation or regarding business deals with themselves.  Yes  No

**3** Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors 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.  Yes  No

**Part V Compensation and Other Financial Arrangements** (continued)

- 4 Do you or will you purchase or sell any goods, services, or assets from or to: (i) any of your officers, directors, or trustees; (ii) any family of any of your officers, directors, or trustees; (iii) any organizations 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; (iv) your highest compensated employees; or (v) your highest compensated independent contractors? If "Yes," describe any such transactions that you made or intend to make, with whom you make or will make such transactions, how the terms are or will be negotiated at arm's length, and how you determine you pay no more than fair market value or you are paid at least fair market value.  Yes  No

- 5 Do you or will you have any leases, contracts, loans, or other agreements with: (i) your officers, directors, or trustees; (ii) any family of any of your officers, directors, or trustees; (iii) any organizations 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; (iv) your highest compensated employees; or (v) your highest compensated independent contractors? If "Yes," describe any written or oral arrangements that you made or intend to make, with whom you have or will have such arrangements, how the terms are or will be negotiated at arm's length, and how you determine you pay no more than fair market value or you are paid at least fair market value.  Yes  No

- 6 Do you or will you contract with another organization to develop, build, market, or finance your facilities? If "Yes," describe each facility, the role of the other organization, and any business or family relationship between the organization and your officers, directors, or trustees. Explain how that entity is selected, how the terms of any contract(s) are negotiated at arm's length, and how you determine you will pay no more than fair market value for services.  Yes  No

**Part V Compensation and Other Financial Arrangements** *(continued)*

- 7 Does or will someone other than your own employees or volunteers manage your activities or facilities?  Yes  No
- If "Yes," describe the activities or facilities that will be managed by others, the names of the persons or organizations that manage or will manage your activities or facilities, and any business or family relationship between the organization and your officers, directors, or trustees. Explain how these managers were or will be selected, how the terms of any contracts or other agreements were or will be negotiated, and how you determine you will pay no more than fair market value for services.

- 8 Do you participate in any joint ventures, including partnerships or limited liability companies treated as partnerships, in which you share profits and losses with partners? If "Yes," state your ownership percentage in each joint venture, list your investment in each joint venture, describe the tax status of other participants in each joint venture (including whether they are section 501(c)(3) organizations), describe the activities of each joint venture, describe how you exercise control over the activities of each joint venture, and describe how each joint venture furthers your exempt purposes.  Yes  No

**Part VI Financial Data**

- 1 Select the option that best describes you to determine the years of revenues and expenses you need to provide.
- You completed less than one tax year.  
Provide a total of three years of financial information (including the current year and two future years of reasonable and good faith projections of your future finances) in the following Statement of Revenues and Expenses.
- You completed at least one tax year but fewer than five.  
Provide a total of four years financial information (including the current year and three years of actual financial information or reasonable and good faith projections of your future finances) in the following Statement of Revenues and Expenses.
- You completed five or more tax years.  
Provide financial information for your five most recent tax years (including the current year) in the following Statement of Revenues and Expenses.

**Part VI Financial Data (continued)**

**A. Statement of Revenues and Expenses**

Type of revenue	Current tax year					4 prior tax years or 2 succeeding tax years					
	From: 01/01/2024	To: 12/31/2024	From: 01/01/2025	To: 12/31/2025	From: 01/01/2026	To: 12/31/2026	From: / /	To: / /	From: / /	To: / /	
1 Gifts, grants, and contributions received (do not include unusual grants)											
2 Membership fees received											
3 Gross investment income											
4 Net unrelated business income											
5 Taxes levied for your benefit											
6 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)											
7 Any revenue not otherwise listed above or in lines 9 - 12 below (provide an itemized list below)	\$350,000.		\$1,971,744.		\$3,286,240.						
8 Total of lines 1 through 7	\$350,000.		\$1,971,744.		\$3,286,240.		\$0.		\$0.		
9 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (provide an itemized list below)											
10 Total of lines 8 and 9	\$350,000.		\$1,971,744.		\$3,286,240.		\$0.		\$0.		
11 Net gain or loss on sale of capital assets (provide an itemized list below)											
12 Unusual grants (provide an itemized list below)											
13 Total Revenue (add lines 10 through 12)	\$350,000.		\$1,971,744.		\$3,286,240.		\$0.		\$0.		
Type of expense	Current tax year					4 prior tax years or 2 succeeding tax years					
14 Fundraising expenses											
15 Contributions, gifts, grants, and similar amounts paid out (provide an itemized list below)											
16 Disbursements to or for the benefit of members (provide an itemized list below)											
17 Compensation of officers, directors, and trustees											
18 Other salaries and wages	\$350,000.		\$1,677,906.		\$2,877,906.						
19 Interest expense											
20 Occupancy (rent, utilities, etc.)			\$0.		\$0.						
21 Depreciation and depletion											
22 Professional fees											
23 Any expense not otherwise classified, such as program services (provide an itemized list below)			\$490,000.								
24 Total Expenses (add lines 14 through 23)	\$350,000.		\$2,167,906.		\$2,877,906.		\$0.		\$0.		

25 Itemized financial data

This data is an estimation based on FTE and initial expenses for the facility.



**Part VII Foundation Classification**

Part VII is designed to classify you as an organization that is either a private foundation or a public charity. Public charity classification is a more favorable tax status than private foundation classification. If you are a private foundation, this part will further determine whether you are a private operating foundation.

**1** Select the foundation classification you are requesting from the list below.

- You are described in 509(a)(1) and 170(b)(1)(A)(vi) as 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.
- You are described in 509(a)(2) as 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).
- You are described in 509(a)(1) and 170(b)(1)(A)(i) as a church or a convention or association of churches. Complete Schedule A.
- You are described in 509(a)(1) and 170(b)(1)(A)(ii) as a school. Complete Schedule B.
- You are described in 509(a)(1) and 170(b)(1)(A)(iii) as a hospital, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete Schedule C.
- You are described in 509(a)(1) and 170(b)(1)(A)(iv) as an organization operated for the benefit of a college or university that is owned or operated by a governmental unit.
- You are described in 509(a)(1) and 170(b)(1)(A)(ix) as an agricultural research organization directly engaged in the continuous active conduct of agricultural research in conjunction with a college or university.
- You are described in 509(a)(3) as an organization supporting either one or more organizations described in 509(a)(1) or 509(a)(2) or a publicly supported section 501(c)(4), (5), or (6) organization. Complete Schedule D.
- You are described in 509(a)(4) as an organization organized and operated exclusively for testing for public safety.
- You are a publicly supported organization and would like the IRS to decide your correct classification.
- You are a private foundation.

**1a** 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). Check this box to confirm that your organizing document includes these provisions or you rely on state law.

State specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document (Page/Article/Paragraph) or state that you rely on state law.

**1b** 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?  Yes  No  
If "Yes," complete Schedule H - Section II.

**1c** Are you a private operating foundation?  Yes  No

To be a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations.

