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PUBLIC DISCLOSURE COPY

							CLOSUR						
	Ω	00									icome Tax		OMB No. 1545-0047
For	m 🍯	90	Under section 501			-			-			ions)	2027
Depa	artment c	of the Treasury				-				-	e made public.		Open to Public
Inter	nal Reve	nue Service			_		for instruction					2	Inspection
			ar year, or tax year	beginning	100	т,	2021	and	ending		,		
B	Check if applicabl	le:	f organization								D Employer iden	tificati	on number
	Addre chang	je AVEN	TURA COMMU	NITY S	CHOOL	J							
	Name chang	e Doing b	usiness as								85-3501	270	
	Initial return Final return	3010	and street (or P.0. b TUGGLE AV		ot delivere	d to str	eet address)		Room/su	ite	E Telephone num 615-657		01
	termin ated		own, state or provin	ce, country,	and ZIP o	or forei	gn postal co	de			G Gross receipts \$		1,065,087.
	Amen return	NASH	VILLE, TN								H(a) Is this a group	o returr	า
	Applic tion		nd address of princi								for subordina	tes?	Yes X No
	pendi	3010	TUGGLE AVE					11			H(b) Are all subordinate	es include	ed? Yes No
		empt status:		501(c) (				47(a)(1)	or 5	527			See instructions
			S://WWW.AV								H(c) Group exemp		
			<b>X</b> Corporation	Trust	Associa	ition	Other 🕨	•	<b>L</b> Ye	ear o	f formation: 2020	<b>M</b> St	ate of legal domicile: ${f TN}$
Pa	art I	Summary										<u></u>	
é	1		e the organization's IS TO ELE										
Governance													
'ern	2	Check this bo		-			-	-			han 25% of its net l		. 7
200	3		ting members of the									3 4	7
త			lependent voting me									4 5	<u> </u>
ies	5		of individuals emplo									_	
Activities	6		of volunteers (estima									6	10
Act	7 a		d business revenue									7a	0.
	b	Net unrelated	business taxable ind	come from F	orm 990-	r, Part	I, line 11 .	<u></u>		<u></u>		7b	0.
									H		Prior Year		Current Year
e	8		and grants (Part VIII								50,000	_	1,065,087.
eni	9	•	ce revenue (Part VIII	<b>e</b> , 11								•	0.
Revenue	10		come (Part VIII, colui									•	0.
_	111		e (Part VIII, column (A								-	•	0.
			- add lines 8 through					e 12)			50,000		1,065,087.
	1		nilar amounts paid (l	-			s)					•	0.
			to or for members (F									•	0.
es	15		r compensation, emp	•	-							•	284,317.
Expenses	16a		undraising fees (Part								0	•	0.
ăX	- b		ing expenses (Part I)						0.		0		010 001
ш	1 17	-	es (Part IX, column (/								0	_	213,681.
			s. Add lines 13-17 (r								0		497,998.
		Revenue less	expenses. Subtract	line 18 from	line 12		<u></u>			_	50,000		567,089.
ts of		Tabal an ata //								Beg	inning of Current Yea 50,000		End of Year
SSe	20	Total assets (F										•	$\frac{2,108,180}{1,491,091}$
Net Assets or	21		(Part X, line 26)								50,000		<u>1,491,091.</u> 617,089.
	<u>  22</u> art II	Net assets or Signature	fund balances. Subt	ract line 21 1	rom line 2	∠∪					50,000	•	01/,009.
		-		mined this re	turn inclu	ding as	companying c	chadula	e and etet	mor	te and to the heat of	mykro	wledge and belief, it is
			. Declaration of prepare			-						IIIY KIIU	אוטעש מוע שלוולו, וג וא
uue	,		υσσιαιατιστι στι μτεματε	יי נטנוופו נוומוו	0111001 / 18 1	Jaseu U	ni ali inituttilat		поп ргера		ומס מווץ אווטשובטעב.		
Ci~	n	Signature	e of officer								Date		
Sig Her		· ·	LIE MOROSI	EXEC	, וייד וייד	ים י	RECTOR						
1 ICI	6		print name and title	,	~ • -								

	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN
Paid	RODNEY C. BROWER	RODNEY C. BROWER	03/31/23	if self-employed	₽00168898
Preparer	Firm's name <b>CROSSLIN</b> , <b>PLLC</b>		Firm's	s EIN ▶ 27	-5360847
Use Only	Firm's address 3803 BEDFORD AVE	NUE, SUITE 103			
	NASHVILLE, TN 37	215	Phone	e no. <b>(615</b>	) 320-5500
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.			Form <b>990</b> (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) AVENTURA COM				85-35012	270 Page <b>2</b>
Pa	t III Statement of Program Service Ac	complish	ments			
	Check if Schedule O contains a response or	note to any	line in this Part III			X
1	Briefly describe the organization's mission:					
	AVENTURA COMMUNITY SCHOOL					
	INSPIRING OUR DIVERSE COM DEDICATED TO CHANGING THE			URIOUS GLOBA	AL CITIZEN	15
	DEDICATED TO CHANGING THE	WORLD	•			
2	Did the organization undertake any significant prog	ram sonvico	s during the year which y	wore not listed on the		
2			s during the year which y		Σ	🛾 Yes 🗌 No
	If "Yes," describe these new services on Schedule					
3	Did the organization cease conducting, or make sig		anges in how it conducts	any program services?	, _	Yes X No
U	If "Yes," describe these changes on Schedule O.	grinioant one		, any program cervices.	∟	
4	Describe the organization's program service accon	nplishments	for each of its three large	est program services. as	s measured by exp	enses.
	Section 501(c)(3) and 501(c)(4) organizations are re-	-	-			
	revenue, if any, for each program service reported.	•			, i	
4a	(Code:) (Expenses \$365, 3	34. inclu	ding grants of \$	) (Reve	enue \$	)
	DURING THE FISCAL YEAR, TH	HE ORGA	ANIZATION SUC	CESSFULLY DI	EVELOPED I	HE
	SCHOOL FACILITIES, HIRED S					
	ITS FIRST CLASS WHICH OPEN	NED IN	AUGUST, 2022	2, SHORTY AF:	TER THE CI	OSE OF
	THE CURRENT FISCAL YEAR.					
4b	(Code:) (Expenses \$	inglu	ding granta of ¢	) (Payr		)
40	(Code:) (Expenses \$	Inclu		) (Reve	enue \$	)
4c	(Code:) (Expenses \$	inclu	ding grants of \$	) (Reve	enue \$	)
_						
4d	Other program services (Describe on Schedule O.)					
	(Expenses \$ including gradering and including and including gradering and including an			) (Revenue \$	)	
4e	Total program service expenses	365,3	34.			
						Earm 990 (2021)

 Form 990 (2021)
 AVENTURA
 COMMUNITY
 SCHOOL

 Part IV
 Checklist of Required Schedules
 SCHOOL

			Yes	No
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? See instructions	2	Х	
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		<u>x</u>
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 Rev. Proc. 98-19? 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			
_	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,	_		v
_	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			v
~	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?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		- 23	
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
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	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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	Х	
14a	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,			
	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 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			<u>-</u> -
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
00-	complete Schedule G, Part III	19		X X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		<u> </u>
	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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
	domostio government on rait in, columnin (n), inter : II res, complete Schedule I, Parts I and II	1 21		<u> </u>

Form 990 (2021)

Form 990 (	2021)	AVENTURA			
Part IV	Checklist	t of Required Sched	lules	(continued)	)

