EXTENDED TO MAY 15, 2018

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	or the	2016 calendar year, or tax year beginning JUL 1, 2016 and	ending L	<u>JUN 30, 201</u>	<i>!</i>					
B c	heck if	C Name of organization		D Employer identif	fication number					
	Addre:	S AVERY COONLEY SCHOOL		_[
	Name chang	Doing business as		36-2171680						
<u></u>]Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	1 - '						
L_	Final return/	1400 WEST MAPLE AVENUE	(630	0)969-0800						
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	13,172,547.						
<u>_</u>	Amend	DOWNERS GROVE, IL 60313		H(a) Is this a group						
	Applic tion pendir	F Name and address of principal officer FETER BROWN		for subordinate						
		1400 W MAPLE AVE, DOWNERS GROVE, IL 6	<u>0515 </u>	H(b) Are all subordinates	included? Yes No					
		empt status. $X = 501(c)(3) = 501(c)() $ (insert no.) 4947(a)(1)	or 527	If "No," attach	a list (see instructions)					
		e: NWW.AVERYCOONLEY.ORG		H(c) Group exempti						
		organization: X Corporation	L Year	of formation: 1951	M State of legal domicile: IL					
Pa	rt l	Summary								
e	l	Briefly describe the organization's mission or most significant activities PROV	IDE TO	OP QUALITY I	EDUCATION					
& Governance	l	SERVICES ON A NONDISCRIMINATORY BASIS								
ern	1	Check this box if the organization discontinued its operations or dispo	sed of mor	1	1					
õ	i	Number of voting members of the governing body (Part VI, line 1a)	3							
જ		Number of independent voting members of the governing body (Part VI, line 1b)	4	+						
ties	ł	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5						
Activities	ι	Total number of volunteers (estimate if necessary)		6						
Ac	l	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>						
	b	Net unrelated business taxable income from Form 990-T, line 34			 					
		One-timb strong and mante (Dart VIII line 1b)	-	Prior Year	Current Year					
e e	į.	Contributions and grants (Part VIII, line 1h)		1,208,550						
Revenue	l	Program service revenue (Part VIII, line 2g)	-	7,348,581						
Be	i	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		202,136	T					
	ì	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u></u>	386,333						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,145,600. 375,703.						
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	<u> </u>						
	l	Benefits paid to or for members (Part IX, column (A), line 4)	-	5,578,020	+					
Expenses]	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)	-	0.020	. 3,323,031.					
)en	[12		***					
Ä	Į.	Total fundraising expenses (Part IX, column (D), line 25) 277, 4 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	13.	2,222,786	- 					
	l .	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-	8,176,509						
	1	Revenue less expenses Subtract line 18 from line 12	<u> </u>	969,091						
es .	19	nevenue less expenses Subtract line 10 from line 12	R	eginning of Current Year						
Assets or Balances	20	Total assets (Part X, line 16)	<u> </u>	17,876,508						
ASS	21	Total liabilities (Part X, line 16)	ļ	6,970,017						
캺	i	Net assets or fund balances Subtract line 21 from line 20		10,906,491	11,755,553.					
	art II	Signature Block								
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and stater	nents, and to the best of r	ny knowledge and belief, it is					
~		t, and complete. Declaration of preparer (other than officer) is based on all information of wi			,					
}		RECEIVE			4//8					
Sigi	n	Signature of officer		Date						
Her		▶ PETER BROWN, CHIEF FINANCIAL OFFICER	130							
		Type or print name and title	4 15							
		Print/Type preparer's name Preparer's signature	- 3	Date / Check	PTIN					
Paid	l	CARL F. RUZICKA		5/12/18 self-empli	pyed P00446457					
Prep	arer	Firm's name WIPFLI LLP		Firm's EIN	39-0758449					
Use	Only	Firm's address 1101 LAKE COOK ROAD, SUITE C			· -					
		DEERFIELD, IL 60015		Phone no. (8	347) 580-4100					
May	the If	S discuss this return with the preparer shown above? (see instructions)			X Yes No					
6320	 01 11-1	1-16 LHA For Paperwork Reduction Act Notice, see the separate instructi	ons.		Form 990 (2016)					

	1990 (2016) AVERY	COONLEY SO	CHOOL		36-2	2171680 i	Page 2
Pa	rt III Statement of Program S	ervice Accomp	olishments				
	Check if Schedule O contains a r	response or note to	any line in this Pa	irt III			
1	Briefly describe the organization's miss PROVIDE TOP QUALITY		N SERVICES	ON A NOND	SCRIMINATOR	Y BASIS	
2	Did the organization undertake any sign	nıfıcant program se	ervices during the	/ear which were not lis	ted on the		
	prior Form 990 or 990-EZ? If "Yes," describe these new services of	on Schedule O				Yes 🖸	
3	Did the organization cease conducting If "Yes," describe these changes on So		nt changes in how	it conducts, any progr	am services?	Yes	X No
4	Describe the organization's program se Section 501(c)(3) and 501(c)(4) organiz revenue, if any, for each program service	ervice accomplishmations are required ce reported.	to report the amo	unt of grants and alloc	ations to others, the to		d
4a				385,24		7,550,8	<u>76.</u>)
	ELEMENTARY SCHOOL II	NCLUDING A	AUXILIARY	ACTIVITIES	AND SUMMER	PROGRAM	
4b	(Code) (Expenses \$		including grants of \$ _) (Revenue \$)
4c	(Code) (Expenses \$	<u></u>	including grants of \$) (Revenue \$		
					, (neverse \$		
							
4d	Other program services (Describe in Sc	chedule O)					
	(Expenses \$ Total program service expenses ▶	including grants of \$	0,079.) (Revenue \$			
						Form 99 0	(2016)

Yes No

Form 990 (2016) AVERY COONLEY SCHOOL
Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u>X</u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u> _
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			**
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			•
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40	Х	
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	- ﴿		, S. J.
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			* X
а	Part VI	11a	X	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	. 11α		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	112		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	_	_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_	X_	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	}		1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			٠,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16_		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	v	}
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u>X</u>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
	complete Schedule G, Part III	19 Form	gan	(2016)
		1 01111	550	(CU 10)

Yes No

Part IV	Checklist	of Req	uired Sc	hedules	(continued))
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20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	_21		\mathbf{X}_{-}
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	 	1	ı
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	{	ļ	
	Schedule K. If "No", go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			ı
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		1	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	* ,	**	A
	instructions for applicable filing thresholds, conditions, and exceptions)	**		· 1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?		Ì	77
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			•
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		v
n.4	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	Į	Х
0E_	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		<u> </u>
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	50		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	l	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- -		
	Note. All Form 990 filers are required to complete Schedule O	38	x	
	The state of the s	Form		

Form **990** (2016)

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 2	4	1,50	77.
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		ם ס	7.	25
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			. `	2.00
	(gambling) winnings to prize winners?		1c	X	X to Alligh
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1	19	i i
	filed for the calendar year ending with or within the year covered by this return	2a 16)	. 1,	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin		2b	X	ľ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)	À	*4	<u> </u>
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	<u> </u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country				4.8
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)	Į.		Â.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b	·	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		<u></u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts		Ì '	
	were not tax deductible?		6b		4.
7	Organizations that may receive deductible contributions under section 170(c).				8
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor'		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b_	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?	1 1	7c	a	X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		Ŷ.	À.
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file.		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Followship of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, and other received a contribution of cars, airplanes, air		7g		
ь 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		7h	* 3.	*
•	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	by the	8	* s	,
9	Sponsoring organizations maintaining donor advised funds.			, ,	*
	Did the sponsoring organization make any taxable distributions under section 4966?		9a	-	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter		\ \frac{1}{2}	3	2
	Initiation fees and capital contributions included on Part VIII, line 12	10a		ş	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b]		
11	Section 501(c)(12) organizations. Enter		7	:	
а	Gross income from members or shareholders	11a	,		
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	11b		1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_	,	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1			
	organization is licensed to issue qualified health plans	13b	4		
	Enter the amount of reserves on hand	13c			<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?		14a	<u> </u>	<u>X</u>
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul	e ()	14b	l	l