**Part VII Foundation Classification** (continued)

**1d** Describe how you meet the requirements for private operating foundation status, including how you meet the income test and either the assets test, the endowment test, or the support test. If you've been in existence for less than one year, describe how you are likely to satisfy the requirements for private operating foundation status.

**2** If you have been in existence more than 5 years, you must confirm your public support status. To confirm your qualification as a public charity described in 509(a)(1) and 170(b)(1)(A)(vi) in existence for five or more tax years, you must have received one-third or more of your total support from governmental agencies, contributions from the general public, and contributions or grants from other public charities; or 10% or more of your total support from governmental agencies, contributions from the general public, and contributions or grants from other public charities and the facts and circumstances indicate you are a publicly supported organization. Calculate whether you meet this support test for your most recent five-year period.

i. Did you receive contributions from any person, company, or organization whose gifts totaled more than the 2% amount of line 8 in Part VI-A?  Yes  No

If "Yes," identify each person, company, or organization by letter (A, B, C, etc.) and indicate the amount contributed by each. Keep a list showing the name of and amount contributed by each of these donors for your records.

ii. Based on your calculations, did you receive at least one-third of your support from public sources or did you normally receive at least 10 percent of your support from public sources and you have other characteristics of a publicly supported organization?  Yes  No

**2a** If you have been in existence more than 5 years, you must confirm your public support status. To confirm your qualification as a public charity described in 509(a)(2) in existence for five or more tax years, you must have normally received more than one-third of your support from contributions, membership fees, and gross receipts from activities related to your exempt functions, or a combination of these sources, and not more than one-third of your support from gross investment income and net unrelated business income. Calculate whether you meet this support test for your most recent five-year period.

i. Did you receive amounts from any disqualified persons?  Yes  No

If "Yes," identify each disqualified person by letter (A, B, C, etc.) and indicate the amount contributed by each. Keep a list showing the name of and amount contributed by each of these donors for your records.

ii. Did you receive amounts from individuals or organizations other than disqualified persons that exceeded the greater of \$5,000 or 1% of the amount on line 10 of Part VI-A Statement of Revenues and Expenses?  Yes  No

If "Yes," identify each individual or organization by letter (A, B, C, etc.) and indicate the amount contributed by each. Keep a list showing the name of and amount contributed by each of these donors for your records.

iii. Based on your calculations, did you normally receive more than one-third of your support from a combination of gifts, grants, contributions, membership fees, and gross receipts (from permitted sources) from activities related to your exempt functions and normally receive not more than one-third of your support from investment income and unrelated business taxable income?  Yes  No

**Part VIII Effective Date**

In general, a determination letter recognizing exemption of an organization described in section 501(c)(3) is effective as of the date of formation of an organization if: (1) its purposes and activities prior to the date of the determination letter have been consistent with the requirements for exemption; and (2) it has filed an application for recognition of exemption within 27 months from the end of the month in which it was organized.

- 1 Are you submitting this application within 27 months of the end of the month in which you were legally formed?  Yes  No

If "No," complete Schedule E.

**Part IX Annual Filing Requirements**

*If you fail to file a required information return or notice for three consecutive years, your exempt status will be automatically revoked.*

- 1 Certain organizations are not required to file annual information returns or notices (Form 990, Form 990-EZ, or Form 990-N, e-Postcard). If you are granted tax-exemption, are you claiming to be excused from filing Form 990, Form 990-EZ, or Form 990-N?  Yes  No

If "Yes," are you claiming you are excepted from filing because you are:

- A church or association of churches
- An integrated auxiliary (such as a men's or women's organization, religious school, mission society, or religious group)
- A church-affiliated organization (other than a section 509(a)(3) organization) that is exclusively engaged in managing funds or maintaining retirement programs and is described in Revenue Procedure 96-10, 1996-1 C.B. 577
- A school below college level affiliated with a church or operated by a religious order
- A mission society (other than a section 509(a)(3) supporting organization) sponsored by, or affiliated with, one or more churches or church denominations, if more than half of the society's activities are conducted in, or directed at, persons in foreign countries
- An affiliate of a governmental unit that meets the requirements of Revenue Procedure 95-48, 1995-2 C.B. 418 (other than a section 509(a)(3) supporting organization)
- Other (describe)

**Part X Signature**

- 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, and to the best of my knowledge it is true, correct, and complete.

Martintoch Roseme

(Type name of signer)

MEMBER

(Type title or authority of signer)

12/10/2023

(Date)

**Upload checklist:**

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- Organizing document (and any amendments)
- Bylaws, if adopted
- Form 2848, Power of Attorney and Declaration of Representative (if applicable)
- Form 8821, Tax Information Authorization (if applicable)
- Supplemental responses (if applicable)
- Expedited handling request (if applicable)

Schedule A. Churches

1 Do you have a written creed, statement of faith, or summary of beliefs? If "Yes," describe your written creed, statement of faith, or summary of beliefs.  Yes  No

[Empty text box for question 1]

2 Do you have a literature of your own? If "Yes," describe your literature.  Yes  No

[Empty text box for question 2]

3 Do you have a formal code of doctrine and discipline? If "Yes," describe your code of doctrine and discipline.  Yes  No

[Empty text box for question 3]

4 Describe your religious hierarchy or ecclesiastical government.

[Empty text box for question 4]

5 Are you part of a group of churches with similar beliefs and structures? If "Yes," explain.  Yes  No

[Empty text box for question 5]

6 Do you have a form of worship? If "Yes," describe your form of worship.  Yes  No

[Empty text box for question 6]

7 Do you have regularly scheduled religious services? If "Yes," describe the nature of the services.  Yes  No

[Empty text box for question 7]

7a What is the average attendance at your regularly scheduled religious services?

8 Do you have an established place of worship? If "Yes," describe your established place of worship or where you meet to hold regularly scheduled religious services.  Yes  No

[Empty text box for question 8]

Schedule A. Churches (continued)

9 Do you have an established congregation or other regular membership group? If "No," continue to Line 10.  Yes  No

9a How many members do you have?

9b Do you have a process by which an individual becomes a member? If "Yes," describe the process.  Yes  No

9c Do your members have voting rights, rights to participate in religious functions, or other rights? If "Yes," describe the rights your members have.  Yes  No

9d May your members be associated with another denomination or church?  Yes  No

9e Are all of your members part of the same family?  Yes  No

10 Do you conduct baptisms, weddings, funerals, or other religious rites?  Yes  No

11 Do you have a school for the religious instruction of the young?  Yes  No

12 Do you have ministers or religious leaders? If "Yes," describe these roles and explain whether the ministers or religious leaders are ordained, commissioned, or licensed after a prescribed course of study.  Yes  No

13 Do you have schools for the preparation of your ordained ministers or religious leaders?  Yes  No

14 Do you ordain, commission, or license ministers or religious leaders? If "Yes," describe the requirements for ordination, commission, or licensure.  Yes  No

15 Do you have other information you believe should be considered regarding your status as a church? If "Yes," explain.  Yes  No

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

1 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?  Yes  No

2 Is the primary function of your school the presentation of formal instruction? If "No," continue to Line 3.  Yes  No

2a Select the best description(s) of your school:

Elementary school

Secondary school

Charter school

College or university

Technical school

Other school (describe)

3 Are you a public school because you are operated by a state or subdivision of a state or operated wholly or predominantly from government funds or property? 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

4 Were you formed or substantially expanded at the time of public school desegregation in the school district or county in which you are located?  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

**Information Required by Revenue Procedure 75-50 as Modified by Revenue Procedure 2019-22**

7 Have you adopted a racially nondiscriminatory policy as to students in your organizing document, bylaws, or by resolution of your governing body?  Yes  No

State where the policy is located or if adopted by resolution of your governing body.