			Yes	No
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 2? 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			
	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			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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			
	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			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>x</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a 4</b>	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>	-		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Za         Entire the number of employees reported on Form W3, Transmittal of Wage and Tax Statements.         Za         3           B         Difference of expected on lines 20, dots not generation for all regular default employment tax returns?         3a         B         X           Mate If the sum of rines 1 and 2a is greater than 250, you may be regulared to e, rine. See instructions.         3a         B         X           Mate If the sum of rines 1 and 2a is greater than 250, you may be regulared to e, rine. See instructions.         3a         B         X           Mate If the sum of rines 1 and 2a is greater than 250, you may be regulared to e, rine. See instructions.         3a         B         X           Mate If the sum of rines 1 and 2a is greater than 250, you may be regulared to e, rine. See instructions.         3a         A         A           Mate Name Control (See Control) (See Control) (See Control) (See Control).         See Control (See Control).         3b         X           Mate Name Control (See Control).         See Control.         SeeC	Form	990 (2021) AVENTURA COMMUNITY SCHOOL 85-3501	270	Р	age <b>5</b>
2a         Eart the number of employees reported on Fram W3, Transmittal of Wage and Tax Statements,         2a         3           bit at least on is reported on line 2a, difference of the organization field in required federal employment tax returns?         2b. X           3a         Data in the number of an large start than the organization field in the regulated to <i>c</i> <sub>0</sub> , as constructions.         3a.         X           3b         Dd the organization have unviated business gross income of \$1,000 or more outing the year?         3b.         X           3b         Dd the organization have unviated business gross income of \$1,000 or more outing the year?         3a.         X           3b         Dd the organization have unviated business gross income of \$1,000 or more outing the year?         3a.         X           3b         I' Yea, 'hast field a Form 000 organization have an bareatin, or a signature or other statchatory over, a financial account?         4a         X           3b         I' Yea, 'hast the nume of the organization fact mass a party to a prohibited tax shellor transaction?         5a.         X           5a         Dd any buside party notify the organization fact masses a party to a prohibited tax shellor contributions?         5b.         X           5b         TYea, ' did the organization fact masses a contrast transaction?         5b.         X           5c         Data organization nees a paymet in coxecial OS? Andeaparty as a contihed tax shellow con	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Interform $2a$ $3$ $3$ b) If at least one is reported on line 2, did the organization fiel all regulated to $a_{chc}$ . See instructions. $3a$ $3a$ 3a) Did the organization have uncalled business provides an explanation on Schedule 0 $3a$ $3a$ 3b) Did the organization have uncalled business provides an explanation on Schedule 0 $3a$ $3a$ 4c) All style is the organization have uncalled business provides an explanation on Schedule 0 $3b$ $3b$ 4c) All style is the organization have uncalled business provides an explanation on Schedule 0 $3b$ $4a$ 4c) All the organization have uncalled business provides an explanation on Schedule 0 $3b$ $4a$ 5c) Hit Yes, "that if lead a form 990P. The this year? If Yes," (b line 3b, provide an explanation of the manual account, a business control, year have nationally over, a $4a$ $X$ 5c) Hit Yes, "that if lead a provide the organization have an explanation have an thread in Accounts (EBAF). $5a$ $X$ 5c) Bit Yes, "that is the organization have annual gross receiptic that so is a party to a prohibited ta schedule transaction? $5b$ $X$ 6c) Dist Yes, "that we not tax deductible contributions under section TO(c). $b$ $b$ $b$ 6c) Differences bit the organization have an under schedule that an ornnally greater than \$100,000, and did the organization solicit an explanation file form assolitation and services provided? $b$ 7c) Differences bit the organization taxe dispose of threws dispose of services provided? $b$ $c$ 7d) Hit Yes, "				Yes	No
b     It least one is reported on line 2n, dotter organization file all required te devise periode to devise sensituations.     ga     X       3a     Did the organization have unrelated business gross income of \$1,000 or more during the year?     ga     X       3b     Then, 'has if thed a from BAD' for the year? If 'No' to line 30, provide an explanation or Schedule O     ga     X       3b     Then, 'has if thed a from BAD' for the year? If 'No' to line 30, provide an explanation or Schedule O     ga     X       3b     Then, 'has if thed a from BAD' for the year? If 'No' to line 30, provide an explanation or Schedule O     ga     X       3b     The 'has, 'hast if thed a frongin country'     See instructions for time requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAP).     Se     X       3c     X     The 'has, 'hast if the a provide at explaint that year?     Se     X       3c     The 'hast 'hast if he a for 'had. If the organization in Form 114, Report of Foreign Bank and Financial Accounts (FEAP).     Se     X       3c     The 'hast 'had the organization have annual gross creapits that are normally greater than \$100,000, and di the organization include with every solicitation and express statement that such contributions or gifts were not tax deductibles an orthobid to a solicitation set the group of the 'hast had' and 'hast	2a				
Note: If the sum of ines 1a and 2a is greater than 250, you may be required to a fas. See instructions.         Image: See		, , , ,			
a Did the organization have unrelated business gross income of \$1.000 or more during the yea?       3a       X         b II "Yes", hist lifted a Ferm S000 Tor this yea? (Work to its 8), provide an explanation on Schedulo O.       3b       X         4 At any time during the calendar year, dd the organization have an interest in, or a signature or other authority over, a tank account, securities account, or other financial accounts (FBAR),       5a       X         5 Was the organization in a part to a prohibited tax shelter transaction at any time during the tax year?       5a       X         b D dary taxable part, notify the organization from 114, Report of Forsign Bank and Financial Accounts (FBAR),       5a       X         6 Does the organization are to transaction at any time during the tax year?       5a       X         6 D bary taxable part, notify the organization in form 886.7       70       70       X         7 Organization shar amual gross receipts that are normally greater than \$100.000, and did the organization site ductatible or anthable contributions or gifts were not tax deductible as charlable contributions?       7a       X         7 Organization shar may receive deductible contributions under section 170(c).       7a       X         8 U bit organization include with every solicitation are express statement that such contributions or gifts were not tax deductible as contribution organization file form 8882?       7a       7a         7 U bit dift conganization secole as contributin or quantity for gonds and services provides?<	b		2b	X	
b       If Yes, 'hat it filed a Form 90-T for this year, 'di the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bark account, securities account, or other financial accounts)       4a       X         b       If Yes, 'enter the name of the foreign country (such as a bark account, securities account, or other financial accounts)       5a       X         b       If Yes, 'enter the name of the foreign country (such as a bark account, securities account, or your bark sheft ranaaction accounts)       5a       X         b       If Yes, 'enter the name of the foreign country is a prohibited tax was or is a prive to a prohibited tax shefts transaction at any time during the tax year?       5a       X         c       If Yes, 'tothe sa of 5b, did the organization have an unal gross receipts that are normally greater than \$100,000, and did the organization have manual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions or gifts       5a       X         f       If Yes, 'did the organization have any solication an express statement that such contributions or gifts       7a       X         f       Ves, 'did the organization have any ordination and party ta contribution and party to goods and services provided?       7a       X         f       Ves, 'did the organization indegroed stage of tapily be prodied and services provided?       7a       X         f       Ves, 'did the organization anee, beastaparty and the property of which it was requ					
4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a francelia account is organized to the foreign country (such as a bank account, securities account, or other funcalial account)?       4a       X         b       11 "Yes," enter the name of the foreign country >       5a       X         5a       Was the organization argit to a prohibited tax shafe transaction at any time during the tax year?       5a       X         5b       11 "Yes," enter the name of the foreign country is cale as a party to a prohibited tax shafe transaction?       5a       X         5c       11 "Yes," tothe organization have annual gross recepts that are normally great than \$100,000, and did the organization solicit any contributions that were not tax deductibles canthable contributions?       5a       X         7       Cognization network wherey solicitation an express statement that such contributions or gifts were not tax deductibles contributions under section 170(c).       7a       X         7       Tyes," did the organization network deductible contributions and parily for goods and services provided to the payer?       7a       X         7       11 "Yes," indicate the number of Forms 822? Hield during the year       [7d]       7a       X         7       11 "Yes," indicate the number of Forms 822? Hield during the year?       [7d]       7d       Z         8       10 the organization network asolicitad nume than during the year?       7d					
In transial account in a foreign country (such as a bank account, securities account, or other financial account)?     4a     X       bit tryss, return the name of the foreign country, source the any time during the tax year?     5a     X       5a Was the organization is party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       5a Dod any taxable party noity the organization that it was or is a party to a prohibited tax shelter transaction?     5a     X       5b Dod any taxable party noity the organization that any time during the tax year?     5a     X       5b Dod any taxable party noity the organization that any time during the tax year?     5a     X       5c Dot the organization have mail gross necelytics statement that such contributions or gifts were not tax deductible?     5a     X       7 Or Organization have may receive deductible contributions under section 170(c).     7a     X       7a Difference     7a     X       7b Difference     7a     X       7a Difference     7a     X       7b Difference     7a     X       7a Difference     7a     X       7b Difference     7a     X       7a Difference     7a </th <th></th> <th></th> <th>3b</th> <th></th> <th></th>			3b		