36-2171680 Page **6** AVERY COONLEY SCHOOL Form 990 (2016)

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" n	espon	se				
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			[TE]				
	Check if Schedule O contains a response or note to any line in this Part VI			X				
sec	tion A. Governing Body and Management							
	Enter the number of voting members of the governing body at the end of the tax year 21		Yes	No				
1a		*	^					
	If there are material differences in voting rights among members of the governing body, or if the governing	< 3		\$				
L	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent 1b		***	37-3				
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	s:Á	´. ,					
2	officer, director, trustee, or key employee?							
2	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		<u>X</u>				
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>x</u>				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-						
<i>(</i> a	more members of the governing body?	7a		x				
.	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	, ra						
D	persons other than the governing body?	7b		x				
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		¥					
8	The governing body?	8a	X	-				
a	Each committee with authority to act on behalf of the governing body?	8b	X					
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	- 42					
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		_					
	tion Di i onotoo (illis occitor d'inquesto information about ponotes not required by the internal revenue occe)		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			.g.)				
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	8.3				
b		12b	X					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
·	in Schedule O how this was done	12c	x					
13		13	Х					
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent		,					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	X					
b	Other officers or key employees of the organization	15b	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation]				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b		[
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filled ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvaılab	le					
	for public inspection. Indicate how you made these available. Check all that apply							
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l fınan	cıal					
	statements available to the public during the tax year							
20	State the name, address, and telephone number of the person who possesses the organization's books and records -	_						
	PETER BROWN - 630-969-0800							
	1400 W. MAPLE, DOWNERS GROVE, IL 60515							

Form	aan	12016	١

AVERY COONLEY SCHOOL

36-2171680

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Partivil Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII	Check if Schedule O contains a response or note to any	line in this Part VII
--	--	-----------------------

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons.

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	,,,		Pos	ition	than		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	amount of
	week		cer an	id a d	irecto	or/trus	tee)	from	from related	other
	(list any	rector		ĺ		Ì		the	organizations	compensation
	hours for	6	 မွ			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		92	bens		(W-2/1099-MISC)		organization
	organizations below	la t	lona		ploy	e col				and related
	line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former			organizations
(1) PAUL DRUZINSKY	40.00	-	_		_		_			
HEADMASTER		x			l	X		264,643.	0.	25,799.
(2) PATRICK FRY	1.00									
TRUSTEE-CHAIRMAN		X		X				0.	0.	0.
(3) AMY LOUIS	1.00									
TRUSTEE-VICE CHAIR		X	<u> </u>	X		<u>L</u>	<u> </u>	0.	0.	0.
(4) WILLIAM ATWOOD	1.00									
TRUSTEE-TREASURER		X	ļ	X		ļ		0.	0.	0.
(5) DEBORAH CLARKE	1.00							_	_	_
TRUSTEE-ASST TREASURER		X		X		<u> </u>		0.	0.	0.
(6) SHANNON WEINBERGER	1.00					ĺ	[,		_	
TRUSTEE-SECRETARY	4 00	X		X	_	 	_	0.	0.	0.
(7) BRIAN GILMARTIN	1.00	_ _	i			ļ				
TRUSTEE-ASST. SECRETARY	1 00	X	<u> </u>	X	-	-		0.	0.	0.
(8) JAMES CROUTHAMEL	1.00				ļ	ļ				
TRUSTEE-PAST CHAIR	0.50	X		X		<u> </u>		0.	0.	0.
(9) MARY ELLEN BULL	0.50					İ				
TRUSTEE		X	-	<u> </u>	-	<u> </u>		0.	0.	0.
(10) ARCHANA CHAWLA	0.50					ł				
TRUSTEE		X	-	-	_	<u> </u>	_	0.	0.	0.
(11) JOSHUA FRIESS	0.50				1		1			•
TRUSTEE	0.50	X			_	ļ		0.	0.	0.
(12) SUE GOULD	0.50	7,	•			1			0.	•
TRUSTEE	0.50	X			\vdash	<u> </u>		0.	<u> </u>	0 -
(13) JACQUELINE GUPTA	0.50	x						0.	0.	0
TRUSTEE	0.50	Δ	-		\vdash	 	-		ļ. <u>U.</u>	0 -
(14) JOHN HARRAST	0.50	X						0.	0.	0 -
TRUSTEE (15) TOWN COURT	0.50	^			\vdash	 	<u> </u>		<u>U.</u>	<u> </u>
(15) JOHN GRUBE	0.50	X						0.	0.	. 0 -
TRUSTEE (16) JEFFREY MUELLER	0.50	^	<u> </u>	-		 			0.	<u> </u>
TRUSTEE	0.50	X			ļ			0.	0.	0 -
(17) KEVIN PETERSEN	0.50			 		\vdash	-		0.	
TRUSTEE	J.50	x			ļ			0.	0.	0 -
11101111					—	·				5 900 (001C)

Section A. Officers, Directors,	Trustees, Key Em	ploy	<u>/ees</u>	, an	d H	ighe	st C	Compensated Employee	s (continued)		
(A)	(B)		(C) Position			_		(D)	(E)		(F)
Name and title	Average hours per		not c	check	more	e than		Reportable	Reportable	1	Estimated
	week					or/trus			compensation from related	- {	amount of other
	(list any	į] "	the	organizations	-	compensation
	hours for	or dire	92	}		ated		organization	(W-2/1099-MISC)	from the
	related organizations	Individual trustee or director	Institutional trustee		يو	Suadi	ĺ	(W-2/1099-MISC)		Ì	organization and related
	below	dualtr	tronal	_	aploye	st con				-	organizations
	line)	N Pul	Institu	Officer	Key employee	Highest compensated employee	Гогшег			- {	organizanono
(18) ANTONIA PRITCHARD	0.50					1	Γ			\top	
TRUSTEE		X	<u> </u>			<u> </u>	<u> </u>	0.		0.	0.
(19) BRENDAN SHEEHY	1.00	1			1	1	i				
TRUSTEE		X	ļ	Ĺ_	├ -	┦_	↓ _	0.		0.	0.
(20) CATHERINE SLARK	0.50			l			Į				•
TRUSTEE	0.50	X	-	-	├-		_	0.		0.	0.
(21) SREERAM PRASAD VELUCHAMY	0.50	x	}				Ì		•	,	0
TRUSTEE	40.00	₽	+-	┢	├	+-	+-	0.		0.	0.
(22) PETER BROWN CHIEF FINANCIAL OFFICER	40.00	1		x				142,460.	1	0.	26,865.
(23) STEVEN BOSCO	40.00	╁─	\vdash	^	 	+-	┢╌	142,400.		- 	20,000.
DIRECTOR OF TECHNOLOGY	40.00	1	ì			X		113,682.	(0.	20,438.
(24) ANNA MARIE LENHART	40.00	 	 		† -	T	T	220/0021		1	2071001
MIDDLE SCHOOL HEAD		1		ļ	ļ	X		109,883.	(0.	16,271.
(25) DAVID DUNDEK	40.00										
TEACHER		L	L		<u> </u>	X	<u> </u>	104,810.		0.	20,843.
		}		1	1					Ì	
		<u> </u>		<u>. </u>	<u>L</u> .		Ļ	505 450			110 016
1b Sub-total								735,478.		0.	110,216.
c Total from continuation sheets to Par	rt VII, Section A							725 479		0.	$\frac{0.}{110,216.}$
d Total (add lines 1b and 1c) 2 Total number of individuals (including b	uit not limited to th		liete		hav.			735,478.		<u>J • </u>	110,210.
compensation from the organization		1036	HSLC	o a	DUV	e) w	10 1	eceived infore than \$100,0	ooo of reportable		5
											Yes No
3 Did the organization list any former offi	cer, director, or tru	uste	e, ke	y er	npk	oyee	, or	highest compensated em	ployee on	^	1 4 5
line 1a? If "Yes," complete Schedule J i	for such individual										3 X
4 For any individual listed on line 1a, is th	e sum of reportab	le co	omp	ensa	atioi	n an	d ot	ther compensation from th	ne organization	,	.3 %.
and related organizations greater than	\$150,000? If "Yes,	," co	mple	ete S	Sch	edul	e J i	for such individual			4 X
5 Did any person listed on line 1a receive	•				•	-	relat	ted organization or individ	ual for services		
rendered to the organization? If "Yes,"	complete Schedui	<u>e J f</u>	for s	uch	per:	son					5 X
Section B. Independent Contractors	 				_				100 000 /		
Complete this table for your five highes the assessment as Report assessment as										∍nsa	tion from
the organization Report compensation (A)	Tor the calendar y	ear	enai	iig v	VILII	OI W	/((1))	(B)	ear		(C)
Name and busin	ess address	N	INC	E			Į	Description of se	rvices	Сс	mpensation
											
