



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490





See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2015**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 7/01 , 2015, and ending 6/30 , 2016	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C The Coral Bay School, Inc. PO Box 1657 St. John, VI 00831 F Name and address of principal officer: Same As C Above H(a) Is this a group return for subordinates? Yes ☐ No ☒ H(b) Are all subordinates included? Yes ☐ No ☐ If "No," attach a list. (see instructions) H(c) Group exemption number ▶
D Employer identification number 66-0567902 E Telephone number (340) 776-1730 G Gross receipts \$ 3,452,939.	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ▶ (insert no.) ☐ 4947(a)(1) or ☐ 527 J Website: ▶ https://www.giffthillschool.org/about-campus	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation. 1999 M State of legal domicile: VI	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>To provide a quality education to the students of our school. Total Revenue and Total Expenses are calculated in this report for fiscal years ended 6/30/14 and 6/30/15.</u>			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	13	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	13	
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	36	
	6	Total number of volunteers (estimate if necessary)	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	b Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,233,324.	2,155,158.
	9	Program service revenue (Part VIII, line 2g)	1,057,139.	1,269,612.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,186.	455.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,972.	27,714.
	12	Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..	3,314,249.	3,452,939.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..	2,129,242.	2,073,639.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 280,528.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,429,508.	1,321,022.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,558,750.	3,394,661.	
19	Revenue less expenses. Subtract line 18 from line 12	-244,501.	58,278.	
Not Assets or Fund Balances	20	Total assets (Part X, line 16)	5,683,667.	5,579,756.
	21	Total liabilities (Part X, line 26)	2,403,458.	2,241,269.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,280,209.	3,338,487.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	RECEIVED OGDEN, UT	Date
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	John P. Finke, CPA	John P. Finke, CPA	1/18/17
	Firm's name ▶ Parish Financial Services, Inc.	Check ☐ if self-employed	PTIN P01229599
	Firm's address ▶ 7829 Vineyard Ct North Richland Hills, TX 76182	Firm's EIN ▶ 76-0270567	Phone no 281-813-9982

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No**BAA For Paperwork Reduction Act Notice, see the separate instructions.**

TEEA0113L 10/12/15

Form **990** (2015)

SCANNED FEB 15 2016

22 M2-12-12