b       1''Yes, 'enter the name of the foreign country       →         See instructions for filing requirements for FinCEN From 114, Report of Foreign Bank and Financial Accounts (FBAR),       Sa       X         B       Was the organization approximation that it was or is a party to a prohibited tax shelfer transaction?       Sa       X         B       Did any taxable party notify the organization it form 886-71       Sa       X         G       Dess the organization have annual gross neexipts that are normally greater than \$100,000, and did the organization solid: any contributions that were not tax deductibles charhable contributions?       Sa       X         O bit were not tax deductibles contributions under section 170(c).       Did the organization nickude with every solicitation are express statement that such contributions or gifts were not tax deductibles contributions under section 170(c).       Did the organization nickude with every solicitation are express reprovided?       Ta       X         D       I''Yes, 'indicate the number of Forms 822? Hied during the year       Zd       Ta       X         D       Did the organization nickude with undig the year       Zd       Ta       X         Did the organization necevice accombulton of guarpendition (account of the secons)       Ta       Zd       Ta       X         Did the organization necevice accombulton of guarpendition (account of the secons)       Ta       Zd       Ta       Zd       Ta	4a				
See instructions for ling requirements for FmCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         5a Was the organization a party to a prohibited tax shelter transaction at any time during the taxy year?       5a         5b D d sny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b         5b If Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?       5b         6b D sots the organization nave annual grass receipts that are normally greater than \$100,000, and did the organization sole annual grass receipts statement that such contributions or gifts were not tax deductible?       6a         7 Organization set any receive deductible contributions under section 170(c).       10       7a         8 If Yes," did the organization notify the donor of the value of the goods or services provided?       7a       7a         7 Organization set, exchange, or otherwise dispose of training he personal property for which it was required?       7d       7d         9 If the organization neceive a contribution of qualified intellectual property, of the organization field were the secons and the organization field were any tands, directly or indirectly, to apy remiums on a personal benefit contract?       7t       7d         9 If the organization neceive a contribution of qualified intellectual property, did the organization file Form 8282 states any time during the year?       8a       9a       9a       9a       9a       9a       9a			<u>4a</u>		X
Sa         Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?         Sa         X           b         Did any taxible party notify the organization file Form 8886-17         So         So         So           Ga         Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax doductible or a charable contributions         So         X           B         Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax doductible or or the value of the goods and services provided to the party organization nective a payment in excess of \$15 mde party as a contribution and party for goods and services provided to the party or the organization nective a payment in excess of \$15 mde party as a contribution or party for which it was required to the form 88287 or otherwise dispose of tangble personal property for which it was required to the form 88287 ield during the year         Ya         X           D         D dt the organization neceive a contribution of callelid intellectual property, did the organization face way funds, directly or indirectly, to pay premumes on a personal benefit contract?         Ya         X           D         D dt the organization neceive access business holdings at any tanks diverse or related person?         Sa         Sa           P         D dt the organization neceive access business or diverse or related person?         Sa         Sa           D dt	b				
b       Did any taxable party notify the organization the rom asso is a party to a prohibited tax shelter transaction?       50       X         c       If "Yes" to line 8a or 5b, did the organization the rom alw 380-17       56       X         6       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sole annual gross receipts that are normally greater than \$100,000, and did the organization sole annual gross receipts that are normally greater than \$100,000, and did the organization sole annual gross receipts that are normally greater than \$100,000, and did the organization sole, are sole doubtible ontributions on an express statement that such contributions or gifts were not tax deductible?       66       X         7       Organizations that may receive deductible contributions under section 170(c).       7a       X       X         9       Did the organization necely endange, or othrewise diagoe of tangible personal property for which it was required to the form 8282?       7c       X         11       Tyes," indicate the number of Forms 8282 filed during the year       7d       7d       7d         12       Did the organization necel weary funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       7t       7d	_		_		v
c     If 'Yes' to line 5a or 5b, did the organization file Form 8886-T?     5c       Gb     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chartable contributions?     6a     X       b     If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).     6a     X       a     Did the organization notify the donor of the value of the goods or services provided 7     7a     X       b     If 'Yes,' indicate the number of Forms 8282 filed duming the year     7d     7a       c     Did the organization received a contribution of purphy for pods and services provided 7     7a     X       d     If 'Yes,' indicate the number of Forms 8282 filed duming the year     7d     7d       d     If the organization received a contribution of qualified intellectual property, did the organization file Form 8898 are required?     7d       f     Did the organization received a contribution of cars, boats, any time during the year?     7d     7d       g     If the organization meantaining door advised funds.     Did a door advised fund maintained by the sponsoring organization make a distribution to a door, or related person?     9a       9     Socions 501(c)(7) organizations. Enter:     10a     10a       10     Hir were, the the mount of the wares to the advised					
Ga     Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?     6a     X       b     ff "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6a     X       c     Organizations that may receive deductible contributions under section 170(c).     6b     6a     X       d)     If "Yes," did the organization neceive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?     7a     X       d)     If "Yes," indicate the number of Forms 8282 filed during the year     2d     7c     X       e     Did the organization neceive any functi, directly or indirectly, to pay premiums on a personal benefit contract?     7c     X       f)     Did the organization received a contribution of qualified intelectual property, did the organization file a Form 1098-C7     71     7d       f)     B of the sponsoring organization make a distribution to a done, done advised fund anitalaned by the sponsoring organization make a distribution such execting advised fund anitalanied bor or more set or application make a distribution such advised fund anitalaned by the sponsoring organization make ad advised fund anitalanied by the sponsoring organization make ad distributions under section 4986?     9a       g)     Section 501(c)(7) organizations. Enter:     10a     10a     10a       g)					
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 contributions or gifts were not tax deductible?     6b     6b       7 Organizations that may receive deductible contributions under section 170(c).     7c     X       b If the organization notify the donor of the value of the goods or services provided?     7c     X       c Did the organization notify the donor of the value of the goods or services provided?     7c     X       d If "Yes," indicate the number of Form 8282 filed during the year     7d     7d     7d       D dt the organization necelve any funds, directly or indirectly, on a personal benefit contract?     7d     7d       f If the organization necelve any funds, directly or indirectly, on a personal benefit contract?     7d     7d       g If the organization necelve a contribution of cars, boats, airplanes, or other vehicles, did the organization for eavier any funds, directly or indirectly, on a personal benefit contract?     7d       f If the organization necelve a contribution of cars, boats, airplanes, or other vehicles, did the organization for eavier any funds, directly or indirectly, on a personal benefit contract?     7d       g If the organization necelve a contribution or advised funds.     Did a contract and the eavier any funds, directly or indirectly, on a personal benefit contract?     7d       g If the organization necelve and contract and may time during the year?     9     9			50		
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       7a       X         a) tid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payer?       7a       X         b       If "ves," indicate the number of Forms 8282 filed during the year       Zd       7a       X         c) Did the organization receive any funds, directly or indirectly, no paymentims on a personal benefit contract?       7f       X         f) Did the organization received a contribution of qualified intelectual property, did the organization torticat the number of qualified intelectual property, did the organization tile a Form 198-07       7h       7g         f) If the organization maintaining door advised funds.       Did the organization maintaining door advised funds.       9a         g) Did the sponsoring organization make a distribution to a done, door advised fund maintained by the sponsoring organization make a distribution such expected a contribution sinclude on Part VIII, line 12       10a       10a         g) Soetion 501(c)(27) organizations. Enter:       11a       10a       10b       10b         g) Soetion 501(c)(27) organizations. Enter:       11a       10a       10a       10a         g) Soetion 501(c)(22) qanified netwol plasi	6a				v
were not tax deductible?     60       7     Organizations that may receive deductible contributions under section 170(c).     7a       8     Did the organization neelly the donor of the value of the goods or services provided?     7b       9     Did the organization neelly the donor of the value of the goods or services provided?     7c       10     T'ves," did the corganization neelly the donor of the value of the goods or services provided?     7c       11     T'ves," indicate the number of Forms 8252 filed during the year     7d     7c       12     14" 'ves," indicate the number of Forms 8252 filed during the year     7d     7c       12     14" organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?     7d       14     the organization received a contribution of cars, boats, aprilanes, or other vehicles, did the organization file Form 8999 as required?     7d       15     Sponsoring organization have excess busines bridings at any time during the year?     8       9     Sponsoring organization nake any taxable distributions to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions and present year?     9a       10     Did the sponsoring organization make any taxable distributions and during the year?     9a       12     Did the sponsoring organization make any taxable distributions and present year?     9a       13     Gross income from members or shareh	L	•	<u>6</u>		
7       Organizations that may receive adjusted to educatible contributions under section 170(c).       a       I         a       Did the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?       7a       X         b       If "Yes," and the organization nutry the domor of the value of the goods or services provided?       7c       X         c       Did the organization only the domor of the value of the goods or services provided?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Td       7c       X         d       If we organization oreceive any funds, directly or indirectly, or a personal benefit contract?       7f       7c         g       If the organization receive a contribution of qualified intellectual property, did the organization file Form 1098C?       7d       7g       7d         h       the organization have excess business holdings at any time during the year?       7d       7d       7d         9       Sponsoring organization make a distribution to a donor advised funds.       1d a donor advised fund innitained by the sponsoring organization make any taxable distributions under section 4906?       9a       9b       9b       9c         10       the sponsoring organization make any taxable distributions under section 4906?       9a       9c       9c       9c <t< th=""><th>D</th><th></th><th>Ch</th><th></th><th></th></t<>	D		Ch		