							_				
											
)		
							\dashv	 			
							-		ĺ		
2 Total number of independent contractor	ors (includina but r	not li	mıte	d to	tho	se li		d above) who received mo	ore than		
\$100,000 of compensation from the org		_	_			0					
											000 (004.0)

Page 9

-			Check it Schedule O co	<u>ntains a respons</u>	e or note to an	y line in this Part VI	<u>II</u>		[]
-	* 	•		* * * * * * * * * * * * * * * * * * *		(A) Total revenue	exempt functi		Revenue excluded from tax under
1	ilar Amounts	1	a Federated campaigns	1a	<u> </u>	738,000	revenue	revenue	sections 512 - 514
j	2 5		b Membership dues	1b					
Ý	₹.		c Fundraising events	1c					* * * * * * * * * * * * * * * * * * * *
Ċ	and Other Similar		d Related organizations	1d					
2	ξį		e Government grants (contribu	itions) 1e					
Iţio	b	1	 All other contributions, gifts, gra 	nts, and					
ij	된		sımılar amounts not ıncluded abo	ove 1f	587,84	5			
ont	٦	9	9 Noncash contributions included in line	s 1a-1f \$	82,55				
<u> </u>	<u>ā</u>		h Total. Add lines 1a 1f		02,350		* * * * * * * * * * * * * * * * * * * *		
	-				Business Cod	587_84	2 6 7 8 7 8 7		
Program Service		2 a	TUITION		611710	6,711,84	3		
ē	힐	t	PROGRAMS		611710	774,42			
S	ē	C	FEES		611710	49.08			
Jrai	<u> </u>	d				45,00	49,08	10.	
č		е							
_		f	All other program service reve	enue					
_	+		Total. Add lines 2a-2f		>	7,535,34	3.		-
		3	Investment income (including	dividends, intere	est, and	7,353,34	3. / ** ** ` ` ` `	, , , , , , , , , , , , , , , , , , , ,	1 1 1 1
			other similar amounts)		•	128,66	5		
	- I	4	Income from investment of tax	x-exempt bond p	roceeds	120,00	-		128,665.
		5	Royalties					+	
		_	_	(ı) Real	(II) Personal	34515		,	
		6 a		48,135.					
			Less rental expenses	0.					
			Rental income or (loss)	48,135.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	1.		Net rental income or (loss)			48,135	* * `	* * ' ` ` `	(, , , , , , , , , , , , , , , , , , ,
	1	7 a	Gross amount from sales of	(ı) Securities	(II) Other	*	1	4 -	48,135.
	1		assets other than inventory	4,484,796.			1 2 1 2 2 2 4 4		
		b	Less cost or other basis					, , ,	
			and sales expenses	4,131,365.				,	
			Gain or (loss)	353,431.			1 2 2 4 4 4 4	1	
			Net gain or (loss)	-		353,431	_	*	· ·
enne	١٤	a	Gross income from fundraising	events (not		* * ; *	* * * * * * * * * * * * * * * * * * * *		353,431.
Ver	ł		including \$	of					* *
Other Rev]		contributions reported on line 1	c) See			, , ,		,
her			Part IV, line 18	a	372,230.		1.		
ō			Less direct expenses	b [84,361.	* *	<u> </u>		
	۵		Net income or (loss) from fundra	aising events	▶	287,869			207.000
	9	a	Gross income from gaming acti Part IV, line 19	vities See					287,869.
				a L					
			Less direct expenses	ь_					
	10	2 (Net income or (loss) from gamin	g activities				1	
	10	a (Gross sales of inventory, less re and allowances	turns	}			 	
				a				[]	
-		C 1	Less cost of goods sold	b [_					
		<u></u>	Net income or (loss) from sales of						
ŀ	11		Miscellaneous Revenue	Bı	usiness Code				
		p P	TECTILIANEOUS		611710	15,533.	15,533.		
-		ນ _ c		<u> </u>				 	
		_	Il other revenue						
			otal. Add lines 11a-11d						
	12		otal revenue See instructions.		▶	15,533.			
		11-16				8 956 821	7 550 876	0.	818 100

Form 990 (2016) AVERY COONLEY SCHOOL Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			omplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	385,243.	385,243.	<u> </u>	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members			*, *,	
5	Compensation of current officers, directors,	410 004	064 605	152 465	
	trustees, and key employees	418,094.	264,627.	153,467.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4 222 045	2 500 220	410 200	214 545
7	Other salaries and wages	4,223,045.	3,589,220.	419,280.	214,545.
8	Pension plan accruals and contributions (include	100 564	170 711	24 220	4 600
_	section 401(k) and 403(b) employer contributions)	199,564.	170,711.	24,230.	4,623.
9	Other employee benefits	351,413.	285,012.	48,306. 41,953.	18,095. 15,373.
10	Payroll taxes	330,915.	273,589.	41,953.	15,3/3.
11	Fees for services (non-employees)				
a	· · · · · · · · · · · · · · · · · · ·	26,725.		26,725.	
b	Legal	35,803.		35,803.	
C	Accounting	33,603.		33,003.	
d	D . (30 4	* * *	
e f	Investment management fees	21,854.	***	21,854.	-
g		21,004.		21,034.	
9	column (A) amount, list line 11g expenses on Sch 0)	207,956.	189,295.	18,661.	
12	Advertising and promotion	66,242.	103/1230	66,242.	
13	Office expenses	61,049.		58,718.	
14	Information technology	226,392.	210,994.	6,126.	9,272.
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	Ì			
19	Conferences, conventions, and meetings	15,485.		14,132.	1,353.
20	Interest	139,064.		139,064.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	536,548.	536,548.		
23	Insurance	85,112.		85,112.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	REPAIRS AND MAINTENANCE	246,030.	246,030.		
b	THE THE TAXABLE PARTY OF THE PA	149,832.	149,832.		
С	OMILED	86,158.	21,436.	43,239.	21,483.
ď	CIDACED PROCESSIA	72,662.	72,662.		
e	All other expenses	283,776.	193,880.	99,558.	<9,662.
25	Total functional expenses Add lines 1 through 24e	8,168,962.	6,589,079.	1,302,470.	277,413.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2016)
Part X | Balance Sheet