8 Do your brochures, application forms, advertisements, and catalogues dealing with student admissions, programs, and scholarships contain a statement of your racially nondiscriminatory policy? If "Yes," continue to Line 9.  Yes  No

8a  By checking this box, you agree that all future printed materials, including website content, will contain the required nondiscriminatory policy statement.

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

**9** Have you made your racially nondiscriminatory policy known to all segments of the general community you serve by:  Yes  No  
 a) publishing a notice of your policy in a newspaper of general circulation that serves all racial segments of the community; b) publicizing your policy over broadcast media in a way that is reasonably expected to be effective; or c) displaying a notice of your policy at all times on your primary, publicly accessible internet home page in a manner reasonably expected to be noticed by visitors to the homepage? If "Yes," continue to Line 10.

**9a**  By checking this box, you agree that you will publicize your nondiscriminatory policy in a way that meets the requirements of Revenue Procedure 75-50, 1975-2 C.B. 587, as modified by Revenue Procedure 2019-22, I.R.B. 1260.

**10** Do or will you (or any department or division of your organization) 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

**11** Complete the table below to show the racial composition for the current academic year and projected for the next academic year. If you are not operational, submit an estimate based on the best information available (such as the racial composition of the community you serve).

For each racial category, enter the number of (a) students, (b) faculty, and (c) administrative staff. Provide actual numbers rather than percentages for each racial category.

Racial Category	(a) Student Body		(b) Faculty		(c) Administrative Staff	
	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year
White	72	101	9	10	3	3
Black	70	98	5	5	1	2
Other	16	25	1	3	0	0
Hispanic	92	126	1	2	0	0
<b>Total</b>	250	350	16	20	4	5

**12** In the table below, enter the number and amount of loans and scholarships awarded to enrolled students by racial categories. Provide actual numbers rather than percentages for each racial category.

Check here if you will not provide any loans or scholarships to students.

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
<b>Total</b>								

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

**13** List your incorporators, founders, board members, and donors of land or buildings, whether individuals or organizations.

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**14** Do any of your incorporators, founders, board members, and donors of land or buildings, whether individuals or organizations, have an objective to maintain segregated public or private school education? If "Yes," explain.

Yes  No

**15** Will you maintain records according to the nondiscrimination provisions contained in Revenue Procedure 75-50? If "No," explain.

Yes  No

**Schedule C. Hospitals and Medical Research Organizations**

- 1** Are you a medical research organization (an organization whose principal purpose or function is medical research and which is directly engaged in the continuous active conduct of medical research) operated in conjunction with a hospital? If "No," continue to Line 2.  Yes  No

**1a** Name the hospitals with which you have a relationship and describe the relationship.

**1b** List your assets showing their fair market value and the portion of your assets directly devoted to medical research.

Do not complete the remainder of Schedule C.

- 2** Are you applying for exemption as a cooperative hospital service organization described in section 501(e)? If "Yes," explain.  Yes  No

Do not complete the remainder of Schedule C.

- 3** Are all the doctors in the community eligible for staff privileges? If "No," give the reasons why and explain how the medical staff is selected.  Yes  No

**Schedule C. Hospitals and Medical Research Organizations** (continued)

- 4 Do or will you provide medical services to all individuals in your community who can pay for themselves or are able to pay through some form of insurance? If "No," explain.  Yes  No

- 5 Do you or will you maintain a full-time emergency room? If "Yes," continue to Line 6.  Yes  No

- 5a Are you a specialty hospital or would emergency services be duplicative based on your region or locality?  Yes  No

- 6 Do you provide free or below cost services? If "Yes," describe your policy for determining when and to whom you provide these services and how these services promote the organization's benefit to the community.  Yes  No

- 7 Do you or will you carry on a formal program of medical training or medical research? If "Yes," describe such programs, including the type of programs offered, the scope of such programs, and affiliations with other hospitals or medical care providers with which you carry on the medical training or research programs.  Yes  No

- 8 Do you or will you carry on a formal program of community education? If "Yes," describe such programs, including the type of programs offered, the scope of such programs, and affiliation with other hospitals or medical care providers with which you offer community education programs.  Yes  No

**Schedule C. Hospitals and Medical Research Organizations** (continued)

**9** Is your board of directors composed of a majority of individuals who are representative of the community you serve, or do you operate under a parent organization whose board of directors is composed of a majority of individuals who are representative of the community you serve? If "Yes," continue to Line 10.  Yes  No

**9a** List each board member's name and business, financial, or professional relationship with the hospital. Also, identify each board member who is representative of the community and describe how that individual is a community representative. If you operate under a parent organization whose board of directors is not composed of a majority of individuals who are representative of the community you serve, provide the requested information for your parent's board of directors as well.

**10** Do you operate a facility which is required by a state to be licensed, registered, or similarly recognized as a hospital? If "No," do not complete the rest of Schedule C.  Yes  No

**10a** Do you conduct a community health needs assessment (CHNA) at least once every three years and adopt an implementation strategy to meet the community health needs identified in the assessment as required by section 501(r)(3)? If "No," explain.  Yes  No

**10b** Do you have a written financial assistance policy (FAP) and a written policy relating to emergency medical care as required by section 501(r)(4)? If "No," explain.  Yes  No

**Schedule C. Hospitals and Medical Research Organizations** *(continued)*

**10c** Do you both (1) limit amounts charged for emergency or other medically necessary care provided to individuals eligible for assistance under your FAP to not more than amounts generally billed to individuals who have insurance covering such care, and (2) prohibit use of gross charges as required by section 501(r)(5)? If "No," explain.  Yes  No

**10d** Do you make reasonable efforts to determine whether an individual is FAP-eligible before engaging in extraordinary collection actions as required by section 501(r)(6)? If "No," explain.  Yes  No

**Schedule D. Section 509(a)(3) Supporting Organizations**

**1** List the names, addresses, and EINs of the organizations you support.

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**2** Are all your supported organizations public charities under section 509(a)(1) or (2)? If "Yes," continue to Line 3.  Yes  No

**2a** Are your supported organizations tax exempt under section 501(c)(4), 501(c)(5), or 501(c)(6) and do your supported organizations meet the public support test under section 509(a)(2)? If "No," explain how each organization you support is a public charity under section 509(a)(1) or 509(a)(2).  Yes  No

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**3** Which of the following describes your relationship with your supported organization(s)?