a       Did the organization network a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b       If "Yes," idid the organization notify the donor of the value of the goods or services provided?       7b       7c       X         d       If "Yes," idicate the number of Forms 8282 filed during the year       [7d]       7c       X         d       If 'Yes," indicate the number of Forms 8282 filed during the year       [7d]       7c       X         f       Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f       If the organization received a contribution of qualified intellectual property, idit the organization file a Form 1098-C?       7h       1         g       Bonsoring organization merelyment on qualified intellectual property, idit the organization file a Form 1098-C?       7h       1         g       Sponsoring organization maintaining donor advised funds.       10id a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9	7		00		
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year pay preniums, directly or indirectly, on a personal benefit contract?       7c       X         d       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       Zg         f       If the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Sponsoring organization make and taxable distributions under section 4966?       9a       9b       9b         10 dthe sponsoring organization make a distribution to a donor, donor advised funds.       1a       1a       1a       1a         g Gross income from other sources. [Do not net amounts due or paito tactifies       1a       1a<			70		x
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If 'Yes,' indicate the number of Forms 8282 filed during the year       7d       7e       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7g       7g         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       X         g       Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Both the sponsoring organization make a distribution to a donor, donor advised, or related person?       9b       9b         10       Besction 501(c)(7) organizations. Enter:       10a       10b       10b       9a         11       Besction 501(c)(7) organizations. Enter:       11a       10b       10b       12a         12       Section 501(c)(72) organizations. Enter:       11a       10b       12a       12a         13       Section 501(c)(22) organizations. Enter: <td< th=""><th></th><th></th><th></th><th></th><th>- 23</th></td<>					- 23
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         D Id the organization receive any fundis, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7f         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 8899 as required?       7d       7d         g If the organization received a contribution of cars, bosts, aiplanes, or other vehicles, did the organization file a Form 1098-C?       7h       7d         8 Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 49667       9a       9a         9 Did the sponsoring organizations. Enter:       10a       10a       9b       9b         10 Section 501(c)(2) organizations. Enter:       10a       10b       10b       10a         11 Section 501(c)(12) organizations. Enter:       10a       10b       11a       12a         12 Gross income from members or shareholders       11a       10b       12a       10a       10b         12 Section 501(c)(2) organization interest cells or accurate do array taxable distributions filing Form 990 in like of Form 1041?       12a       12a       12a         13 Section 501(c)(2) qualified nonprofit health insurance issuers.       11a <td< th=""><th></th><th></th><th></th><th></th><th></th></td<>					
d If "Yes," indicate the number of Forms 8282 filed during the year       7d         e Did the organization during the year, pay premiums, on a personal benefit contract?       7e         f) Did the organization during the year, pay premiums, on a personal benefit contract?       7f         f) Did the organization during the year, pay premiums, on a personal benefit contract?       7f         f) Did the organization number of Forms 8282 filed during the year?       7g         g) If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h         g) Sponsoring organizations maintaining door advised funds.       7e       7h         g) Did the sponsoring organization make and taxibud other during the year?       8       8         g) Did the sponsoring organization make and taxibud other during the year?       8       8         g) Did the sponsoring organization make and taxibud other during the year?       9a       9b         g) Did the sponsoring organization make and taxibud other during the year?       9a       9b         g) Did the sponsoring organization make and taxibud distributions under section 4966?       9a       9b         g) Did the sponsoring organizations. Enter:       10a       10b       10b       10b         g) Gross income from members or shareholders       11a       10b       10b       12a         g) Gross inc	U		70		x
<ul> <li>Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</li> <li>Te</li> <li>Ti the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</li> <li>Ti the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</li> <li>Th the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1099 C?</li> <li>Sponsoring organizations maintaining donor advised funds.</li> <li>Did the sponsoring organization make any taxable distributions under section 4966?</li> <li>Did the sponsoring organization make any taxable distributions under section 4966?</li> <li>Did the sponsoring organization. Enter:</li> <li>a linitiation fees and capital contributions included on Part VIII, line 12.</li> <li>b Gross income from members or shareholders</li> <li>a Gross income from there sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)</li> <li>12a Section 501(c)(7) organizations. Enter:</li> <li>a Gross income from there sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)</li> <li>12a Section 501(c)(2) qualified nonprofit health insurance issuers.</li> <li>a Is the organization licensed to issue qualified health plans in more than one state?</li> <li>Note: See the instructors for additional information the organization must report on Schedule O.</li> <li>b Enter the amount of reserves on hand</li> <li>13a</li> <li>c Enter the amount of reserves on hand</li> <li>14b</li> <li>15 Is the organization subject to the section 4968 excise tax on net investment income?</li> <li>14a X</li> <li>If "Yes," cash it field a Form 720 to report these payments? If "No," provide an explanation or Schedule O.</li> <li>b Enter the amount of reserves on hand</li> <li>15 X</li> <li>If "Yes," cash it field a Form 720. Schedule N.<th>Ь</th><th></th><th></th><th></th><th></th></li></ul>	Ь				
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7t         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 8099 as required?       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n         8       9       Sponsoring organization nave excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a       10b         11       Section 501(c)(2) organizations. Enter:       10a       10b       10b         12       Section 501(c)(2) organizations. Enter:       10a       10b       10b         13       Section 501(c)(2) organizations. Enter:       11a       10b       12a         14       Section 501(c)(2) organizations. Enter:       11b       12a       12b       12a         14       Section 501(c)(2) organization fileng form 900 in lieu of Form 1041?       12a       12a       12a         15       Bection 501(c)(29) qualified non			7e		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization nave excess business holdings at any time during the year?       9         9 Sponsoring organization make a distributions under section 4966?       9a         10 lid the sponsoring organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a         11 Section 501(c)(7) organizations. Enter:       10b         a Gross income from members or shareholders       11a         b Gross income from members or shareholders       11a         12a       12b         13 Section 501(c)(12) organizations. Enter:       11b         a Gross income from members or shareholders       11a         13 Section 501(c)(2) organization filing Form 990 in lieu of Form 1041?       12a         14 if Yes, "enter the amount of tax-exempt interest received or accrued during the year       12b         15 Section 501(c)(2) qualified nonprofit health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a </th <th>-</th> <th></th> <th></th> <th></th> <th></th>	-				
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       7h         8       Sponsoring organizations maintaining donor advised funds.       8       8         9       Sponsoring organizations maintaining donor advised funds.       8       8         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a         b       Did the sponsoring organizations. Enter:       10a       10a       9b       9b         10       Section 501(c)(7) organizations. Enter:       10b       10b       9a       9b       9b       9b       9b       9c					
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         bid the sponsoring organization make any taxable distributions under section 4966?       9a         10       bection 501(c)(7) organizations. Enter:       10a         11       Section 501(c)(12) organizations. Enter:       10b         12       Section 501(c)(12) organizations. Enter:       10b         13       Section 501(c)(12) organizations. Enter:       11a         14       Section 501(c)(12) organizations. Enter:       11a         13       Gross income from members or shareholders       11a         14       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       11b         14       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         14b       13c       13a         14c       X       13	-				
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9         a Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b         10       Bection 501(c)(7) organizations. Enter:       10a       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         11       Section 501(c)(2) organizations. Enter:       10a       10b       10c	-				
9       Sponsoring organizations maintaining donor advised funds.       9a       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b         12       Section 501(c)(12) organizations. Enter:       10a       11a       10b         13       Section 501(c)(12) organizations. Enter:       11a       11b       12a         13       Gross income from members or shareholders       11a       11b       12a         14       Gross income from tother sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       12a       12a         15       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         16       rYes," enter the amount of tax-exempt interest received or ancrued during the year       12b       13a         16       section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         13a       Note: See the instructions for additional information the organization must report on Schedule O.       14a       X         14a       If "Yes," has if filed a			8		
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15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         17       Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17					
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16       X         17       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?         18       If "Yes," complete Form 4720, Schedule O.         17       Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			61		
If "Yes," complete Form 4720, Schedule O.         17       Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?         17	16		16		x
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activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	17		17		
If "Yes," complete Form 6069.		If "Yes," complete Form 6069.			