	II A	balance Sheet				
		Check if Schedule O contains a response or no	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments	823,440.	2	1,218,969	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	8,816.	4	11,041	
	5	Loans and other receivables from current and for		1.48.	# 4 % A %	
		trustees, key employees, and highest compens				
		Part II of Schedule L			5	, , , , , , , , , , , , , , , , , , , ,
	6	Loans and other receivables from other disqual	fied persons (as defined under		1.5	, (;
	Ì	section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sec				
ţ		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		48,000.	7	98,218.
ď	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		148,420.	9	120,221.
	10a	Land, buildings, and equipment cost or other			V.	
	1	basis. Complete Part VI of Schedule D	10a 17,611,676.			
	Ь	Less: accumulated depreciation	10ы 8,193,079.	$\frac{\hat{9},589,863}{}$	10c	
	11	Investments - publicly traded securities		6,245,248.	11	6,819,659.
	12	Investments - other securities See Part IV, line	11		12	0,025,005.
	13	Investments - program-related See Part IV, line	11		13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		1,012,721.	15	744,691.
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	17,876,508.	16	18,431,396.
	17	Accounts payable and accrued expenses	554,616.	17	575,880.	
	18	Grants payable			18	
	19	Deferred revenue		1,003,610.	19	1,015,881.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete I	Part IV of Schedule D		21	
es	22	Loans and other payables to current and former			3.8	
Liabilities		key employees, highest compensated employee	es, and disqualified persons		`	
iat		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrela		5,411,791.	_23	5,084,082.
	24	Unsecured notes and loans payable to unrelated	·		24	
	25	Other liabilities (including federal income tax, pa	•	•		
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		6,970,017.	26	6,675,843.
		Organizations that follow SFAS 117 (ASC 958			·	
Net Assets or Fund Balances		complete lines 27 through 29, and lines 33 an	d 34.	0 060 600	٠	
<u>la</u>	27	Unrestricted net assets		8,269,633.	27	9,045,552.
_ Ba	28 29	Temporarily restricted net assets		85,839.	28	51,412.
Ĕ	29	Permanently restricted net assets	SO 050) -1	2,551,019.	29	2,658,589.
Ē		Organizations that do not follow SFAS 117 (A:	SC 958), check here		,	
ts c	30	and complete lines 30 through 34. Capital stock or trust principal, or current funds				
sse	31	Paid-in or capital surplus, or land, building, or eq	Lunmont fund		30	
Ĕ	32	Retained earnings, endowment, accumulated inc	•		31	
Š	33	Total net assets or fund balances	Joine, or other lunus	10,906,491.	32	11 755 552
	34	Total liabilities and net assets/fund balances		17,876,508.	33	11,755,553.
				<u> </u>	34	18,431,396. Form 990 (2016)

orm	1990 (2016) AVERY COONLEY SCHOOL	36-2	<u> 17</u> 1680	Pag	је 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,956	_, 8	21.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,168	, 9	62.
3	Revenue less expenses Subtract line 2 from line 1	3	787		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,906	, 4	91.
5	Net unrealized gains (losses) on investments	5			03.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	11,755	, 5	53.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			\	res	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		,	.,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	16 6		3.5
	separate basis, consolidated basis, or both:			}	
	Separate basis Consolidated basis Both consolidated and separate basis			į	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	23	*	(.)
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis		' " ;	١ <u>ا</u>	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O	# 'g	T	* ,
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit		Lx	Í
	Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audıt		T	
	or guides, avalous why in Cabadula O and deparths any steps taken to underse such audite		0.		

Form **990** (2O16)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number AVERY COONLEY SCHOOL 36-2171690

		WARIN	T COOMILET	рспооп			<u>_</u>	0-21/1000		
Pa	rţ l	Reason for Public	Charity Status (/	All organizations must co	omplete th	is part) Se	ee instructions			
The	organ	zation is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box)				
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1	I)(A)(i).			
2	X	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
-		city, and state								
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a d	overnmental unit describ	ed in		
Ŭ		section 170(b)(1)(A)(iv). (C		nogo or armoromy omno	or opera	iou by a g	ovoranomarami Godoni	,oa		
6		A federal, state, or local go		nental unit described in	rootion 1'	70/h)/4\/A\	64			
7	〒	An organization that norma	-				• •	nublic described in		
•			-	iniai part of its support i	ioiii a gov	emmema	unit of nom the general	public described in		
0		section 170(b)(1)(A)(vi). (C		(4)(A)(::) (Complete Des						
8	一	A community trust describe	, ,							
9	ш	An agricultural research org				•	_	•		
		or university or a non-land-o	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state of the colleg	e or		
		university	16 (4)							
10		An organization that norma								
		activities related to its exen						-		
		income and unrelated busin		(less section 511 tax) tre	om busine	sses acqu	ired by the organization	after June 30, 1975.		
		See section 509(a)(2). (Con	•							
11	님	An organization organized a						_		
12	ш	An organization organized a	-	•	•			•		
		more publicly supported or	~					neck the box in		
		lines 12a through 12d that				-				
а	Щ.	Type I. A supporting orga						• •		
		the supported organization			a majority	ot the aire	ctors or trustees of the s	upporting		
		organization You must o	•							
b		Type II. A supporting org					,	•		
		control or management o			ame perso	ons that co	ontrol or manage the sup	ported		
		organization(s) You mus	•							
С		Type III functionally inte	•				,	ed with,		
		its supported organizatio		•	•	-	•			
d		Type III non-functionally	_				• • • • • •	, ,		
		that is not functionally int			-			veness		
		requirement (see instruct		•	•					
е	1	Check this box if the orga					Type I, Type II, Type III			
	Cata	functionally integrated, or	• •	nally integrated support	ng organi	zation				
T		r the number of supported o	•	d =========(=)						
		ide the following information) Name of supported	(n) EIN	(iii) Type of organization	(iv) is the orga	nization listed	(v) Amount of mornetary	(vi) Amount of other		
	·	organization	, ,	(described on lines 1-10	Yes	No No		support (see instructions)		
		· · · · · · · · · · · · · · · · · · ·		above (see instructions))		140				
										
				<u>-</u> -						
					-			-		
Γota	ıl									

Schedule A (Form 990 or 990-EZ) 2016 AVERY COONLEY SCHOOL 36-2171680 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III if the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support

Cale	ndar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities				_		
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions	ŸŽ.		984		,	
	by each person (other than a						
	governmental unit or publicly	1 8 B.S		87.3			
	supported organization) included			34			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			S	,	·	
	column (f)			1 3 3			
6	Public support. Subtract line 5 from line 4	7.	X	200		:	
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						1.7
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business					-	
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10	135, 1	, 8%,	7 .		%,	_
	Gross receipts from related activities,	etc (see instruction	ons)	<u> </u>		12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a section		
	organization, check this box and stor	here					ightharpoons
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2016 (ine 6, column (f) di	vided by line 11, o	column (f))		14	%
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2016. If the o	organization did no	t check the box o	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	orted organization	1			ightharpoons
b	33 1/3% support test - 2015. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			ightharpoons
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not d	check a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					-	
b	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not d	check a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 AVERY COONLEY SCHOOL Part III: Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