A majority of your governing board or officers are elected or appointed by your supported organization(s). (Type I supporting organization)

Your control or management is vested in the same persons who control or manage your supported organization(s). (Type II supporting organization)

One or more of your officers, directors, or trustees are elected or appointed by the officers, directors, trustees, or membership of your supported organization(s), or one or more of your officers, directors, trustees, or other important office holders, are also members of the governing body of your supported organization(s), or your officers, directors, or trustees maintain a close and continuous working relationship with the officers, directors, or trustees of your supported organization(s). (Type III supporting organization)

**4** Describe how your governing board and officers are selected. If you are a Type III organization, also describe how your officers, directors, or trustees maintain a close and continuous working relationship with the officers, directors, or trustees of your supported organization(s).

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**Schedule D. Section 509(a)(3) Supporting Organizations** (continued)

- 5** Do any persons who are disqualified persons (except individuals who are disqualified persons only because they are foundation managers) with respect to you or persons who have a family or business relationship with any disqualified persons appoint any of your foundation managers? If "Yes," (1) describe the process by which disqualified persons appoint any of your foundation managers, (2) provide the names of these disqualified persons and the foundation managers they appoint, and (3) explain how control is vested over your operations (including assets and activities) by persons other than disqualified persons.  Yes  No

- 6** Do any persons who are disqualified persons (except individuals who are disqualified persons only because they are foundation managers) have any influence regarding your operations, including your assets or activities? If "Yes," (1) provide the names of these disqualified persons, (2) explain how influence is exerted over your operations (including assets and activities), and (3) explain how control is vested over your operations (including assets and activities) by individuals other than disqualified persons.  Yes  No

- 7** Does your organizing document specify your supported organization(s) by name?  Yes  No  
 If "Yes" and you selected Type I above, continue to Line 8.  
 If "Yes," and you selected Type II, do not complete the rest of Schedule D.  
 If "No" and you selected Type III above, amend your organizing document to specify your supported organization(s) by name or you will not meet the organizational test and need to reconsider your requested public charity classification; then continue to Line 8.

- 7a** Does your organizing document name a similar purpose or charitable class of beneficiaries as to your supported organization(s)? If "No," amend your organizing document to specify your supported organization(s) by name, purpose, or class or you will not meet the organizational test and need to reconsider your requested public charity classification.  Yes  No

If you selected Type II above, do not complete the rest of Schedule D.

- 8** Do you or will you receive contributions from any person who alone, or combined with family members or an entity at least 35% controlled by that person, controls any of your supported organizations, or will you receive contributions from any family member of, or an entity at least 35% controlled by, any person who controls any of your supported organizations? If "Yes," explain.  Yes  No

If you selected Type I above, do not complete the rest of Schedule D.

**Schedule D. Section 509(a)(3) Supporting Organizations** *(continued)*

- 9** Do the officers, directors, or trustees of your supported organization have a significant voice in your investment policies, the timing and making of grants, the selection of grant recipients, and in otherwise directing the use of your income or assets? If "Yes," explain.  Yes  No

- 10** In each taxable year, do you or will you provide each of your supported organizations with (a) a written notice addressed to a principal officer of the supported organization describing the type and amount of all of the support you provided to the supported organization during the immediately preceding taxable year, (b) a copy of your most recently filed Form 990-series return or notice, and (c) a copy of your governing documents? If 'No,' explain.  Yes  No

- 11** Do you exercise a substantial degree of direction over the policies, programs, and activities of your supported organization(s) and appoint or elect (directly or indirectly) a majority of the officers, directors, or trustees of your supported organization(s)? If "Yes," explain.  Yes  No

- 12** Do substantially all of your activities directly further the exempt purposes of one or more supported organizations to which you are responsive by performing the functions of, or carrying out the purposes of, such supported organization(s) and but for your involvement would normally be engaged in by such supported organization(s). If "Yes," explain and do not complete the rest of Schedule D.  Yes  No

**Schedule D. Section 509(a)(3) Supporting Organizations** *(continued)*

**13** Do you distribute at least 85% of your annual net income or 3.5% of the aggregate fair market value of all of your non-exempt-use assets (whichever is greater) to your supported organization(s)? If "No," explain.  Yes  No

**13a** How much do you contribute annually to each supported organization?

**13b** What is the total annual revenue of each supported organization?

**13c** Do you or the supported organization(s) earmark your funds for support of a particular program or activity? If "Yes," explain.  Yes  No

**Schedule E. Effective Date**

**1** Are you applying for reinstatement of exemption after being automatically revoked for failure to file required returns or notices for three consecutive years? If "No," continue to Line 2.  Yes  No

**1a** Revenue Procedure 2014-11, 2014-1 C.B. 411, provides procedures for reinstating your tax-exempt status. Select the section of Revenue Procedure 2014-11 under which you want us to consider your reinstatement request.

Section 4. You are seeking retroactive reinstatement under section 4 of Revenue Procedure 2014-11. By selecting this line, you attest that you meet the specified requirements of section 4, that your failure to file was not intentional, and that you have put in place procedures to file required returns or notices in the future. Do not complete the rest of Schedule E.

Section 5. You are seeking retroactive reinstatement under section 5 of Revenue Procedure 2014-11. By selecting this line, you attest that you meet the specified requirements of section 5, that you have filed required annual returns, that your failure to file was not intentional, and that you have put in place procedures to file required returns or notices in the future.

Describe how you exercised ordinary business care and prudence in determining and attempting to comply with your filing requirements in at least one of the three years of revocation and the steps you have taken or will take to avoid or mitigate future failures to file timely returns or notices. Do not complete the rest of Schedule E.

Section 6. You are seeking retroactive reinstatement under section 6 of Revenue Procedure 2014-11. By selecting this line, you attest that you meet the specified requirements of section 6, that you have filed required annual returns, that your failure to file was not intentional, and that you have put in place procedures to file required returns or notices in the future.

Describe how you exercised ordinary business care and prudence in determining and attempting to comply with your filing requirements in each of the three years of revocation and the steps you have taken or will take to avoid or mitigate future failures to file timely returns or notices. Do not complete the rest of Schedule E.

Section 7. You are seeking reinstatement under section 7 of Revenue Procedure 2014-11, effective the date you are filling this application. Do not complete the rest of Schedule E.

**2** Generally, if you did not file Form 1023 within 27 months of formation, the effective date of your exempt status will be the date you filed Form 1023 (submission date). Requests for an earlier effective date may be granted when there is evidence to establish you acted reasonably and in good faith and the grant of relief will not prejudice the interests of the government.

Check this box if you accept the submission date as the effective date of your exempt status. Do not complete the rest of Schedule E.

Check this box if you are requesting an earlier effective date than the submission date.

**2a** Explain why you did not file Form 1023 within 27 months of formation, how you acted reasonably and in good faith, and how granting an earlier effective date will not prejudice the interests of the Government.