### AVENTURA COMMUNITY SCHOOL

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

			V	es	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	7			110
	If there are material differences in voting rights among members of the governing body, or if the governing	-			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent <b>1b</b>	7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-			
-	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
-	of officers, directors, trustees, or key employees to a management company or other person?		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	· –	1		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			Х
6	Did the organization have members or stockholders?	e			Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?	7	a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		-		
-	persons other than the governing body?	7	b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
	The governing body?	8	a X	ς	
b	Each committee with authority to act on behalf of the governing body?	8	-		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. 9			х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
			Ye	es	No
10a	Did the organization have local chapters, branches, or affiliates?	10	)a		Х
b	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?	. 10	)b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11	la Z	ζ [	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12		_	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12	2b 2	<u> </u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	on Schedule O how this was done	12		_	
13	Did the organization have a written whistleblower policy?	1	з 2	_	
14	Did the organization have a written document retention and destruction policy?	. 1	4 X	<u> </u>	
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?		_	_	
	The organization's CEO, Executive Director, or top management official	15	5a 2	4	
b	Other officers or key employees of the organization	15	5b 2	<u> </u>	
	If "Yes" to line 15a or 15b, describe the process on 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?	16	ba 📃	_	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				
<u> 600</u>	exempt status with respect to such arrangements?	16	5b		
	tion C. Disclosure				
17 10	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ TN Section 6104 requires an ergonization to make its Forms 1002 (1024 or 1004 A if applicable) 900, and 900 T (applicable)	2)0.00	h.) a	ile''	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(	s)s on	iy) ava	uiadi	е
	for public inspection. Indicate how you made these available. Check all that apply.				
10	Own website Another's website X Upon request Other (explain on Schedule O)	nd fir	anaial		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a statements available to the public during the tax year	nu in	ancial		
20	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				

THE ORGANIZATION - 615-657-4201

	below line)	Individua	Institutio	Officer	Highest c employee	Former		
(1) NATALIE MOROSI	1.00							
FOUNDER & EXECUTIVE DIRECTOR		х					33,955.	

(B)

Average

hours per

week

	(list any hours for related organizations below line)	ndividual trustee or director	n stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) NATALIE MOROSI	1.00	=	=	6	2	포칭	Ъ			
FOUNDER & EXECUTIVE DIRECTOR	1.00	x						33,955.	0.	0.
(2) KATIE CASTELLON	1.00									
LOWER SCHOOL DIRECTOR		х						32,477.	0.	0.
(3) DIANA AGUILAR	1.00									
DIRECTOR OF FAMILY ENGAGEMENT		х						28,187.	0.	0.
(4) JESSIE GARCIA KNOWLES	1.00							•		
CHAIR		х		х				0.	0.	0.
(5) LINDSEY HARRIS	1.00									
VICE CHAIR		Х		Х				0.	Ο.	0.
(6) ALEX L. LORENZ	1.00									
TREASURER		Х		Х				0.	0.	0.
(7) KARLA VAZQUEZ MORENO	1.00									
SECRETARY		Х		Х				0.	0.	0.
(8) AARON MCGEE	1.00									
DIRECTOR		Х		Х				0.	0.	0.
(9) DAWANA WADE	1.00									
DIRECTOR		Х		Х				0.	0.	0.
(10) JACOB BENNETT	1.00									
DIRECTOR		Х		Х				0.	0.	0.
(11) LUKE SMILEY	1.00									
DIRECTOR		Х		Х				0.	0.	0.
(12) STUART BURKHALTER	1.00									
DIRECTOR		Х		Х				0.	0.	0.
(13) VERONICA URIBE	1.00								_	
DIRECTOR		Х		Х				0.	0.	0.
			$\left  \right $							
										·
132007 12-09-21										Form <b>990</b> (2021)

• List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

(C)

Position

(do not check more than one

box, unless person is both an

officer and a director/trustee)

(D)

Reportable

compensation

from

• 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.

See the instructions for the order in which to list the persons above.

(A)

Name and title

Form 990 (2021)

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

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.

### AVENTURA COMMUNITY SCHOOL Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

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

**Employees, and Independent Contractors** 

(F)

Estimated

amount of

other

(E)

Reportable

compensation

from related

	990 (2021) AVENTURA	COMMUNI	TY	S	СН	100	Ъ			85-35	<u>501:</u>	270	P	age <b>8</b>
Par				(B) (C)				one 1 an	(D) Reportable compensation	(E) Reportable compensation		an	(F) timate	
		(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)	s	com fr org and	other pensa om th anizat d relat anizati	e ion ed
1b	Subtotal								94,619.		0.			0.
с	Total from continuation sheets to Part VII Total (add lines 1b and 1c) Total number of individuals (including but no	, Section A	·····	· · · · · · ·	· · · · · · ·	·····			0 • 94 , 619 • eceived more than \$100,	000 of reportable	0.0.			0.
3	compensation from the organization         Did the organization list any former officer,         line 1a? If "Yes," complete Schedule J for su	-		-	•	-		-			[	3	Yes	0 No X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	m of reportabl ,000? <i>If</i> "Yes,	e co " <i>co</i>	mpe mple	ensa ete S	tion Sche	and and	otł J 1	ner compensation from t	he organization		4		X
Sec 1	rendered to the organization? <i>If "Yes." com</i> tion B. Independent Contractors Complete this table for your five highest cor	npensated ind	lepe	nder	nt co	ontra	actor	rs tł	nat received more than \$	100,000 of comp	 pensat	5 ion fro	om	X
	the organization. Report compensation for t (A) Name and business			ondir			or wi	thir	n the organization's tax y (B) Description of s		С	(C ompei		n
2	Total number of independent contractors (ir	ncluding but no	ot lin	nited	d to 1	thos	se lis	ted	above) who received me	ore than				
	\$100.000 of compensation from the organiz	•				(								

						COMN	UNITY SC	HOOL		85-3501	270 Page <b>9</b>
Ра	rt V		Check if Schedule O			nonco	or note to any lir	e in this Part VIII			
				conta		ponse		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 :	а	Federated campaigns			_		-			
Contributions, Gifts, Grants and Other Similar Amounts	I		Membership dues			-		-			
fts, An			Fundraising events			-		-			
, Gil Dilar			Related organizations Government grants (contr				,049,474.	-			
ons	1		All other contributions, gifts,				,019,171.	-			
outi		-	similar amounts not included	-		F	15,613.				
d Of	9	g	Noncash contributions included in			g \$	-				
Col		h	Total. Add lines 1a-1f				►	1,065,087.			
							Business Code				
ice	2 8										
erv ue		b									
am Ser evenue		c d									
Program Service Revenue		u e									
Pro	1	f	All other program service	rever	nue						
			Total. Add lines 2a-2f								
	3		Investment income (inclue								
			other similar amounts) $\dots$								
	4		Income from investment of								
	5		Royalties		(i) R	 Aal	(ii) Personal				
	6	2	Gross rents	6a	() 1	cai		-			
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss	s) <u></u>							
	7 :	а	Gross amount from sales of		(i) Sec	urities	(ii) Other				
			assets other than inventory	7a				-			
6	I	b	Less: cost or other basis	_							
enue		~	and sales expenses Gain or (loss)	7b 7c				-			
2			Net gain or (loss)	· · · ·							
Other Re			Gross income from fundraisi								
Oth			including \$	-							
			contributions reported on	line <sup>-</sup>	1c). See						
			Part IV, line 18					4			
			Less: direct expenses								
			Net income or (loss) from Gross income from gamin				<b>P</b>				
	9	a	Part IV, line 19				3				
		b	Less: direct expenses								
			Net income or (loss) from			-					
	10 ;	а	Gross sales of inventory,	less r	eturns						
			and allowances				а	-			
			Less: cost of goods sold								
		С	Net income or (loss) from	sales	of inver	itory .	Business Code				
snu	11 :	а					Duciness Code				
neo		b									
scellaneo Revenue		с									
Miscellaneous Revenue			All other revenue								
-		e	Total. Add lines 11a-11d					1 0 0 5 0 0 5			^
	12		Total revenue. See instruction	ons			🕨	1,065,087.	0.	0.	0.