Section A. Public Support	now, please com	piete Fart II)				
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6) Section B. Total Support	<u> </u>	s á.	11.00	*	2 %, %	
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	_					
13 Total support. (Add lines 9, 10c, 11, and 12)	the even-time!	o first operated at 12	formals of fifth 1		- F01(=)(0)	<u> </u>
14 First five years. If the Form 990 is for	the organization :	s iirst, secona, tnira	, tourth, or tilth tax	k year as a section	on 501(c)(3) organiz	zation, ⊾ ☐☐
check this box and stop here Section C. Computation of Public	c Support Pe	rcentage				
			- (f)		45	
15 Public support percentage for 2016 (ling16 Public support percentage from 2015)		•	numn (1))		15	9/
Section D. Computation of Inves					16	
			12 oakuma (6)		12	
17 Investment income percentage for 201	•		: 13, column (I))		17	<u> </u>
18 Investment income percentage from 2: 19a 33 1/3% support tests - 2016. If the company is a support test in the company is a support test in the company in the company is a support test in the company in the company is a support test in the company in the company is a support test in the company in the company is a support test in the company in the company is a support test in the company in the company is a support test in the company is a support test in the company is a support test in the company in the company is a support test in the company is a	organization did r	not check the box o				
more than 33 1/3%, check this box an b 33 1/3% support tests - 2015. If the c	-	-		• • •		▶
line 18 is not more than 33 1/3%, chec	ck this box and s	t op here. The orgar	nzation qualifies a	s a publicly supp	oorted organization	. ▶□
20 Private foundation. If the organization	i did not check a	box on line 14, 19a	or 19b, check the	s box and see in	structions_	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		·
È	Yes	No 3
****	Yes	No
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3a	. 14	3900
37,		
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3c 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,	
4a 4b		
40	19 k. :	
4c		28 .
	,	
5a 5b		
5c	*	
6		
,		7,3,
7		
8		
9a		
9b		
9c		
10a 10b		
100	O E 7	

Га	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		ì	3, 3
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	Sz. L.		
	below, the governing body of a supported organization?	11a	ļ	L
b	A family member of a person described in (a) above?	11b	<u></u>	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	· .		k. P
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	\$ (w. sussession)		H. 1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	,	3 3	(1)
	controlled the organization's activities If the organization had more than one supported organization,		. :	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		·	Ŷ
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		Qi	l >
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		1.5.3	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		1	
	supervised, or controlled the supporting organization.	2	, *	8 7,000,70
Sec	tion C. Type II Supporting Organizations			1
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	ž	1.00	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1 1 1 1
	or management of the supporting organization was vested in the same persons that controlled or managed		,	
	the supported organization(s)	4	٠.	
Sec	tion D. All Type III Supporting Organizations	•	<u> </u>	L
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	N 1999	100	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1	1	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		75	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		33,
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	* *		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	* 8	3	,
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	2.3	Å
3	By reason of the relationship described in (2), did the organization's supported organizations have a			1
	significant voice in the organization's investment policies and in directing the use of the organization's	3 4 - 3 -	è	-
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3.	, š	ľ
Sec	tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3</i> below.			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see inst	nictions	1	
2	Activities Test Answer (a) and (b) below.	ructions		No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	0-		
h	·	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in 2 if "Yos " overlow in Bot W. the			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
2	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			ĺ
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	_3b		

	dule A (Form 990 or 990 EZ) 2016 AVERY COONLEY SCHOOL			6-2171680 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov 20, 1970 (explain in F	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete :	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	ł		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
			(1) 5	(B) Current Year
Sect	ion B - Minimum Asset Amount	_	(A) Prior Year	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	F		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)] 1		
_2	Enter 85% of line 1	2	75 <u>75 </u>	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	<u> </u>	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5	У ,	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
	Check here if the current war in the examination's first as a pan functions	lly intogr	ated Tupe III supporting org	anization (a.c.

Schedule A (Form 990 or 990-EZ) 2016

instructions)

Schedule A (Form 990 or 990 EZ) 2016 AVE Part V Type III Non-Functionally Section D - Distributions 1 Amounts paid to a							
Section Type III Non-Fundamental AVE	RY COC	\\.					
Section D - Distributions 1 Amounts	/ Integrate	NLEY SO	⊇ноот.			·	
2 American paid to supported	- 5· att	o 509(a)(3	Supportie				
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (20171680 Part 2 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes 3 Administrative expenses paid to accomplish exempt purposes of supported 4 Amounts paid to acquire expenses paid to accomplish exempt purposes of supported							
3 Administrative expenses paid to accomplis 4 Amounts paid to acquire exempt-use asset 5 Qualified set-aside amounts (pnor IRS approx 6 Other distributions (describe in Part No.	ctly furthers	isn exempt pi	urposes		COntinu	(ed) Pac	
4 Amount expenses paid A	Ctivity	exempt purp	oses of supp				
5 Ought - Spaid to acquire expression accomplis	sh exempt no		sappo	rted		Current Year	
5 Qualified set-aside amounts (pnor IRS appro 6 Other distributions (describe in Part VI). See	's	irposes of suj	pported organ				
6 Other distributions (describe in Part VI). See 7 Total annual distributions. Add lines 1 thro 8 Distributions to attentive supported organic	oval requires		- Jugani	izations			
B Distributions to attentive supported organiza (provide details in Part VI) See instructions Distributable amount for 2016 from Section C) Instruction		_				
		·					
9 Dietrib Part VI) Co. "94111Za	tions to whis	-					
10 Line 8 amount for 2016 from 8		n the organiza	ation is respe				
10 Line 8 amount divided by Line 9 amount	, line 6		- respon	sive			
South							
Section E - Distribution Allocations (see instruction 1 Distributable amount for 2016 6		Ţ					
1 Distributed	_	1	(i)				
		Excess D	Distributions	Linux (ii)			
Distributable amount for 2016 from Section C, ling Underdistributions, if any, for years prior to 2016 able cause required explain in Part VI) See instruction Excess distributions carryover, if any, to 2016	ne 6		auons	Underdistri	النبية	/iiii	
3 Excess disk in Explain in Part VIII	(reason.	7.47	Mari and a	Pre-20	16	(iii) Distributable Amount 6	
3 Excess distributions carryover, if any, to 2016 a b	Jetions			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Amount for 2016	
B 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		<u> </u>					
C From on				***) ""		
d From 2014							
e From 2015							
- Total act	-						
g Applied to underdistributions of prior years h Applied to 2016 distributable are		4/3					
h Application of the Applications of		*	7				
					1 × 8 ×		
Tellaindo applied for			3 3				
4 Distributions for 2016 from Section D,		-					
line 7 2016 from Sont		%		The second			
a Applied			7				
b Applied to 2016 distributions of prior years C Remainder, Subtract lines 46			7		-	- W	
			12				
Tollialning and 41			-				
		* 1	1 1				
than zero, explain in Part VI See instructions and 4h free							
Remaining Trant VI Sec. of result great	er │ 🎉,	2			+		
and 4b from line of	1 1200	,	1		1		
6 Remaining underdistributions for 2016 Subtract lines 3h Part VI See instructions and 4b from line 1 For result greater than zero, explain in 7 Excess distributions	+		1		1 /		
7 Excess districtions		^			1		
and 4c	\(\text{'*\} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \		, "	1.5	1 1		
8 Breakdown of line 7.				٤		1	
<u>a</u>			+		1		
b Excess from 2013	<u> </u>	-	1				
CACESS from as			+				
LACESS from Co			+			* * *	
e Excess from 2016			+				
211/2016			+				
							
				Schedul	-		
				Schedule A (For	m 990 or 90	0.5	

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ) 2016 A	VERY	COONLEY	SCHOOL			36-2171680	Page 8
Part VI	Supplemental Informa Part IV, Section A, lines 1, 2, line 1, Part IV, Section D, line Section D, lines 5, 6, and 8, a (See instructions)	ition. P 3b, 3c, 4 s 2 and 3	Provide the explar b, 4c, 5a, 6, 9a, 9 3, Part IV, Section	nations require 9b, 9c, 11a, 11 n E, lines 1c, 2a	b, and 11c; Part IV, a, 2b, 3a, and 3b, Pa	Section B, lines 1 a art V, line 1; Part V,	17b; Part III, line 12; and 2; Part IV, Section Section B, line 1e; Par	C,
	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·				
								-
			<u>-</u>					
						·		
								
								
								
	·							
								
								_
								
								