You may want to include the events that led to the failure to timely file Form 1023 and to the discovery of the failure, any reliance on the advice of a qualified tax professional and a description of the engagement and responsibilities of the professional as well as the extent to which you relied on the professional, a comparison of (1) what your aggregate tax liability would be if you had filed this application within the 27-month period with (2) what your aggregate liability would be if you were exempt as of your formation date, or any other information you believe will support your request for relief.

**Schedule F. Low-Income Housing**

1 Describe each facility including the type of facility, whether you own or lease the facility, how many residents it can accommodate, the current number of residents, and whether the residents purchase or rent housing from you.

2 Describe who qualifies for your housing in terms of income levels or other criteria and explain how you select residents.

3 Do you meet the safe harbor requirements outlined in Revenue Procedure 96-32, 1996-1 C.B. 717, which provides guidelines for providing low-income housing that will be treated as charitable, including for each project that (a) at least 75 percent of the units are occupied by residents that qualify as low-income and (b) either at least 20 percent of the units are occupied by residents that also meet the very low-income limit for the area or 40 percent of the units are occupied by residents that also do not exceed 120 percent of the area's very low-income limit, and less than 25 percent of the units are provided at market rates to persons who have incomes in excess of the low-income limit?  Yes  No

4 Is your housing affordable to low-income residents? If "Yes," describe how your housing is made affordable to low-income residents.  Yes  No

5 Do you impose any restrictions to make sure that your housing remains affordable to low-income residents? If "Yes," describe these restrictions.  Yes  No

**Schedule F. Low-Income Housing** *(continued)*

**6** In addition to rent or mortgage payments, do residents pay periodic fees or maintenance charges? If "Yes," describe what these charges cover and how they are determined.  Yes  No

**7** Do you provide social services to residents? If "Yes," describe these services.  Yes  No

**8** Do you participate in any government housing programs? If "Yes," describe these programs.  Yes  No

**Schedule G. Successors to Other Organizations**

**1** List the name, last address, and EIN of your predecessor organization and describe its activities.

**2** List the owners, partners, principal stockholders, officers, and governing board members of your predecessor organization. Include their names, addresses, and share/interest in the predecessor organization (if for-profit).

**3** Are you a successor to a for-profit organization? If "Yes," explain your relationship with the predecessor organization that resulted in your creation and explain why you took over the activities or assets of a for-profit organization or converted from for-profit to nonprofit status; continue to Line 4.  Yes  No

**3a** Explain your relationship with the other organization that resulted in your creation and why you took over the activities or assets of another organization.

**Schedule G. Successors to Other Organizations** (continued)

- 4 Do or will you maintain a working relationship with any of the persons listed in question 2 or with any for-profit organization in which these persons own more than a 35% interest? If "Yes," describe the relationship.  Yes  No

- 5 Were any assets transferred, whether by gift or sale, from the predecessor organization to you? If "Yes," provide a list of assets, indicate the value of each asset, explain how the value was determined, and attach an appraisal, if available. For each asset listed, also explain if the transfer was by gift, sale, or combination thereof and describe any restrictions that were placed on the use or sale of the assets.  Yes  No

- 6 Were any debts or liabilities transferred from the predecessor for-profit organization to you? If "Yes," provide a list of the debts or liabilities that were transferred to you, indicating the amount of each, how the amount was determined, and the name of the person to whom the debt or liability is owed.  Yes  No

- 7 Will you lease or rent any property or equipment to or from the predecessor organization or any persons listed in Line 2 or a for-profit organization in which these persons own more than a 35% interest? If "Yes," describe the arrangement(s) including how the lease or rental value was determined.  Yes  No

**Schedule H. Organizations Providing Scholarships, Fellowships, Educational Loans, or Other Educational Grants to Individuals and Private Foundations Requesting Advance Approval of Individual Grant Procedures****Section I Public charities and private foundations complete lines 1 through 8 of this section.**

- 1 Describe the types of educational grants you provide to individuals, such as scholarships, fellowships, loans, etc., including the purpose, number and amount(s) of grants, how the program is publicized, and if you award educational loans, the terms of the loans.

- 2 Do you maintain case histories showing recipients of your scholarships, fellowships, educational loans, or other educational grants, including names, addresses, purposes of awards, amount of each grant, manner of selection, and relationship (if any) to officers, trustees, or donors of funds to you? If "No," explain.  Yes  No

- 3 Describe the specific criteria you use to determine who is eligible for your program (for example, eligibility selection criteria could consist of graduating high school students from a particular high school who will attend college, writers of scholarly works about American history, etc.).

- 4 Describe the specific criteria you use to select recipients (for example, specific selection criteria could consist of prior academic performance, financial need, etc.).

**Schedule H. Organizations Providing Scholarships, Fellowships, Educational Loans, or Other Educational Grants to Individuals and Private Foundations Requesting Advance Approval of Individual Grant Procedures** *(continued)*

- 5 Describe any requirement or condition you impose on recipients to obtain, maintain, or qualify for renewal of a grant (for example, specific requirements or conditions could consist of attendance at a four-year college, maintaining a certain grade point average, teaching in public school after graduation from college, etc.).

- 6 Describe your procedures for supervising the scholarships, fellowships, educational loans, or other educational grants. Explain whether you obtain reports and grade transcripts from recipients, or you pay grants directly to a school under an arrangement whereby the school will apply the grant funds only for enrolled students who are in good standing. Also, describe your procedures for taking action if the terms of the award are violated.

- 7 How do you determine who is on the selection committee for the awards made under your program?

- 8 Are relatives of members of the selection committee, or of your officers, directors, or substantial contributors eligible for awards made under your program? If "Yes," what measures do you take to ensure unbiased selections?

Yes  No

Do not complete the rest of Schedule H. If you are a private foundation, you will be directed to complete Section II of Schedule H later in the application.

**Schedule H. Organizations Providing Scholarships, Fellowships, Educational Loans, or Other Educational Grants to Individuals and Private Foundations Requesting Advance Approval of Individual Grant Procedures** (continued)

**Section II Private foundations complete lines 1 through 7 of this section. Public charities do not complete this section.**