AVENTURA COMMUNITY SCHOOL Part IX Statement of Functional Expenses

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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,				
_	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
_	persons described in section 4958(c)(3)(B)	284,317.	220 000	61 217	
7	Other salaries and wages	∠04,3⊥/•	220,000.	64,317.	
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (nonemployees):				
a h	Management				
b					
с С	Accounting				
d	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)				
2	Advertising and promotion				
3	Office expenses	8,731.		8,731.	
4	Information technology	• / · • = •			
5	Royalties				
6	Occupancy	35,760.		35,760.	
7	Travel	1,829.		1,829.	
8	Payments of travel or entertainment expenses	,		,	
•	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	38,555.	38,555.		
3	Insurance				
4	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A).				
	amount, list line 24e expenses on Schedule 0.)				
а	PROFESSIONAL	75,773.	73,383.	2,390.	
b	OTHER EXPENSES	23,081.	23,081.		
с	ORGANIZATIONAL DEVELOPM	19,604.		19,604.	
d	INSTRUCTIONAL	7,230.	7,230.		
е	All other expenses	3,118.	3,085.	33.	
5	Total functional expenses. Add lines 1 through 24e	497,998.	365,334.	132,664.	0
6	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)				

AVENTURA C	COMMUNITY	SCHOOL

	rt X	Balance Sheet			0.5	JJUIZIU Page
		Check if Schedule O contains a response or note to any line in this Part X				
				(A) nning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		50,000.	1	532,633.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, director,				
		trustee, key employee, creator or founder, substantial contributor, or 35%				
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined				
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment: cost or other			_	
		basis. Complete Part VI of Schedule D 10a 211,	578.			
	Ь	Less: accumulated depreciation 10b 1,	493.	0.	10c	210,085.
	11	Investments - publicly traded securities		• •	11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	1,334,220.
	15	Other assets. See Part IV, line 11		0.	15	31,242.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		50,000.	16	2,108,180.
	17	Accounts payable and accrued expenses			17	127,098.
	18	Grants payable			18	<b>,</b>
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Example a statistic second list lite Operates Dat N/ of Ophendula D			21	
	22	Loans and other payables to any current or former officer, director,				
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%				
llidi		controlled entity or family member of any of these persons			22	
Lia	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part X				
		of Schedule D		0.	25	1,363,993.
	26	Total liabilities. Add lines 17 through 25		0.	26	1,491,091.
		Organizations that follow FASB ASC 958, check here 🕨 📃				
es		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions			27	
Bal	28	Net assets with donor restrictions			28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here 🕨 🔀				
Fu		and complete lines 29 through 33.				
P D	29	Capital stock or trust principal, or current funds		0.	29	0.
šets	30	Paid-in or capital surplus, or land, building, or equipment fund		0.	30	0.
Ass	31	Retained earnings, endowment, accumulated income, or other funds		50,000.		617,089.
let.	32	Total net assets or fund balances		50,000.		617,089.
~	33	Total liabilities and net assets/fund balances		50,000.		2,108,180.

Form **990** (2021)

Form	990	(;	2021)	

Form	AVENTURA COMMUNITY SCHOOL	85-35	01270	Pag	<sub>ge</sub> 12
Pa	rt XI 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	1,065		
2	Total expenses (must equal Part IX, column (A), line 25)	2	497		
3	Revenue less expenses. Subtract line 2 from line 1	3	567		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	50	,00	00.
5	Net unrealized gains (losses) on investments	5			
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	617	,08	<u>39.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			,,	Yes	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 on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		. 3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Total

## **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the	organization
-------------	--------------

Employer identification number	ər
85-3501270	

				NITY SCHOOL				8	5-3501270
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The 1 2 3 4	organ	<ul> <li>anization is not a private foundation because it is: (For lines 1 through 12, check only one box.)</li> <li>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</li> <li>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>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:</li> </ul>							
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe							
9		An agricultural research org	-			-		-	-
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or
10		An organization that norma activities related to its exen income and unrelated busin See section 509(a)(2). (Con	npt functions, subjec ness taxable income	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	09(a)(4).		
12		An organization organized a		-				-	
		more publicly supported or	•						Check the box on
_	_	lines 12a through 12d that	• •			-		-	
а		<b>Type I.</b> A supporting orga		-	• • • •	-			
		the supported organization			majority c	of the aired	ctors or truste	es of the su	apporting
b		organization. <b>You must c</b> <b>Type II.</b> A supporting org	-		ion with it	s sunnorte	ad organizatio	n(s) hy hay	vina
D		control or management o	-				-		-
		organization(s). You mus						ge the cap	
с		Type III functionally inte			in connect	tion with, a	and functional	ly integrate	ed with,
		its supported organization						, 0	
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distr	ibution rec	quirement and	an attentiv	veness
		requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	<b>v</b> .		
е		Check this box if the orga					Туре I, Туре	II, Type III	
_		functionally integrated, or		nally integrated supportir	ng organiz	ation.			
		er the number of supported o	•						
<u> </u>		vide the following informatior (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	fmonetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	ing document?	support (see ir	nstructions)	support (see instructions)

Schedule A	Eorm	000	000
Schedule A		990	) 202

AVENTURA COMMUNITY SCHOOL

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				50,000.	1065087.	1115087.
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				50,000.	1065087.	1115087.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						1115087.
	ction B. Total Support			4	L		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4				50,000.	1065087.	1115087.
	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	<b>Total support.</b> Add lines 7 through 10						1115087.
	Gross receipts from related activities,	etc. (see instructio				12	
	First 5 years. If the Form 990 is for th	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	fourth or fifth tax			
10	organization, check this box and <b>stor</b>						
Sec	ction C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		14	100.00 %
	Public support percentage from 2020		•	(77		15	%
	33 1/3% support test - 2021. If the o					ore. check this bo	
	stop here. The organization qualifies						
b	<b>33 1/3% support test - 2020.</b> If the c		-				
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						or more.
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-		-	
h	10% -facts-and-circumstances test	•	•		•	7a and line 15 is <sup>-</sup>	
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
19	-				•••••		
10	Private foundation. If the organizatio	T UIU HOL CHECK a		a, 100, 17a, 0f 171	o, check this box al		

Schedule A (Form 990) 2021

Schedule A (Fo	orm 990) (	20
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### Schedule A (Form 990) 2021 AVENTURA COMMUNITY SCHOOL Part III Support Schedule for Organizations Described in Section 509(a)(2) AVENTURA COMMUNITY SCHOOL

(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

qualify under the tests listed below, please complete Part II.)

Sec	cion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
	Gross receipts from activities that						
	are not an unrelated trade or bus- iness 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						
	Total. Add lines 1 through 5						
<i>i</i> a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support		L			•	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(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						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, t	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
	tion C. Computation of Publi						
	Public support percentage for 2021 (I			olumn (f))		15	%
	Public support percentage from 2020		1			16	%
	tion D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2021. If the						7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	▶∟
	33 1/3% support tests - 2020. If the	-					
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies	as a publicly suppo	orted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check tl	his box and see ins	tructions	▶□

Schedule A (Form 990) 2021

AVENTURA COMMUNITY SCHOOL

1

Yes

No

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 6 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 (as 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

### AVENTURA COMMUNITY SCHOOL Schedule A (Form 990) 2021

2

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
с	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	more direct effect	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization</i> (s) tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

SU	pervise	ed. or (	controlle	ed the s	upportir	na ora	anizatior	1.
Sectio	n C. <sup>-</sup>	Туре	II Sup	portir	ng Org	janiz	ations	;

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s).

une suc		
Section D	<ol> <li>All Type III Supporting Organizati</li> </ol>	ons

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	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		

### Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	uction <u>s).</u>
2	Activities Test. Answer lines 2a and 2b below.	Yes

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more 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 activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- 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.

No

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			
	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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	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 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount, Subtract line 5 from line 4, unless subject to			

emergency temporary reduction (see instructions).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

6

Schedule A (Form 990) 2021

(Form 990) 2021	AVENTURA	COMMUNITY	SCHOOL	
Type III Non-Func	tionally Integrate	ed 509(a)(3) Su	oporting Organizations	

Part V 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Schedule A (Form

2021	AVENIURA		
		COMMUNITY	CULOT

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_	dule A (Form 990) 2021 AVENTURA COMM			8	5-3501270	Page 7
Par	<u> </u>	a)(3) Supporting Orga	nizations (continu	<u>ied)</u>		
Secti	on D - Distributions				Current Yea	ar
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which th	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	(1)	<i>(</i> )	10	<i>(</i> )	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ıs	(iii) Distributabl Amount for 20	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	AVENTIRA	COMMUNITY	SCHOOL		85-3501270	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	mation. Provide , 2, 3b, 3c, 4b, 4c, 5 lines 2 and 3; Part I	the explanations re 5a, 6, 9a, 9b, 9c, 11 V, Section E, lines <sup>-</sup>	quired by Part II, line 1( a, 11b, and 11c; Part I 1c, 2a, 2b, 3a, and 3b;	V, Section B, lines 1 a Part V, line 1; Part V,	17b; Part III, line 12; and 2; Part IV, Section Section B, line 1e; Pa	C,

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2021

Employer identification number

85-35012	270
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C C			
	AVENTURA	COMMUNITY	SCHOOL
Organization type (ch	eck one):		

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

(b)	
Name, address, and ZIP + 4	Total co
	\$
	1

AVENTURA COMMUNITY SCHOOL

Name of organization

Employer identification number

Schedule B (Form 990) (2021)

85-3501270

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$311,474.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>178,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$230,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$310,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

AVENTURA COMMUNITY SCHOOL

Name of organization

Part II

(a)

No. (b) from Description of noncash property given Part I

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

85-3501270

(d)

Date received

(c)

FMV (or estimate)

(See instructions.)

Schedule E	B (Form 990) (2021)		Page 4					
Name of or	rganization		Employer identification number					
AVENTU	URA COMMUNITY SCHOOL		85-3501270					
Part III	from any one contributor. Complete columns (a	) through (e) and the following line entry	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year					
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	ss for the year. (Enter this info. once.) \$					
(a) No.	Use duplicate copies of Part III if additional	space is needed.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
		[						
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
		[						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, a	nd 7IP + 4	Relationship of transferor to transferee					
-								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
-		(e) Transfer of gift	I					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					

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(Form 990)	)
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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. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

Nam	e of the organization AVENTURA COMMUNITY	SCHOOL	E	mployer identification number 85-3501270
Par			or Acco	
	organization answered "Yes" on Form 990, Part IV, lin			
	-	(a) Donor advised funds	(b) F	unds 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 v	writing that the assets held in donor advis	sed funds	
-	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
•	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?		•	Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line	-7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	· · · · · · · · · · · · · · · · · · ·	of a historica	Illy important land area
	Protection of natural habitat	Preservation of	of a certified	historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a consei	vation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			a
b	Total acreage restricted by conservation easements			<b>b</b>
с	Number of conservation easements on a certified historic stru	ucture included in (a)	2	
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			d
3	Number of conservation easements modified, transferred, rele		e organizatio	on during the tax
	year ►			
4	Number of states where property subject to conservation eas	ement is located	-	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation ea	asements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	ation easem	ents during the year
_	\$			
8	Does each conservation easement reported on line 2(d) above			
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	nents that de	escribes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or O	ther Simi	lar Assets
I UI	Complete if the organization answered "Yes" on Form			
10	If the organization elected, as permitted under FASB ASC 95		and balance	shoot works
Id	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 956			et works of
b	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	constituti, education, or research in full		
	(i) Revenue included on Form 990, Part VIII, line 1		•	▶ \$
			•	► \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financia		
2	the following amounts required to be reported under FASB A		a yan, prov	
9	Revenue included on Form 990, Part VIII, line 1	-	•	▶ \$
a h	Assets included in Form 990, Part X			► \$
				Ψ

Schedule D (Form 990) 2021

SCHE		COMMUNITY						01270	Page <b>2</b>
Pa	rt III Organizations Maintaining Co	llections of Art	t, Historical Tr	easures, or	Other S	imilar /	Assets	(continu	ed)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
	collection items (check all that apply):								
а	Public exhibition	d	Loan or ex	change prograr	n				
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's coll	lections and explain	how they further t	the organizatior	n's exempt	purpose	in Part	XIII.	
5	During the year, did the organization solicit or	receive donations o	of art, historical trea	asures, or other	similar as	sets			
	to be sold to raise funds rather than to be main						🗌	Yes	No No
Pa	rt IV Escrow and Custodial Arrang	ements. Comple	ete if the organizati	on answered "ነ	/es" on Fo	rm 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Part	X, line 21.							
1a	Is the organization an agent, trustee, custodia	n or other intermedi	iary for contributio	ns or other asse	ets not incl	uded		_	
	on Form 990, Part X?						🗆	Yes	No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the foll	lowing table:						
								Amount	
с	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					lf		_	
2a	Did the organization include an amount on For	rm 990, Part X, line	21, for escrow or o	custodial accou	nt liability?	•	∟	Yes	No No
	If "Yes," explain the arrangement in Part XIII. C								
Pa	rt V Endowment Funds. Complete if	the organization and							
		(a) Current year	<b>(b)</b> Prior year	(c) Two years	s back (d)	Three yea	ars back	<b>(e)</b> Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	nt year end balance	e (line 1g, column (	a)) held as:					
а	Board designated or quasi-endowment 🕨 _		_%						
b	Permanent endowment 🕨	%							
с	Term endowment	ó							
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.							
3a	Are there endowment funds not in the posses	sion of the organiza	tion that are held a	and administere	d for the o	organizati	on	_	
	by:							Y	es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as require	ed on Schedule R?	·				3b	
4	Describe in Part XIII the intended uses of the c	<u>u</u>	wment funds.						
Pa	rt VI Land, Buildings, and Equipme								
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a.	See Form 990,	Part X, line	e 10.			
	Description of property	(a) Cost or or basis (investm		st or other s (other)	• •	umulated ciation		(d) Book	/alue
1a	Land								
	Leasehold improvements								
	Equipment			17,925.		1,49	3.		,432.
	Other			93,653.					,653.
	I. Add lines 1a through 1e. <i>(Column (d) must eq</i>		X, column (B), line	10c.)				210	,085.

Schedule D (Form 990) 2021

Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
<b>Fotal</b> . (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of voar market value
	(b) BOOK value	(c) Method of Valuation. Cost of end-	or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX         Other Assets.         Complete if the organization answered "Yes" of the organization" of the org		11d. See Form 990, Part X, line 15.	
(a) l	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
I. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ACCRUED EXPENSES			10,312
(3) RIGHT-TO-USE LEASE LIABITY	, DUE		
(4) WITHIN ONE YEAR			60,463
(5) RIGHT-TO-USE LEASE LIABITY	, DUE IN		•
(6) MORE THAN ONE YEAR			1,293,218
(7)			, , , – ,
(8)			
(9)			
	25 \		1,363,993
Total. (Column (b) must equal Form 990, Part X, col. (B) line	,	the organization's financial statements the	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

X

### AVENTURA COMMUNITY SCHOOL

# Schedule D (Form 990) 2021 AVENTURA Operation Part VII Investments - Other Securities.

Sche	dule D (Form 990) 2021 AVENTURA COMMUNITY SCHC	OL	85-3	3501270 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	le per Return.	¥
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements			1,065,087.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines <b>2a</b> through <b>2d</b>		2e	0.
3	Subtract line 2e from line 1			1,065,087.
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		
с	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)		1,065,087.
Pa	t XII Reconciliation of Expenses per Audited Financial St	atements With Expen	ses per Returr	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total expenses and losses per audited financial statements		1	497,998.
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		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			497,998.
4	Amounts included on Form 990, Part IX, line 25, 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		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		497,998.
Pa	rt XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE SCHOOL IS A NOT-FOR-PROFIT SCHOOL THAT IS EXEMPT FROM FEDERAL INCOME
TAXES UNDER THE INTERNAL REVENUE CODE, CLASSIFIED BY THE INTERNAL REVENUE
SERVICE AS OTHER THAN A PRIVATE FOUNDATION AND IS SIMILARLY EXEMPT FROM
STATE INCOME TAXES. THE SCHOOL ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN
TAX POSITIONS BASED ON A MORE LIKELY THAN NOT THRESHOLD TO THE RECOGNITION
OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE
POSITION UNDER EXAMINATION BY THE APPLICABLE TAXING AUTHORITY. IF A TAX
POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE
POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A CUMULATIVE
PROBABILITY ASSESSMENT THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL
UNCERTAIN TAX POSITIONS. TAX POSITIONS INCLUDE, BUT ARE NOT LIMITED TO,
132054 10-28-21 Schedule D (Form 990) 2021

	05 2501270
Schedule D (Form 990) 2021         AVENTURA         COMMUNITY         SCHOOL           Part XIII         Supplemental Information (continued)         Continued)         Continued	85-3501270 Page 5
THE TAX EXEMPT STATUS AND DETERMINATION OF WHETHER INCOME IS	SUBJECT TO
UNRELATED BUSINESS INCOME TAX; HOWEVER, MANAGEMENT HAS DETERN	MINED THAT
SUCH TAX POSITIONS DO NOT RESULT IN AN UNCERTAINTY REQUIRING	RECOGNITION.

SCHEDULE E		Schools	1	OMB No.	1545-004	47			
(Form 990)		Complete if the organization answered "Yes" on Form 990,		20	<b>91</b>				
		Part IV, line 13, or Form 990-EZ, Part VI, line 48.				<b>ZUZ I</b>			
	nent of the Treasury	► Attach to Form 990 or Form 990-EZ.				Open to Public			
Internal	Revenue Service	Go to www.irs.gov/Form990 for the latest information.		Inspection					
Name	e of the organization	n	Employer ide			mber			
		AVENTURA COMMUNITY SCHOOL	85-	3501	270				
Pa	tl				I				
					YES	NO			
1	-	tion have a racially nondiscriminatory policy toward students by statement in its charter,			37				
		erning instrument, or in a resolution of its governing body?		1	X				
2		tion include a statement of its racially nondiscriminatory policy toward students in all its broc			37				
_		ther written communications with the public dealing with student admissions, programs, and	scholarships?	2	X				
3	-	on publicized its racially nondiscriminatory policy on its primary publicly accessible Internet							
		mes during its taxable year in a manner reasonably expected to be noticed by visitors to the							
		bugh newspaper or broadcast media during the period of solicitation for students, or during th if it has no solicitation program, in a way that makes the policy known to all parts of the gene							
	•	es? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	<i>1</i> a	3	x				
		NIATION PROVIDES ITS NONDISCRIMINATION IN THE							
		HANDBOPK AND ALL FROMS RELATED TO ADMISSION.	IN	-					
		THE SCHOOL IS A PUBLIC CHARTER SCHOOL SUBJECT	ТО	-					
		SCRIMINATION REQUIREMENTS OF THE NASHVILLE PUB		-					
	SCHOOL SY			-					
4		tion maintain the following?		-					
-	0			4a	х				
	-	ting that scholarships and other financial assistance are awarded on a racially nondiscrimina		4b	Х				
		ogues, brochures, announcements, and other written communications to the public dealing							
	•	ssions, programs, and scholarships?		4c	х				
d	Copies of all mate	rial used by the organization or on its behalf to solicit contributions?			Х				
		No" to any of the above, please explain. If you need more space, use Part II.							
				_					
				-					
				-					
				-					
5	•	tion discriminate by race in any way with respect to:							
а	Students' rights or	r privileges?		<u>5</u> a	X	<u> </u>			
	Admissions policie			5b	X				
С	Employment of fac	culty or administrative staff?		<u>5c</u>	X	<u> </u>			
		her financial assistance?			X	<u> </u>			
		es?		5e	X				
		~		5f	X	<u> </u>			
		?		5g	X X	<u> </u>			
h		lar activities?		5h					
	If you answered "Y	es" to any of the above, please explain. If you need more space, use Part II.							
				-					
				-					
				-					
6.0	Doos the organiza	tion receive any financial aid or accietance from a governmental econou?		60	x				
		tion receive any financial aid or assistance from a governmental agency?			X	<del> </del>			
u		on's right to such aid ever been revoked or suspended?		do					
7		/es" on either line 6a or line 6b, explain on Part II. tion certify that it has complied with the applicable requirements of sections 4.01 through							
7		tion certify that it has complied with the applicable requirements of sections 4.01 through 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II		7	x				
ΙНΔ		eduction Act Notice, see the Instructions for Form 990 or 990-EZ.		ule E (Fo		) 2021			

Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



85-3501270

AVENTURA COMMUNITY SCHOOL

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITY TO LIVE AS CURIOUS GLOBAL CITIZENS DEDICATED TO CHANGING THE

WORLD. FOLLOWING THEIR K-8 JOURNEY AT AVENTURA COMMUNITY SCHOOL,

STUDENTS WILL GRADUATE WITH ACADEMIC MASTERY AND CURIOSITY, GLOBAL

COMPETENCE INCLUDING BILITERACY IN ENGLISH AND SPANISH, AND A TRACK

RECORD OF POSITIVE CONTRIBUTION TO THEIR COMMUNITY THAT TOGETHER ENSURE

THEY ARE PREPARED FOR SUCCESS IN HIGH SCHOOL, COLLEGE, AND A MEANINGFUL

LIKE.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

AVENTURA COMMUNITY SCHIIL IS A NEW FREE PUBLIC K-8 BILINGUAL

(ENGLISH/SPANISH) SCHOOL IN SOUTHEAST NASHVILLE, TENNESSEE OFFERING A

PROJECT-BASED LEARNING APPROACH AND A FOCUS ON GLOBAL COMPETENCE. IN

THE FISCAL YEAR, THE ORGANIZATION WAS INVOLVED IN PLANNING FOR THE

OPENING OF ITS FIRST SCHOOL YEAR WHICH BEGAN IN 2022 SHORTLY AFTER THE

END OF ITS FISCAL YEAR.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY A CPA FIRM AND REVIEWED BY THE TREASURE OF THE BOARD OF DIRECTORS AND THE EXECUTIVE DIRECTOR OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS MONITORS CONFLICT OF INTEREST ANNUALY AT THE BOARD RETREAT

FORM 990, PART VI, SECTION B, LINE 15:

THE GOVERNANCE COMMITTEE WILL LEAD THE ANNUAL PERFORMANCE EVALUATION.

Schedule O (Form 990) 2021	Page <b>2</b>			
Name of the organization AVENTURA COMMUNITY SCHOOL	Employer identification number 85-3501270			
THE ANNUAL REVIEW WILL RELY ON THREE PRIMARY SOURCES OF FE	EDBACK :			
BOARD MEMBER SURVEY USING A GOOGLE SURVEY FORM				
2-3 BOARD MEMBERS IN 2022, PERHAPS FROM THE EXECUTIVE COM	MITTEE			
INTERVIEWS/FEEDBACK OF NATALIE'S DIRECT REPORTS (2 INTERV	IEWS).			
IN FUTURE YEARS, WE WILL INCLUDE 2-3 ADDITIONAL ACS TEAM	MEMBERS.			
STUDENT ACHIEVEMENT/GROWTH DATA				
MAP LITERACY- ENGLISH				
MAP LITERACY- SPANISH				
MAP MATH- SPANISH				
ARC LITERACY LEVELS IN ENGLISH AND SPANISH				
PARENT SURVEY- IN PROCESS				
FORM 990, PART VI, SECTION C, LINE 19:				
THE ORGANIZATION IS AWARE OF THE REQUIREMENTS OF IRC 6104	TO MAKE FORM 990			
AVAILABLE TO THE PUBLIC UPON REQUEST.				