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection 3

110111	AVERY COONLEY SCHOOL		36-2171680
Pai			
L—	organization answered "Yes" on Form 990, Part IV, line 6		23
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wrr	ting that the assets held in donor advised t	funds
Ŭ	are the organization's property, subject to the organization's exi		Yes No
6	Did the organization inform all grantees, donors, and donor advi	5	
Ū	for charitable purposes and not for the benefit of the donor or d		
	impermissible private benefit?	ioner devices, or les any earles perpode con	Yes No
Pai		nization answered "Yes" on Form 990. Part	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or edu	· — ' · · ·	ally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space	7 7000174	- Tilotorio di Gotaro
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a	conservation easement on the last
_	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic struct	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired after	• •	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, relea	sed, extinguished, or terminated by the ord	
_	year >	,	g
4	Number of states where property subject to conservation easer	ment is located >	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it he	• •	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	indling of violations, and enforcing conserv	ation easements during the year
	>	-	- ,
7	Amount of expenses incurred in monitoring, inspecting, handlin	g of violations, and enforcing conservation	easements during the year
	▶ \$	-	
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 170(h)(4	1)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes the	organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC $$	958), not to report in its revenue statement	t and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibit	ition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	s these items	
b	If the organization elected, as permitted under SFAS 116 (ASC $$	958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of public	service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treasures	ures, or other similar assets for financial ga	
	the following amounts required to be reported under SFAS 116	(ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$

		OONLEY SCH						36-21		
Par	t III [*] Organizations Maintaining C	ollections of A	rt, Hist	torical Tre	easures, c	or Othe	er Simi	lar Asse	ts(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, checi	k any of the	following tha	at are a s	ignificant	t us e of its	collection	items
	(check all that apply)									
а	Public exhibition	d		Loan or excl	hange progra	ams				
b	Scholarly research	e	. [Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	ne organizati	on's exe	mpt purp	oose in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical treas	sures, or oth	er sımıla	r assets			
	to be sold to raise funds rather than to be ma								Yes	No_
Par	Tilly Escrow and Custodial Arranger reported an amount on Form 990, Par		ete if the	organizatio	n answered	"Yes" or	Form 99	90, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermed	lary for	contribution	s or other as	sets not	ıncluded	<u>i</u>		
	on Form 990, Part X?							C	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f	<u> </u>		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for 6	escrow or cu	istodial acco	ount liabi	lity?	\square	Yes	No
	If "Yes," explain the arrangement in Part XIII									
Pai	t V Endowment Funds. Complete	f the organization an	swered	"Yes" on Fo	rm 990, Par	t IV, line	10.			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance	2,551,019.	2	538,169.	2,53	1,515.	2,	<u>539,441.</u>	2,4	<u>111,871.</u>
b	Contributions	107,570.		12,850.	1	<u>4,880.</u>		<u> 18,535.</u>	ļ <u>1</u>	<u>127,570.</u>
С	Net investment earnings, gains, and losses									
ď	Grants or scholarships								ļ	
е	Other expenditures for facilities				}					
	and programs									
f	Administrative expenses					8,226.		26,461.	ļ	
g	End of year balance	2,658,589,		<u>551 019.</u>		8,169.	2,	<u>531,515.</u>	2,5	39,441.
2	Provide the estimated percentage of the curr	ent year end balanc		g, column (a)) held as					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment 100.00	%								
С	Temporarily restricted endowment	% 								
0-	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		ation the	at ava bald a	nd administr	rad far t	h. araan	and an		
3a		ssion of the organiz	ation tha	at are neid a	na aaministe	erea for t	ne organ	ization	T.	es No
	by: (i) unrelated organizations								3a(i)	es No
	(ii) related organizations							••	3a(ii)	X
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R2				•	3b	
4	Describe in Part XIII the intended uses of the	•						•	00	
	t VI Land, Buildings, and Equipm									
L	Complete if the organization answered), Part I\	/, line 11a S	see Form 990), Part X	line 10			
	Description of property	(a) Cost or o		(b) Cost			ccumula	ted	(d) Book	value
		basis (investr		basis	(other)	de	preciatio	n }	()	
1a	Land		_							
	Buildings			14,74	4,777.	5,	833,1	08.	8,911	,669.
	Leasehold improvements									
d	Equipment			2,07	9,075.		794,3			,741.
e	Other			78	7,824.		565,6	37.		,187.
Total	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	0c)				9,418	<u>,597.</u>

Schedule D (Form 990) 2016

	of the organization answered "Yes" or ty or category (including name of security)	(b) Book value					nd-of-year	r market value
(1) Financial derivatives		··						
(2) Closely-held equity	_							
(3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
	Form 990, Part X, col (B) line 12.)			2	5 5 3 74	3 "		
	ents - Program Related.					x		
	if the organization answered "Yes" or	n Form 990. Part IV	line 11c See F	orm 990	Part X	ine 13		
	ription of investment	(b) Book value					nd-of-year	r market value
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	Form 990, Part X, col. (B) line 13.)		8 Ju	\$76	% ,	À.		* , **
Part IX Other A								
	if the organization answered "Yes" or	n Form 990, Part IV	, line 11d See F	orm 990	, Part X,	line 15		
	(a) De	escription					(b) Book value
(1)	····							
(2)								
(3)								
(4)								
(5)								
(6)								
(7)		·						
(8)								
(9)								
	egual Form 990, Part X, col (B) line	15)					<u> </u>	
L	iabilities.							
Complete	if the organization answered "Yes" or	n Form 990, Part IV			m 990, F	art X, line	25	
1.	(a) Description of liability		(b) Book va	alue ———	4			
(1) Federal income	taxes							
(2)					4			
(3)					4			
					_			
(5)					4			
(6)					4			
					4			
(8)					4			
(9)					4			
	equal Form 990, Part X, col (B) line				J			
	in tax positions. In Part XIII, provide t		=					
organization's liabili	ty for uncertain tax positions under F	IN 48 (ASC 740) C	heck here if the	text of the	ne footno	<u>ite has bee</u>	en provide	d in Part XIII 🛴

Sche	dule D (Form 990) 2016 AVERY COONLEY SCHOOL			36-2	171680 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stater	nents With	Revenue per l	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a			
1	Total revenue, gains, and other support per audited financial statements			1	8,717,142.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a	61,203	<u>.</u>	
b	Donated services and use of facilities	2b]	
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	84,361	- ***	
e	Add lines 2a through 2d			2e	145,564.
3	Subtract line 2e from line 1			3	<u>8,571,578.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	385,243		
С	Add lines 4a and 4b			4c	<u>385,243.</u>
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	<u>8,956,821.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With	ı Expenses pe	r Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a			
1	Total expenses and losses per audited financial statements			1	<u>7,868,080.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c		_	
d	Other (Describe in Part XIII)	2d	84,361	<u>.</u>	
е	Add lines 2a through 2d			2e	84,361.
3	Subtract line 2e from line 1			3	7,783,719.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_],	
b	Other (Describe in Part XIII)	4b	385,243		
С	Add lines 4a and 4b		-	4c	385,243.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	8,168,962.
Pa	rt XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art IV, lines 1b	and 2b, Part V, line	4, Part)	K, line 2, Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any a	dditional inforn	nation		
PAI	RT V, LINE 4:				
THI	E SCHOOL WILL USE THE FUNDS FOR VARIOUS S	CHOOL R	ELATED PU	RPOSE	is.
	<u>-</u>				
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
an.	TOTAL DURING DINDOM DUNDATOR				
SPI	CIAL EVENT DIRECT EXPENSES				
					