- 1** As a private foundation, do you want this application to be considered as a request for advance approval of grant making procedures?  Yes  No
- If "No," do not complete the rest of Schedule H.
- 
- 1a** Check the box(es) indicating under which section(s) you want your grant making procedures to be considered.
- 4945(g)(1) - Scholarship or fellowship grant to an individual for study at an educational institution
- 4945(g)(3) - Other grants, including loans, to an individual for travel, study, or other similar purposes, to enhance a particular skill of the grantee or to produce a specific product
- 
- 2** Do you represent that you will (1) arrange to receive and review grantee reports annually and upon completion of the purpose for which the grant was awarded, (2) investigate diversions of funds from their intended purposes, and (3) take all reasonable and appropriate steps to recover diverted funds, ensure other grant funds held by a grantee are used for their intended purposes, and withhold further payments to grantees until you obtain grantees' assurances that future diversions will not occur and that grantees will take extraordinary precautions to prevent future diversions from occurring?  Yes  No
- 
- 3** Do you represent that you will maintain all records relating to individual grants, including information obtained to evaluate grantees, identify whether a grantee is a disqualified person, establish the amount and purpose of each grant, and establish that you undertook the supervision and investigation of grants described in Line 2?  Yes  No
- 
- 4** Do you or will you award scholarships, fellowships, and educational loans to attend an educational institution based on the status of an individual being an employee of a particular employer?  Yes  No
- If "No," do not complete the rest of Schedule H.
- 
- 5** Will you comply with the seven conditions and either the percentage tests or facts and circumstances test for scholarships, fellowships, and educational loans to attend an educational institution as set forth in Revenue Procedures 76-47, 1976-2 C.B. 670, and 80-39, 1980-2 C.B. 772, which apply to inducement, selection committee, eligibility requirements, objective basis of selection, employment, course of study, and other objectives?  Yes  No
- 
- 6** Do you or will you provide scholarships, fellowships, or educational loans to attend an educational institution to employees of a particular employer? If "No," continue to Line 7.  Yes  No
- 
- 6a** Will you award grants to 10% or fewer of the eligible applicants who were actually considered by the selection committee in selecting recipients of grants in that year as provided by Revenue Procedures 76-47 and 80-39?  Yes  No
- 
- 7** Do you provide scholarships, fellowships, or educational loans to attend an educational institution to children of employees of a particular employer?  Yes  No
- If "No," do not complete the rest of Schedule H.
- 
- 7a** Will you award grants to 25% or fewer of the eligible applicants who were actually considered by the selection committee in selecting recipients of grants in that year as provided by Revenue Procedures 76-47 and 80-39?  Yes  No
- If "Yes," do not complete the rest of Schedule H.

**Schedule H. Organizations Providing Scholarships, Fellowships, Educational Loans, or Other Educational Grants to Individuals and Private Foundations Requesting Advance Approval of Individual Grant Procedures** *(continued)*

**7b** Will you award grants to 10% or fewer of the number of employees' children who can be shown to be eligible for grants (whether or not they submitted an application) in that year, as provided by Revenue Procedures 76-47 and 80-39? If "Yes," describe how you will determine who can be shown to be eligible for grants without submitting an application, such as by obtaining written statements or other information about the expectations of employees' children to attend an educational institution; do not complete the rest of Schedule H.  Yes  No

**7c** Will you award grants based on facts and circumstances that demonstrate that the grants will not be considered compensation for past, present, or future services or otherwise provide a significant benefit to the particular employer? If "Yes," describe the facts and circumstances you believe will demonstrate that the grants are neither compensatory nor a significant benefit to the particular employer. In your explanation, describe why you cannot satisfy either the 25% test or the 10% test in questions 7a and 7b.  Yes  No

## **Attachment J**

### **American Academy of Palm Beach - Governing Board By-Laws**



# ***American Academy of Palm Beach***

## **Governing Board Bylaws**

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ByLaws Of  
American Academy of Palm Beach, Inc.  
(A Florida Not-For-Profit Corporation)

### **Article 1 - Name**

Section 1-1 - The name of the corporation shall be American Academy of Pam Beach, Inc., a non-profit incorporated in Florida.

### **Article 2 - Purposes**

Section 2-1 - The purpose of this corporation shall be to open and operate high quality public charter schools and provide out-of-school services to students and the community.

### **Article 3 - Membership**

Section 3-1 - The corporation shall not have any members.

### **Article 4 - Governing Board**

#### Section 4-1 - General Powers -

The Property, Affairs and Business of the Corporation shall be managed by its Governing Board, which may exercise all such powers of the Corporation and do all such lawful acts and things as are not prohibited by statute, the Articles of Incorporation or these Bylaws.

#### Section 4-2 - Directors -

The number of directors shall consist of no less than 3 persons and no more than 9 persons. Directors shall hold office for three (3) years. Board members may be elected to serve consecutive terms of office.

#### Section 4-3 - Election of Directors -

Directors who are to be elected by the Governing Board shall be so elected at the annual meeting of the Governing Board by the directors then in office. The existing President of the corporation shall nominate each Director and the remaining Directors shall vote on each such nominated Director. The duration of the term of each Director shall be staggered so as to promote continuity in the Governing Board.

#### Section 4-4 - Resignations-

Any Director may resign effective upon giving written notice to the Governing Board, unless the notice specifies a later effective time. If the resignation is effective at a future time, a successor may be selected by a vote of the remaining members of the Governing Board before such time, to take office when the resignation becomes effective.

#### Section 4-5 - Removal of Directors -

A Director may be removed with or without cause by a majority of the Directors then in office.

#### Section 4-6 - Vacancies -

A vacancy on the Governing Board shall be filled in the same manner of selection as that used to select the Director whose office is vacant, provided that vacancies to be filled by election by Directors may be filled by a vote of the majority of the remaining Directors, although less than a quorum. Each Director so elected shall hold office until a successor has been appointed and qualified.

#### Section 4-7 - Prohibition of Compensation -

Directors will not receive compensation for services rendered in their capacities as Directors. The Corporation will follow Section 112.313(10) and 112.313(3), Florida Statutes, which prohibits an employee of a political subdivision in the State from also holding office as a member of the governing board, and which prohibits a public officer, acting in a private capacity, from selling goods or services to that person's agency.

## **Article 5 - Officers**

### **Section 5-1 - Officer Positions and Term -**

The officers of the Corporation shall be President, Secretary and Treasurer. The Corporation may also have at the discretion of the Governing Board, a Vice President. Any number of offices may be held by the same person with the exception of the President and Vice Presidents. Officers shall be selected from the current Directors of the Corporation.

### **Section 5-2 - Election -**

The officers of the corporation, shall be chosen at the annual meeting of the Governing Board by and shall serve at the pleasure of the Governing Board, and shall hold their respective offices until their resignation, removal or other disqualification from service, or until their respective successors shall be elected.

### **Section 5-3 - President (Chairperson) -**

The President (also known as the Chairperson) shall preside at all meetings of the Governing Board. He or she shall act as a duly authorized representative of the Governing Board and the Corporation in all matters in which the Board has not formally designated some other person to act. He or she shall report as directed to the Governing Board at each meeting. He or she may sign, with the Secretary or any other proper officer of the Corporation authorized by the Governing Board, deeds, mortgages, bonds, contracts or other instruments which the Governing Board has authority to execute, except in cases where the signing and execution thereof shall be expressly delegated by the Governing Board or by these Bylaws to some other officer or agent of the Corporation, or shall be required by law to be otherwise signed or executed; and in general, shall perform all duties incident to the office of President and such other duties as may be prescribed by the Governing Board from time to time.

### **Section 5-4 - Vice President -**

In the absence or disability of the President, the Vice President, if any are appointed shall, perform all of the duties of the President and, when so acting, shall have all the powers of and be subject to all the restrictions upon the President. The Vice President shall have such other powers and perform such other duties as the Governing Board may prescribe from time to time.

### **Section 5-5 - Secretary -**

The Secretary shall keep or cause to be kept all of the records of the Corporation, record or cause to be recorded the minutes of the meetings of the Governing Board, send out or cause to be sent out all notices of meetings of the Governing Board and all Committees, authenticate records of the Corporation and keep or cause to be kept a register of the names and addresses of each Director. The Secretary shall perform such other duties as may be prescribed by the Governing Board.

### **Section 5-6 - Treasurer -**

The Treasurer shall ensure or cause to be ensured that a true and accurate accounting of the financial transactions of the Corporation is made and that such accounting is presented to and made available to the Governing Board. The Treasurer shall perform such other duties as may be prescribed by the Governing Board.

### **Section 5-7 - Resignations -**

Any officer may resign at any time by giving written notice to the Governing Board; such resignation may not prejudice the rights, if any, of the Corporation under any contract to which the officer is a party. Any such resignation shall take effect at the date of the receipt of such notice or at any later time specified therein and, unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective. Resigning from an officer position does not necessarily mean the individual is also resigning their position as a Director on the Governing Board.

### **Section 5-8 - Removal -**

Any Officer may be removed from the position they hold with or without cause by a majority of the Directors then in office. Removing an individual from the officer role does not necessarily also remove them from their position as a Director of the Corporation.

### **Section 5-9 - Vacancies -**

A vacancy in any office because of death, resignation, removal, disqualification or otherwise (including removal in the event an officer is not reelected during his term in office) shall be filled by an election of the Governing Board.

## **Article 6 - Meetings**

#### Section 6-1 - Government in the Sunshine -

The Governing Board is subject to Florida's Government in the Sunshine Law. The law provides a right of access to the decision making process of Governing Boards. All meetings of the Governing Board are declared public meetings open to the public at all times, and no resolution, rule or formal action shall be considered binding except as taken or made by such a meeting.

#### Section 6-2 - Quorum -

In order to conduct business, at least fifty-percent plus one (50% + 1) current Directors must be present and able to be counted in order to constitute a quorum of the Governing Board. When meetings are being conducted using "Communications and Media Technology," as defined in Florida Administrative Rules and all such requirements are met, individuals participating electronically may be counted as quorum. If such criteria are not met, an individual must be present in person to be counted toward meeting quorum requirements.

#### Section 6-3 - Annual Meetings -

The Governing Board shall hold an annual meeting for the purpose of organization, selection of Directors and officers, and the transaction of other business.

#### Section 6-4 - Regular Meetings -

The Governing Board shall meet at least four times each year, including the annual meeting, each such meeting being approximately three months from the date of the previous regular or annual meeting.

#### Section 6-5 - Special Meetings -

Special meetings of the Governing Board may be called at any time by the President of the Corporation. Further, special meetings of the Governing Board must be called by the President within fourteen days of receipt of a written request of any two or more Directors. The meeting must be posted no less than 24-hours prior to the meeting using typical posting processes. The notice shall set forth the time, place and purpose of the meeting. The business to be transacted at any special meeting shall be limited to only one business item as identified on the notice.

#### Section 6-6 - Posting -

The Secretary shall ensure that each meeting of the Governing Board is properly posted. Each annual and regular meeting must be posted at least seven (7) days before each meeting, and special meetings must be posted at least 24-hours prior to the meeting. Meeting notices must indicate the time, place and purpose of the meeting. If the meeting is to be held utilizing Communication Media Technology (as defined in Florida Administrative Rule), the agenda must also indicate the access point for participating in the meeting, as well as how members of the public may obtain copies of materials and contribute public comment to the meeting.

#### Section 6-7 - Communication Media Technology (CMT)-

If the meeting is being held using CMT and technology fails at any point whereby any member of the Governing Board can not hear or be heard, the proceedings of the meeting must be halted until the technical issues are resolved.

### **Article 7 - Committees of the Board**

#### Section 7-1 - Authority to appoint committees -

The Governing Board may, by resolution, establish standing committees and special committees of the Governing Board. Unless otherwise specified by resolution of the Governing Board or these Bylaws, the President shall annually appoint the members and the chairpersons of the standing committees and shall fill vacancies on any standing committee. Committee members do not need to be directors on the Governing Board. All committee appointments and chairperson appointments must be approved by a vote of the Governing Board.

#### Section 7-2 - Government in the Sunshine -

Committees meeting to perform work on behalf of the Governing Board must also operate in accordance with Sunshine Laws regardless of the composition of the committee.

#### Section 7-3 - Standing Committees -

Standing committees shall be created as required by adoption of policy or resolution of the Board. The purpose, duties, number of members and reporting requirements of each standing committee shall be specified in the resolution creating the committee.

### **Article 8 - Indemnification of Governing Board**

#### Section 8-1 - Indemnification -

The Corporation shall indemnify a director or officer of the corporation who prevails in the defense of any proceedings to which he or she was a party because he or she is or was a director or officer of the Corporation against reasonable expenses incurred by him or her in connection with the proceedings. Any person made or threatened to be made a party to any action or proceeding, whether civil or criminal, by reason of the fact that he or she is or was a director, officer, or agent of the Corporation, may be indemnified by the Corporation and the Corporation may advance his or her related expenses, to the fullest extent permitted by law. A director, officer, or agent shall have no

right to reimbursement, however, in relation to matters as to which he or she has been adjudged liable to the Corporation from gross negligence or willful misconduct in the performance of his or her duties to the corporation.

Section 8-2 - Insurance -

The Corporation may purchase and maintain insurance to indemnify: (a) itself for any obligation that it incurs as a result of the indemnification of directors and officers in the manner provided by law; and (2) the Corporation's directors, officers, employees, and agents, to the fullest extent permitted by law. Such insurance must satisfy the requirements imposed by law.

**Article 9 - Fiscal Matters**

Section 9-1 - Fiscal Year -

The fiscal year of the Corporation shall end on June 30 of each year.

section 9-2 - Loans and Debt -

No loans shall be contracted on behalf of the Corporation and no evidence of indebtedness shall be issued in its name unless authorized by a resolution of the Governing Board, which authority may be general or confined to specific instances.

**Article 10 - Other Provisions**

Section 10-1 - Amendments -

These Bylaws may be amended or repealed wholly or in part, consistent with any ByLaws adopted by the Governing Board, by a simple vote of the majority of the board so long as quorum has been met.

Section 10-2 - Dissolution -

The Corporation's assets are irrevocably dedicated to its public benefit purposes. Upon dissolution, all properties and assets remaining after payment, or provision of payment, of all debts and liabilities, including disposition of assets pursuant to any applicable charter contract or law applying to charter schools, shall be distributed to a nonprofit fund, foundation, or corporation that is organized exclusively for charitable purposes, pursuant to Section 501(c) (3) of the Internal Revenue Code, or the corresponding provision in any future tax code.

I certify that I am the Chairman of the Board of Directors of American Academy of Palm Beach, Inc. a Florida non-profit corporation, and that the foregoing ByLaws constitute the ByLaws of such corporation as adopted by the Governing Board on ***date TBD.***

## **Attachment K**

### **American Academy of Palm Beach – Governing Board Code of Ethics and Conflict of Interest Policy**



# ***American Academy of Palm Beach, Inc.***

## **Governing Board Code of Ethics**

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Code of Ethics Policy for  
American Academy of Palm Beach, Inc.  
(A Florida Not-For-Profit Corporation)

1. Integrity and Honesty
  - Board Members shall act with integrity, honesty, and fairness in all matters related to the charter school.
2. Fiduciary Responsibility
  - Board Members shall manage the financial resources of the charter school prudently, responsibly and in the best interest of the students.
3. Transparency
  - Board members shall conduct their meetings and operations in an open and transparent manner, in accordance with the Florida Sunshine Laws.
4. Conflict of Interest
  - Board members shall identify, disclose, and abstain from voting on any matter in which they have a financial or personal interest that could affect their ability to make impartial decisions.
5. Accountability
  - Board members shall be accountable to the parents, students and the community for the charter schools' performance and the shall establish clear performance measures and regularly assess the school's progress.
6. Respect and Equity
  - Board members shall respect the rights and dignity of all individuals within the charter school community, regardless of their background, beliefs, or status. They shall promote and ensure equity and inclusivity in all aspects of the school.
7. Compliance with Laws and Regulations
  - Board members shall comply with all relevant federal, state and local laws and regulations governing charter schools.

#### 8. Student-Centered Decision-Making

- Board members shall make decisions that prioritize the best interests of the students, their education and their well-being.

#### 9. Professional Development

- Board members shall commit to ongoing professional development to enhance their knowledge and skills relevant to their roles.

#### 10. Confidentiality

- Board members shall maintain the confidentiality of sensitive and private information related to the charter school, its students, staff, and community.

#### 11. Ethical Fundraising

- Board members involved in fundraising activities shall do so ethically, ensuring that all funds raised are used for their intended purposes.

#### 12. Community Engagement

- Board members shall actively engage with the school community and foster a culture of collaboration, trust, and respect among all stakeholders.

#### 13. Commitment to Improvement

- Board members shall continuously strive for the improvement and growth of the charter school and the educational opportunities it provides.

#### 14. Review and Amendment

- This Code of Ethics shall be reviewed annually by the governing board to ensure its relevance and effectiveness, and amendments may be made as necessary.

By adhering to this Code of Ethics, the governing board of American Academy of Palm Beach County, in Palm Beach County, Florida, will promote a culture of integrity, transparency and accountability, while ensuring the best interests of the students and the community are at the forefront of their decision-making.



# ***American Academy of Palm Beach, Inc.***

## **Governing Board Conflicts of Interest Policy**

Conflict of Interest Policy for  
American Academy of Palm Beach, Inc.  
(A Florida Not-For-Profit Corporation)

**Purpose** – This Conflict of Interest Policy is designed to ensure that the members of the governing board of American Academy of Palm Beach act in the best interests of the school and its stakeholders and that any conflicts of interest are disclosed, evaluated and appropriately managed.

### **Definitions –**

- Conflict of Interest arises when a governing board member’s personal, financial or other interests interfere or appear to interfere with their ability to make impartial decisions in the best interest of the school.

### **Policy –**

1. Disclosure of Conflicts
  - All governing board members shall disclose in writing any potential or actual conflicts of interest that may compromise their impartiality when making decisions on behalf of the charter school.
2. Evaluation and Determination
  - The board shall appoint an independent committee or designee to review all disclosed conflicts of interest. This committee shall evaluate disclosure to determine if a conflict exists, and if so, the nature and extent of the conflict.
3. Management of Conflicts
  - If a conflict of interest is identified, the governing board shall take the following steps to manage the conflict: a. Ensure that the conflicted board member abstains from participating in discussions or voting on matters related to the conflict. b. Document the nature of the conflict, the steps taken to manage it, and the rationale behind any decisions made. c. Consider alternative solutions or actions that would best serve the interests of the charter school.
4. Annual Review and Updates
  - The governing board shall conduct an annual review of conflicts of interest and ensure that all disclosers are up to date.

5. Records and Transparency
  - All records relating to conflicts of interest, including disclosures, evaluations, and actions taken, shall be maintained and made available for public inspection in accordance with the Florida Sunshine Laws.
6. Consequences of Non-Compliance
  - Failure to disclose a conflict of interest, or deliberate concealment of a conflict may result in disciplinary actions, including but not limited to removal from the governing board.
7. Educational Efforts
  - The governing board shall provide educational opportunities and resources to help board members understand, identify, and appropriately manage conflicts of interest.
8. Amendments
  - This Conflict of Interest Policy may be amended as necessary, subject to approval by the governing board, to ensure its effectiveness and compliance with applicable laws and regulations.

By implementing and adhering to this Conflict of Interest Policy, the governing board of American Academy of Palm Beach will demonstrate a commitment to ethical conduct and the best interests of the school, students, and community while complying with Florida's legal requirements for charter schools.



# American Academy of Palm Beach, Inc.

## Governing Board Conflict of Interest Disclosure Form

### Personal Information

Name	Role: Board, Staff, Volunteer, Other
Click here to enter text.	Click here to enter text.

### Immediate Family Members If more room is needed attach additional sheets

Name
Click here to enter text.
Click here to enter text.
Click here to enter text.

### Business and Other Relevant Connections:

Name
Click here to enter text.
Click here to enter text.

### Other Potential Conflicts:

Please provide details below.
Click here to enter text.
Click here to enter text.
Click here to enter text.

Signature	Date
	Click here to enter text.

## **Attachment L- American Academy of Palm Beach K-8 charter School Governing Board Member Information**

This attachment includes the following information:

1. Board Member Information Sheet.
2. Board Member Resume For Each Member.
3. Statement Of Assurance For Each Governing Board Member

## **Martintoch “Mark” Roseme – Biography**

**242 S.E. 12<sup>th</sup> Street, #3**

**Delray Beach, FL. 33444**

Martintoch Mark Roseme utilized his 15 years of experience teaching and helping kids and, in 2005, started an organization called “Triple Threat Inc.” D.B.A. The American Academy that Specializes in Serving Our Youth and Our Community. Today Mark is the proud founder of The American Academy, a 501C-3 non-profit organization initiated in 2005 committed to the success of at-risk youth by providing empathy, encouragement, and education through mentoring, after-school tutoring, and sports programs.

At 16, Mark found himself with no adult supervision and had the sole responsibility of caring for his three younger sisters and one younger brother. This unfortunate position made life difficult, and as a result, his life was going in the wrong direction. However, a few months later, a chance meeting with a caring and dedicated coach convinced him that he could have a better future. It was the first time he had any adult instill in him the hope and confidence that he could have a great life. With his Coach’s guidance, he forged on and, later that year, completed his degree at American Heritage High School. He then completed his Bachelor’s Degree in 2017. Currently, Mark is employed as the Athletic Director at a local school in the community. He is a dedicated father of two children, a dedicated member of a church, and a part-time basketball coach, all of which provide him with a great opportunity to influence kids positively.