T- 3 T	OM VI IINE AD OMIND AD THOMADAMO.				
PAI	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
ודים	JANICTAL ATD AIRMMED ACATNICM DEVENTIE ON ETN	INNICTAT			
FII	NANCIAL AID NETTED AGAINST REVENUE ON FIN	IANCIAL			
cm:	A TEMPATRE				
<u>011</u>	ATEMENTS.			,	
					
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
					
SPI	CIAL EVENT DIRECT EXPENSES				
	4 08-29-16			Sched	ule D (Form 990) 2016

Schedule D (Form 990) 2016 AVERY COONLEY SCHOOL Part XIII Supplemental Information (continued)	36-2171680 Page 5
Supplemental Information (continued)	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
FINANCIAL AID NETTED AGAINST REVENUE ON FINANCIAL	
STATEMENTS	

SCHEDULE E

(Form 990 or 990-EZ)

Schools
► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection §

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

AVERY COONLEY SCHOOL

Employer identification number 36-2171680

Pa	rt I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	⋖		
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the	â	šći.	*
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes	1,2	1 22 2	ľ
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain	\$.	j.	, ŝ
	If you need more space, use Part II	3	X	
	SCHOOL WEBSITE AND BROCHURES	1	1.75	N.
			A)	
			`#	
			1	3.1
4	Does the organization maintain the following?	1	.^	%
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	<u> </u>
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
_	admissions, programs, and scholarships?	4c	X	<u> </u>
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	\$	3	
		* ~	134	
		\$	1 ""	1
			. 3	
5	Does the organization discriminate by race in any way with respect to	•	ľ., [*]	, ·
٠ ء	Students' rights or privileges?	5a	\$c.	X
h	Admissions policies?	5b		X
c	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d	1	X
	Educational policies?	5e		X
	Use of facilities?	5f		Х
g	Athletic programs?	5g		Х
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			«»,
		1		,
				}
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		X
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" on either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of			}
	Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	LX_	l

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule E (Form 990 or 990-EZ) 2016

Part II	Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as application provide any other additional information.	<u> 21 / 1 6 8 0 Page 2</u> cable
	Also provide any other additional information	
		
		

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Schedule G (Form 990 or 990-EZ) 2016

Name of the organization	Employer identification number										
AVERY C	36-2171680										
Part I Fundraising Activities required to complete this par	 Complete if the organization answer 	ered "Y	es" oı	n Form 990, Part IV, I	line 1	7 Form 990-EZ	I filers are not				
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a											
(i) Name and address of individual or entity (fundraiser)				(iv) Gross receipts from activity	(v) Amount paid to (or retained be fundraiser listed in col (i)		(vi) Amount paid to (or retained by) organization				
		Yes	No								
Total 3 List all states in which the organization or licensing	on is registered or licensed to solicit	contrib	▶ utions	s or has been notified	l it is	exempt from re	egistration				
											
		_									
				· · · · · · · · · · · · · · · · · · ·							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

	edu irt l	le G (Form 990 or 990-EZ) 2016 AVERY C				2171680 Page 2
		of fundraising event contributions and gr				
			(a) Event #1	(b) Event #2	(c) Other events	
	ļ		ANNUAL	, ,	NONE	(d) Total events
	i		AUCTION			(add col. (a) through
m			(event type)	(event type)	(total number)	col. (c))
Revenue						
Seve	1	Gross receipts	372,230.			372,230.
щ						
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	372,230.		<u> </u>	372,230.
	4	Cash prizes				ļ
	_					
ģ	5	Noncash prizes				
nse	_	Pont/facility agets	12,663.			12 663
xbe	6	Rent/facility costs	12,003.			12,663.
Direct Expenses	7	Food and beverages	41,087.			41,087.
)ire	'	1 ood and beverages	41,007.			41,007.
ب	8	Entertainment		}		
	9	Other direct expenses	30,611.			30,611.
	10	Direct expense summary Add lines 4 through	n 9 ın column (d)			84,361.
		Net income summary Subtract line 10 from li			<u> </u>	287,869.
Pa	ırt	Gaming. Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a		,		
ę.			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col (a) through col (c))
Re						
	1	Gross revenue				
	,	Cash prizes				
ses	2	Cash phizes				
Expenses	3	Noncash prizes				
Ä	ľ	7.0.000 <i>7. p</i> .1.200				
rect	4	Rent/facility costs				
ă	•	ŕ				
	5	Other direct expenses				
			Yes%	Yes%	Yes%	, ,
	6	Volunteer labor	No	No	No No	· , · ,
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		>	ļ
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		<u></u>	<u> </u>
_		t Al A-A-/-)				
		ter the state(s) in which the organization condu	_			Yes No
		the organization licensed to conduct gaming a				Yes No
U	11	No," explain				
	-					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	vear ²	Yes No
		Yes," explain	·	_	•	
	_					

36-2171680 Page 2

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2016 AVERY COONLEY SCHOOL 3	<u>6-2.</u>	<u> 171680</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in			
	The organization's facility	- 1	13a	%
	An outside facility	- 1	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records	<u>.</u> ـ		
•	The tip hand and accided of the person time propared the eigenhaustic garming openial events books and vector	•		•
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	of "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	nt		
	of gaming revenue retained by the third party 🕨 \$			
c	e If "Yes," enter name and address of the third party			
	Name			
	Address >			
46				——————————————————————————————————————
16	Gaming manager information			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Description of services provided			
			•	<u> </u>
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
6	retain the state gaming license?	1	Yes	☐ No
L	3 3	4ha	1 163	
L	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year > \$	uie		
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Pai	rt III. lin	oc 0 0h 10)b 15b
<u> </u>	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	, t 111, 111 v	es a, ab, 10	00, 130,
	15c, 16, and 17b, as applicable. Also provide any additional millionnation. See instructions			

Schedule G (Form 990 or 990-EZ) AVERY COONLEY SCHOOL	36-2171680 Page 4
Schedule G (Form 990 or 990-EZ) AVERY COONLEY SCHOOL Part, IV Supplemental Information (continued)	

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service
Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Open to Rublica OMB No 1545-0047 2016

► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

Employer identification number 36-2171680			X Yes No		190, Part IV, line 21, for any	tion of (h) Purpose of grant istance or assistance					Schedule I (Form 990) (2016)
		sstance, and the			es" on Form S	(g) Description of noncash assistance					
		the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection			anization answered "\	(f) Method of valuation (book, FMV, appraisal, other)					
		grantees' eligibilit		States.	omplete if the org. led.	(e) Amount of non-cash assistance					
		or assistance, the	,	funds in the United	: Governments. Conal space is need	(d) Amount of cash grant				listed in the line 1 table	
OL		amount of the grants		oring the use of grant	zations and Domestic be duplicated if additi	(c) IRC section (if applicable)					ons for Form 990.
TEY SCHOOL	d Assistance	substantiate the	ance?	sedures for monit	omestic Organi : 5,000 Part II can	(b) EIN				d government org	see the Instructi
Name of the organization AVERY COONLEY	Part I General Information on Grants and Assistance	1 Does the organization maintain records to substantiate the amount of		었는	Fart II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed.	1 (a) Name and address of organization or government				2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations listed in the line 1 table	۱,

Schedule I (Form 990) (2016) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed THE ORGANIZATION KEEPS FILES CONTAINING PARENT APPLICATIONS, FINANCIAL (d) Amount of non-cash assistance o. STATEMENTS, TAX RETURNS, SSS FORMS, CORRESPONDENCE, ETC. 385,243, (c) Amount of cash grant (b) Number of recipients 41 (a) Type of grant or assistance SCHOLOARSHIPS BASED ON FINANCIAL NEED PART I, LINE 2: 832102 11-01-16 Part III

Page 2

36-2171680

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AVERY COONLEY SCHOOL

Schedule I (Form 990) (2016)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2016
Open to Public

OMB No 1545-0047

Name of the organization

Department of the Treasury

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 36-2171680

AVERY COONLEY SCHOOL t I Questions Regarding Compensation

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	. J	% y	*.
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items	* *	ŝi i	1
	First-class or charter travel X Housing allowance or residence for personal use	\$ ' a	3	
	Travel for companions Payments for business use of personal residence			*`.
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		***	1
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)	3	, v.,	. L.
			ľ.	***
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	/ *	ÿ *	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	A.	[* . * i	<i>f</i> :
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
			À	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's		, M	
	CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to	F		, P :
	establish compensation of the CEO/Executive Director, but explain in Part III	. 🦠	¥	\ \\ \
	Compensation committee X Written employment contract	J. 1	1	1
	Independent compensation consultant X Compensation survey or study	1	ž.	, , , , , , , , , , , , , , , , , , ,
	Form 990 of other organizations X Approval by the board or compensation committee	¥_		[
		1 %	*	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		. 1	7
	organization or a related organization:	#" .a.	., 8	` `
а	Receive a severance payment or change-of-control payment?	4a	<u> </u>	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	3	*	, ,
		ĺ À,	Ą	2, 4
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	4		* ;
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1	(¥) j
	contingent on the revenues of	**	1/2 -	
	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III	~ ,	3 9	Ĭ.
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation] ^	2 3	\ _{\times} '
	contingent on the net earnings of			*
	The organization?	6a		X
b	Any related organization?	6b	 	X
_	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		Ì	
	Regulations section 53 4958-6(c)?	9	ł	l

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

AVERY COONLEY SCHOOL Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

A. M. T.		(b) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(II) Bonus & Incentive compensation	(iii) Other reportable compensation	compensation		(a)(i)(a)	reported as deferred on prior Form 990
(1) PAUL DRUZINSKY	264,643.	0	0	12,008.	13,791.	290,442.	0
DMASTER		0	0	0	0	• 0	0
BROWN	142,460.	0	0	3,030.	23,835.	169,325.	0
OFFICER	0	0	0	0	0.	0.	0
E							
3							
8							
					2		
(i)							
(1)							
(5)							
(0)							
(ii)							
(i)							
(ii)			i				
(0)				ļ			
((i)							
(1)							
(ii)							
(i)							
[(n)]							
(9)							
(II)						}	
(1)							
(ii)							
						Sched	Schedule J (Form 990) 2016

SCHEDULEK

Department of the Treasury Internal Revenue Service (Form 990)

Name of the organization

Supplemental Information on Tax-Exempt Bonds

2016 Open to Public OMB No 1545-0047 Inspection

Employer identification number

36-2171680

 Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
 Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. ► Attach to Form 990.

COONLEY SCHOOL

AVERY

Yes No (g) Defeased (h) On behalf (i) Pooled × ŝ Yes No × of issuer ۵ Yes Yes ŝ × Yes ů ŝ 6,000,000.EDUCATIONAL FACIL O (f) Description of purpose CONSTRUCTION OF O Yes Yes ဍ No $\mathbf{\omega}$ 8 Yes Yes CONTINUATIONS (e) Issue price , 424 2,116,334 000,000,9 3,883,666 × ŝ ٤ 95, 12/17/13 (d) Date issued ⋖ Yes Yes × × (H FOR COLUMN (c) CUSIP# NONE Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of Was the organization a partner in a partnership, or a member of an LLC, 36-6005857 SEE PART VI (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? which owned property financed by tax-exempt bonds? Has the final allocation of proceeds been made? GROVE Working capital expenditures from proceeds Credit enhancement from proceeds Capital expenditures from proceeds DOWNERS Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion (a) Issuer name Part III Private Business Use Other unspent proceeds bond-financed property? Amount of bonds retired Total proceeds of issue Other spent proceeds OF **Bond Issues** Proceeds VILLAGE Part II Part I V 4 ß œ Q ო 9 6 9 9 8 Ç 뒤 일 5 4 5 ۵ 디

Schedule K (Form 990) 2016

632121 10-19-16 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2016 AVERY COONLEY SCHOOL			36-	-2171680				Page 2
Part III Private Business Use (Continued)								
	A			B		O		٥
3a Are there any management or service contracts that may result in private	Yes	S _N	Yes	Š	Yes	S.	Yes	No
business use of bond-financed property?		}						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside				-				
counsel to review any research agreements relating to the financed property?							1	
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government		%	i	%		%	3	%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		i	i					
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?								
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								: !
of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under	_							
Regulations sections 1 141-12 and 1 145-2?								
Part IV Arbitrage								
	٧			В		၁	<u>a</u>	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	Š	Yes	Š	Yes	S _N	Yes	N _O
Penalty in Lieu of Arbitrage Rebate?		×						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		×						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed						_		
I ~		×						
4a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?		×						
b Name of provider								
c Term of hedge								
+ I								
e Was the hedge terminated?								
632122 10-19-16		!				Sch	edule K (For	Schedule K (Form 990) 2016

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

AVERY COONLEY SCHOOL

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form 990.

Employer identification number

36-2171680

Pa	T I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported or	nonce	(d) ethod of deterr ash contribution		ts
	Ant. Monday of ant	<u> </u>	items contributed	Form 990, Part VIII, line	19			
1	Art - Works of art	<u> </u>						
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications		1 1 Mg					
5	Clothing and household goods		1					
6	Cars and other vehicles							
7	Boats and planes							
8	intellectual property							
9	Securities - Publicly traded	X	3	89,01	4.STOCK	PRICE I	ISTI	NG
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
-	trust interests	ļ			ļ			
12	Securities - Miscellaneous							
13	Qualified conservation contribution -			<u> </u>				
10	Historic structures							
14	Qualified conservation contribution - Other				- 			
14		 						
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles			·				
19	Food inventory							
20	Drugs and medical supplies	ļ						
21	Taxidermy	ļ						
22	Historical artifacts							
23	Scientific specimens			<u> </u>				
24	Archeological artifacts							
25	Other • ()							
26	Other • ()							
27	Other							
28	Other ()							
29	Number of Forms 8283 received by the organ	zation during	the tax year for c	ontributions				
	for which the organization completed Form 82	283, Part IV, I	Donee Acknowled	gement 29				
		•	·				Yes	No
30a	During the year, did the organization receive b	ov contributio	n any property rec	oorted in Part I lines 1 th	rough 28 that	ıt	1	
	must hold for at least three years from the dat]	İ	
	exempt purposes for the entire holding period		a continuation, and	i willon ish crequired to	oc asca 101	30		X
_	If "Yes," describe the arrangement in Part II	•				. 30	4	
		nation that re	anuraa tha rawaw	of any populardard con	whitenes?		.	v
31	Does the organization have a gift acceptance		•	•		<u>3</u>	' 	<u> X</u>
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell nonc	asn	ļ		3,
	contributions?					32	a	<u> X</u>
	If "Yes," describe in Part II						1	
33	If the organization didn't report an amount in	column (c) fo	r a type of propert	y for which column (a) is	checked,	ŀ		
	describe in Part II					ì	1	1

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
	this part for any additional information.

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Inspection Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

AUDDY COOMI BY COUCOI

Employer identification number 26-2171680

AVERI COUNTEI SCHOOL 30-21/1080
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD REVIEWS THE FORM 990 PRIOR TO ITS FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REQUIRES AN ANNUAL ASSESSMENT OF ANY POTENTIAL CONFLICTS
OF INTEREST
FORM 990, PART VI, SECTION B, LINE 15:
THE PROCESS FOR DETERMINING COMPENSATION REQUIRES REVIEW BY THE BOARD AND
THE USE OF COMPARABLE DATA, AS WELL AS CONTEMPORANEOUS SUBSTANTIATION OF
THE DELIBERATION AND DECISION.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST