Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

A For the 2015 calendar year, or tax year beginning 07/01/15, and ending 06/30/16

OMB No. 1545-0047 2015 Open to Public Inspection

Form 990 (2015)

| | 3 Check if applicable: | C Name of organization | | | | | | | |
|--------------------------------|--|---|---|--------------|---|--|--|--|--|
| Ē | Address change | | | D Emplo | yer identification number | | | | |
| L | | Lincoln Academy Doing business as | | | | | | | |
| L | Name change | Number and street (or P.O. box if mail is not delivered to street address) | D | | 1578383 | | | | |
| | Initial return | 7180 Oak Street | Room/suite | | one number -467-5363 | | | | |
| Г | Final return/ terminated | City or town, state or province, country, and ZIP or foreign postal code | | 000 | 207 3303 | | | | |
| | | Arvada CO 80004 | - 1 | G Gross re | eceipts 5,936,866 | | | | |
| | Amended return | F Name and address of principal officer: | | 0 0/035/1 | | | | | |
| L | Application pending | Doug Neely | H(a) Is this a gro | up return fo | r subordinates Yes X No | | | | |
| | | | H(b) Are all subo | ordinates in | ocluded? Yes No | | | | |
| | | | If "No," | attach a lis | t. (see instructions) | | | | |
| 1 | Tax-exempt status: | X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 | 1 | | | | | | |
| J | Website: ► W | ww.lincolnacademy.net | H(c) Group exen | notion num | ber D | | | | |
| proposes | Form of organization | X Corporation Trust Association Other | ear of formation: | ipaon riani | M State of legal domicile: CC | | | | |
| | Part I Su | mmary | a. o. ioiinadoiii | | The State of legal doffliche. | | | | |
| | 1 Briefly de | scribe the organization's mission or most significant activities: | | - Ime | | | | | |
| Activities & Governance | Oper | ation of a Charter School. | • | | | | | | |
| 2 | | | | | | | | | |
| 9 | | | | | • | | | | |
| ô | 2 Check thi | s box 🕨 if the organization discontinued its operations or disposed of more than 2 | 25% of its net a | ssets. | • | | | | |
| මේ | 3 Number of | f voting members of the governing body (Part VI, line 1a) | | 1 2 | 6 | | | | |
| 98 | 4 Number of | f independent voting members of the governing body (Part VI, line 1b) | | 4 | 6 | | | | |
| > | 5 Total num | ber of individuals employed in calendar year 2015 (Part V, line 2a) | * | 5 | 99 | | | | |
| Act | 6 Total num | per of volunteers (estimate if necessary) | | 6 | 231 | | | | |
| | 7a Total unre | lated business revenue from Part VIII, column (C), line 12 | | 7a | 0 | | | | |
| | b Net unrela | ted business taxable income from Form 990-T, line 34 | | 7b | 0 | | | | |
| | | | Prior Year | 1.2 | Current Year | | | | |
| Revenue | | ons and grants (Part VIII, line 1h) | 197, | 058 | 240,594 | | | | |
| en en | 9 Program s | ervice revenue (Part VIII, line 2g) | 4,960, | 019 | 5,653,454 | | | | |
| Sey. | 10 Investmen | t income (Part VIII, column (A), lines 3, 4, and 7d) | | 74 | 0 | | | | |
| | 11 Other reve | nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 101, | 632 | 42,818 | | | | |
| | 12 Total reve | nue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 5,258, | 783 | 5,936,866 | | | | |
| | 13 Grants and | similar amounts paid (Part IX, column (A), lines 1–3) | | | 0 | | | | |
| | 14 Benefits p | iid to or for members (Part IX, column (A), line 4) | | | 0 | | | | |
| Expenses | 15 Salaries, o | ther compensation, employee benefits (Part IX, column (A), lines 5–10) | 3,355, | 711 | 4,293,034 | | | | |
| ë | | al fundraising fees (Part IX, column (A), line 11e) | | | 0 | | | | |
| X | b Total fundr | alsing expenses (Part IX, column (D), line 25) ▶ 0 | | | | | | | |
| - | | nses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,715, | | 1,801,143 | | | | |
| | 18 Total expe | ses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 5,071, | | 6,094,177 | | | | |
| 58 | 19 Revenue le | ss expenses. Subtract line 18 from line 12 | 187, | | -157,311 | | | | |
| ets | 20 Total asset | (D 1)(E 10) | ginning of Current | | End of Year | | | | |
| Ass | | | 11,787, | | 13,426,673 | | | | |
| Net Assets or Fund Balances | | | 14,960, | | 16,757,011 | | | | |
| | the state of the s | ature Block | -3,173, | 027 | -3,330,338 | | | | |
| | | giury, I declare that I have examined this return, including accompanying schedules and statem | | | | | | | |
| tru | e, correct, and com | plete. Declaration of preparer (other than officer) is based on all information of which preparer | nents, and to the | best of m | ny knowledge and belief, it is | | | | |
| | | | The dry known | I | | | | | |
| Sig | n Signa | ture of officer | | Date | | | | | |
| Her | | oug Neely Ouglos Chely Preside | n+ | | -30-16 | | | | |
| | 1 100 | or print name and title | nc | | 20 16 | | | | |
| | Print/Type pr | parer's name Preparens signature | Date | 0 | OTIN | | | | |
| Paid | John Cut | | | Check | PTIN | | | | |
| Prep | | John L Cutler & Associates | 11/29/16 | | | | | | |
| Use | | 600 17th St S Ste 2800 | Firm's | EIN ₽ | 20-2011689 | | | | |
| | Firm's addres | | | | 03-634-3350 | | | | |
| May | | nis return with the preparer shown above? (see instructions) | Phone | no. | 303-634-2259 X Yes No | | | | |
| | | (coo managerila) | | | X Yes No | | | | |

| | (U15) Lincoin Ac | | 84-1578383 | Page |
|---|-----------------------------|--|---|-------------------------|
| Part III | Statement of Pro | gram Service Accomplishment | S | |
| 1 Briefly | describe the organization | O contains a response or note to | any line in this Part III | X |
| | | arter School | | |
| | | | | |
| | | | | |
| | | | ***************************** | |
| 2 Did the | organization undertake a | ny significant program services during the | vear which were not listed on the | |
| prior Fo | orm 990 or 990-EZ? | | | Yes X No |
| | " describe these new serv | rices on Schedule O. | | |
| 3 Did the | organization cease condu | ucting, or make significant changes in how | vit conducts, any program | |
| service | | *************************************** | *************************************** | Yes X No |
| IT "Yes," | describe these changes | on Schedule O. | | |
| 4 Describ | e the organization's progra | am service accomplishments for each of i | ts three largest program services, as mea | asured by |
| the total | Leyponess and rovenue | 501(c)(4) organizations are required to re | port the amount of grants and allocations | to others, |
| tile total | expenses, and revenue, | if any, for each program service reported. | | |
| 4a (Code: |) /Evnenses \$ | 2 003 805 including and | -10 | |
| Opera | tion of a Cha | 2,993,895 including grants of | | \$ |
| P. P. T. T. | | rter benoor. | | |
| | | *************************************** | ••••• | |
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| | | | | |
| | | | | |
| o (Code: |) (Expenses \$ | including grants o | f\$) (Revenue | \$) |
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| * | | | | |
| (Code: |) (Expenses \$ | including grants of |) (Revenue \$ | |
| (Code: |) (Expenses \$ | including grants of | \$) (Revenue \$ | 5 |
| (Code: |) (Expenses \$ | including grants of |) (Revenue \$ | 3) |
| (Code: |) (Expenses \$ | including grants of |) (Revenue \$ | 3 |
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| (Code: |) (Expenses \$ | including grants of | \$) (Revenue \$ |) |
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| (Code: |) (Expenses \$ | including grants of | \$) (Revenue \$ | |
| | | | \$) (Revenue \$ | |
| (Code: | ram services (Describe in | | \$) (Revenue \$ | |

Form 990 (2015) Lincoln Academy

Part IV Checklist of Required Schedules

| | | | Y | es | Ne |
|-----|--|-----|--------------------|----|----------|
| | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | | T | | 140 |
| | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 1 | _ | _ | _ |
| | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | 2 | - | + | X |
| | candidates for public office? If "Yes," complete Schedule C, Part I | | | | |
| 4 | | . 3 | + | + | X |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | | | | 7.5 |
| 5 | | . 4 | + | + | X |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | | | | |
| | Part III | | | | v |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | . 5 | + | + | X |
| | 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 | | ١, | X |
| 7 | *************************************** | | + | + | <u>~</u> |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | ١, | X |
| 8 | | - | + | +- | n. |
| | complete Schedule D, Part III | 8 | | 1, | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | - | + | + | 1.8 |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | 13 | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | - | 1 | +- | _ |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D. Part V | 10 | | 13 | K |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI. | | | | İ |
| | VII, VIII, IX, or X as applicable. | | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | - Name of the last | 1 | granus. |
| | complete Schedule D, Part VI | 11a | X | | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more | | | T | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X | |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more | | | | |
| al | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X | |
| d | and an amount for other assets in hair X, line 13 that is 5% of more of its total assets | | | | |
| е | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | | |
| f | The state of the state of the labilities in Fart X, line 25? If Fest, complete Schedule D. Part X | 11e | X | _ | |
| | and a sound of control dated infancial statements for the tax year include a toothote that addresses | | | | |
| 12a | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X | _ |
| | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | | | | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | 12a | X | | |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | | | | |
| 3 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 12b | 32 | X | _ |
| 4a | Did the organization maintain an office employees or agents outside of the United States? | 13 | X | 37 | _ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | 14a | | X | |
| | 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 | |
| 5 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 140 | | | - |
| | for any foreign organization? If "Yes." complete Schedule F. Parts II and IV | 15 | - 1 | x | |
| 6 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | 15 | | | - |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X | |
| 7 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | | _ |
| _ | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | X | |
| 8 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | | - |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X | |
| 3 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | | - |
| | If "Yes," complete Schedule G, Part III | 19 | | X | |

Part V Checklist of Required Schedules (continued)

| | | | | Yes | N |
|-----|--|-----|----|--------|---|
| 20 | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 2 | 0a | | 2 |
| | b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 2 | 0b | | |
| 21 | delication of the delication of the assistance to any domestic organization of | | | | |
| 0.0 | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 2 | 1 | | X |
| 22 | sales assistance to driving and individuals on | | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 2 | 2 | | X |
| 23 | 3 about compensation of the | | T | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | | |
| • | employees? If "Yes," complete Schedule J | 2 | 3 | | X |
| 24 | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | T | T | |
| | \$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 | 24 | a | | X |
| 1 | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24 | b | | |
| (| Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | T | | |
| | to defease any tax-exempt bonds? | 24 | c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24 | | T | |
| 25 | 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 | 25 | a | | X |
| b | o and the original of the colors benefit transaction with a disqualified person in a prior | | | \top | |
| | 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 | 251 | 0 | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | | | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or | | | | |
| | disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | T | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | 12 | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | | |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | ě. | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | T | 3 | ζ |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | \top | |
| | Schedule L, Part IV | 28b | | 3 | 2 |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | | |
| 100 | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | 2 | 2 |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | × | |
| 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," | | | T | |
| | 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 | 7 |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, | | | Π | |
| | 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 | |
| D | if "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | | |
| 20 | 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 | | | | |
| 27 | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | X | |
| 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 in Schedule O for Part VI, lines 11b and | | | | |
| | 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | X | | _ |

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this

| | eneck in concadic o contains a response of note to any line in this r | aπ v | | | | , [|
|------------------|--|------------|---------------------|-------------|------------------------|----------|
| 1 | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 15 | Same | Yes | 1 |
| ŧ | | 1b | 13 | | | |
| (| | and | | | | |
| | reportable gaming (gambling) winnings to prize winners? | | | 1c | 1000 | 355 |
| 28 | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 1 | | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 99 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax | returns | 3? | 2b | X | 1000 |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instru- | ctions) | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | 200 | 3 |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sche | dule O | | 3b | | Ė |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or o | ther au | thority | . | | \vdash |
| | over, a financial account in a foreign country (such as a bank account, securities account, or oth | er finan | cial | | | |
| | account)? | | | 4a | | X |
| b | and the marrie of the foreign country. | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finan | cial Acc | counts | | | |
| E o | (FBAR). | | | | | |
| b | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year | ar? | | 5a | | X |
| C | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra | insactio | n? | 5b | | X |
| 6a | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| ou | Does the organization have annual gross receipts that are normally greater than \$100,000, and o | did the | | | | |
| b | organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contri | | | 6a | | X |
| 550 | gifts were not tax deductible? | butions | or | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | 6b | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly | for | d- | | 100 | |
| | and services provided to the payor? | ioi goo | as | 508453 | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7a | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which | it was | | 7b | | _ |
| | required to file Form 8282? | it was | | 70 | - 1 | |
| ď | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | 7c | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene- | fit contr | act? | 7e | AT BEET | 1 |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit or | ontract? | | 7f | _ | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file | Form 8 | 8899 as required? | 7g | \rightarrow | |
| h | if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | nization | file a Form 1098-C2 | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mainta | ained by | the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | | 8 | AL PROPERTY. | |
| | Sponsoring organizations maintaining donor advised funds. | | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| U | Section 501(c)(7) organizations. Enter: | • | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b 1 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| | Section 501(c)(12) organizations. Enter: | 1 | | 1000 | 433 E | |
| | Gross income from members or shareholders | 11a | | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | | | |
| | | 11b | | | 200 | |
| b I | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 990 i | | 1? | 12a | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | 12b | | | | |
| a I | s the organization licensed to issue qualified health plans in more than one state? | | | 1867, 51 90 | | |
| -00 B | Note. See the instructions for additional information the organization must report on Schedule O. | | | 13a | | |
| P | on Schedule O. | | | | | |
| 1 | Enter the amount of reserves the organization is required to maintain by the states in which | | | | SECTION AND ASSESSMENT | |
| 1 B d | Enter the amount of reserves the organization is required to maintain by the states in which | 13h | | | | |
| b E | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 3b | | | |) |
| b E ti c E | nter the amount of reserves the organization is required to maintain by the states in which he organization is licensed to issue qualified health plans | 3b 3c | | 14a | | |

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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 6 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? X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? X 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? X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b 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 in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in 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 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 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 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:

7180 Oak Street

Arvada DAA

The School

13

CO 80004

303-467-5363

| Form 990 (2015) | Lincoln | Academy |
|-----------------|---------|---------|
|-----------------|---------|---------|

| 84 | - 1 | E | 70 | 2 | 0 | 2 |
|----|-----|---|----|-----|---|----|
| 04 | -1 | 2 | 10 | 5.5 | 8 | -5 |

Form 990 (2015)

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

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

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

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

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

| | 1 | any current officer, director, or trustee | | | | | | | | | | |
|---|---|---|-----------------------|--------------------------------|-----------------|---|-----------------|--|---|--|--|--|
| (A) Name and Title | (B) Average hours per week (list any hours for | b o | ox, un | Po check less p and a | erson direct | e than one is both an or/trustee) | from the | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the | | | |
| | related organizations below dotted line) | or director | Institutional trustee | Officer | Key employee | Former Highest compensated employee | (W-2/1099-MISC) | (W-2/1099-WIIOC) | organization and related organizations | | | |
| (1)Doug Neely | | T | \top | | | | | | | | | |
| President | 2.00 | x | | x | | | 0 | 0 | 0 | | | |
| (2) Phil Courtney | 0.00 | | | | | | | | | | | |
| Vice President | 2.00 | × | | x | | | | | | | | |
| (3) Jeff Baucum | 0.00 | 1 | - | 1 | | | 0 | 0 | 0 | | | |
| Treasurer | 2.00 | x | | x | | | 0 | 0 | 0 | | | |
| (4)Kristi Geisz | | | | | | | | | | | | |
| Secretary | 2.00 | x | | x | | | o | 0 | 0 | | | |
| (5) Dan Burrows | | | | | | | | | | | | |
| Director | 2.00 | x | | | | | o | O | 0 | | | |
| (6)Nina Sloan | | | | | | | | | 0 | | | |
| Director | 2.00 | x | | | | | o | 0 | 0 | | | |
| (7) | | | | T | | | | | | | | |
| | | | | | | | | | | | | |
| (8) | | | \forall | 1 | 7 | | | | | | | |
| | | | | | | | | | | | | |
| (9) | | | 1 | \top | 1 | | | | | | | |
| | | | | | | | | | | | | |
| (10) | | | \dagger | 1 | \dagger | | | | | | | |
| 3 ************************************* | | | | | | | | | | | | |
| (11) | | | \dagger | \dagger | 1 | | | | | | | |
| *************************************** | | | | | | | | | | | | |
| DAA | | | | | | | | | | | | |

| The same of | | , | - | | , | 3 | | , | , | | | | | |
|-------------|---|--|--------------|-----------------------|---------------|----------------|-----------------|----------------|--|---|---------|---|--|--|
| | (A) Name and title | (B) Average hours per week (list any | bo | x, unl | | erson | e thar is bo | th an | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | | (F) Estimated amount of other compensation from the | | |
| | | hours for related organizations below dotted line) | or director | Institutional trustee | Officer | Key employee | employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | | from ti organiza and rela organizal | ation ated | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 1941 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | 34.50.50.50.50.50.50.50.50.50.50.50.50.50. | |
| 1b c | Sub-total Total from continuation shee | ets to Part VII. | Sect | tion | Α | | | | | | | | | |
| d | Total (add lines 1b and 1c) | | | | | |] | | | | | | | |
| 2 | Total number of individuals (increportable compensation from | | | | tho | se II | sted | abo | ve) who received more th | an \$100,000 of | | | | |
| 3 | Did the organization list any fo employee on line 1a? If "Yes," | complete Sche | dule | J fo | rsu | ch ir | ndivi | dual | | | | 3 | es No | |
| 4 | For any individual listed on line organization and related organ individual | izations greater | r tha | n \$1 | 50,0 | 000? | If "Y | es," | complete Schedule J for | such | | 4 | x | |
| 5 | Did any person listed on line 1a for services rendered to the org | a receive or acc ganization? If "Y | rue (es," | com | pen: nplet | satio | on fro | om a Jule J | ny unrelated organization I for such person | or individual | 利3 | 5 | х | |
| Sect 1 | ion B. Independent Contractor Complete this table for your five | | ensa | ated | inde | nen | deni | con | ractors that received mor | re than \$100,000 of | | | | |
| | compensation from the organiz | ation. Report co | omp | ensa | ation | for | the o | calen | dar year ending with or w | rithin the organization's tax | x year. | . 10 | 2) | |
| | Name and bu | A) isiness address | | | | | 1 | | Description | B) n of services | _ | Compe | ensation | |
| | | | | | | | | | | | | | | |
| | | | | | | | - | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent correceived more than \$100,000 or | ontractors (inclu f compensation | ding fron | but n the | not org | limit janiz | ed to | tho tho | se listed above) who | 0 | ** | i din Guna | | |

Statement of Revenue

| | | Check it Schedu | ie O conta | iins a respon | ise or note to any | line in this Part | VIII | |
|--|--------|--|---------------|---------------|--|--|---|--|
| 40 | 10 | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| ant | unt | 1a Federated campaigns | 1a | | | | | 312-314 |
| Ō | 0 1 | b Membership dues | 1b | | | 1.7.40-7.144 | | |
| iffs | A | c Fundraising events | 1c | | | | | |
| Ö | i a | d Related organizations | 1d | | | | | |
| ons | S | e Government grants (contributions) | 1e | 228,61 | 9 | | | |
| Program Service Revenua Contributions, Giffs, Grants | Other | f All other contributions, gifts, grants, and similar amounts not included above | 11 | 11,978 | | | | |
| ont | Du | g Noncash contributions included in lines | | | | | | |
| 2 | 0 | h Total. Add lines 1a-1f | | | 240,594 | | | |
| Ven | ١, | 2a DDD D | | Busn. Code | 4 400 000 | | | 12 14 Extraction 1 |
| Re | 1 4 | 2a PPR Revenue b Mill Levy Overrid | | 61171 | | | | |
| ice | | <pre>b Mill Levy Overrid c Tuition and Fees</pre> | e | 611710 | | | | |
| Ser | | d luicion and rees | | 611/10 | 385,724 | 385,724 | 2 | |
| E | | Δ | | | | | | |
| gra | , | f All other program service re | | | - | | | |
| Pro | | g Total. Add lines 2a–2f | | | 5,653,454 | | Comparison Comparison | |
| | 3 | | | | 3,033,434 | | T | |
| | | and other similar amounts) | g aividends, | micrest, | | | | |
| | 4 | | ax-exempt b | and proceed | | | | |
| | 5 | The state of the s | | | | | | |
| | 1000 | (i) Real | | (ii) Personal | 5.025.00 | | | de la company |
| | 6 | a Gross rents | | | | | | |
| | k | Less: rental exps. | | | | | | |
| | 0 | Rental inc. or (loss | | | | | | |
| | d | | | • | 2. | | | |
| | 78 | Gross amount from (i) Securities | | (ii) Other | | Valence of the second | A CLARKENIUM | March Service Constraints |
| | | sales of assets other than inventory | | | | | | |
| | b | | | | | EXPERIMENTAL MEDIA | | |
| | | basis & sales exps. | | | | | | |
| | С | Gain or (loss) | | | | | | |
| | d | Net gain or (loss) | | | | | | |
| 9 | 8a | Gross income from fundraising ev | | | | | | |
| enne | | (not including \$ | | | | | | |
| Other Reve | | of contributions reported on line 1 | s). | 1 | | | | |
| F R | | See Part IV, line 18 | а | | | | | |
| the | b | Less: direct expenses | b | , | | | | |
| ٦ | | Net income or (loss) from fun | | nts ▶ | The state of the s | | | |
| | | Gross income from gaming activiti | es. | | | | | |
| | | See Part IV, line 19 | a | | SECTION ASSESSMENT | | | |
| | | Less: direct expenses | b | | | | | |
| | | Net income or (loss) from gan | | s > | | | | who were the second of the sec |
| | 10a | Gross sales of inventory, less | | | | | | |
| | | returns and allowances | . a | | | | | |
| | | Less: cost of goods sold | | | | | | |
| - | С | Net income or (loss) from sale | s of inventor | | - V/III | | | |
| H | 44 | Miscellaneous Revenue | | Busn. Code | | | | |
| | 11a | * | | 611710 | 42,818 | 42,818 | | |
| | b | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | C | All other revenue | | | | | | |
| | d | All other revenue | | | 10.010 | | | |
| | 12 | Total Add lines 11a-11d | | | 42,818 | F 604 175 | | 1 1.07 6 |
| _ | 14 | Total revenue. See instruction | 15 | | 5,936,866 | 5,696,272 | 0 | 0 |

Form 990 (2015) Lincoln Academy

Part IX Statement of Functional Expenses

| Se | ection 501(c)(3) and 501(c)(4) organizations m Check if Schedule O contains a | nust complete all columns. | All other organizations mu | ust complete column (A). | |
|--------|--|----------------------------|----------------------------|---------------------------------|--|
| D. | not include amounts reported on lines 6b | | (B) | (c) | (D) |
| | , 8b, 9b, and 10b of Part VIII. | (A) Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | and the second second | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | ******** | | | | かし ないぞうえ 作 私の |
| | trustees, and key employees | | | | |
| 6 | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | | 2,940,267 | 2,282,644 | 657,623 | The state of the s |
| 8 | Pension plan accruals and contributions (include | 2/310/20/ | 2/202/022 | 037,023 | |
| | section 401(k) and 403(b) employer contributions) | 676,703 | | 676,703 | |
| 9 | Other employee benefits | 676,064 | 525,352 | 150,712 | |
| 10 | Payroll taxes | 070,004 | 323,332 | 130,712 | |
| 11 | Payroll taxes Fees for services (non-employees): | | | | * |
| | | | | 1 | |
| a b | 1 1 | | | | |
| | | | | | |
| ن | Accounting | | | | |
| u | Lobbying | 7 | | | |
| e | Professional fundraising services. See Part IV, line | / | | 1.0 (C) V 250 H. 1 | |
| f | , | | | | |
| g | | 00 465 | | | |
| | (A) amount, list line 11g expenses on Schedule O.) | 99,165 | | 99,165 | |
| | Advertising and promotion | | | | |
| 13 | Office expenses | 21.101 | | | |
| 14 | Information technology | 21,104 | | 21,104 | |
| 15 | Royalties | | | | · |
| 16 | Occupancy | 58,304 | | 58,304 | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expense | s | | | |
| | for any federal, state, or local public officials | | | | |
| 9 | Conferences, conventions, and meetings | 15,729 | | 15,729 | |
| 20 | Interest | 322,170 | | 322,170 | |
| 21 | Payments to affiliates | 252 522 | | | |
| | Depreciation, depletion, and amortization | 278,782 | | 278,782 | |
| | Insurance | | | | |
| 4 | Other expenses. Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses in line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | 1.04分字符 | | |
| a | Other Purchased Services | 774,771 | 34,579 | 740,192 | |
| b | Supplies & Materials | 231,118 | 151,320 | 79,798 | |
| С | *************************************** | | | | |
| d | | | | | |
| | All other expenses | | | | |
| | Total functional expenses. Add lines 1 through 24e | 6,094,177 | 2,993,895 | 3,100,282 | 0 |
| | 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 following SOP 98-2 (ASC 958-720) | | | | |
| ^ | IOIIOWIIIY SUF 30-2 (ASC 330-120) | | | | |

| | an | Balance Sheet | | | | | , | | | | |
|----------|----------|--|---|---------------------|-------------------|--------|---|--|--|--|--|
| _ | | Check if Schedule O contains a response or r | note to any | line in this Part X | /45 | т | // | | | | |
| | | | | | (A) | | (B) | | | | |
| - | - | Cook non interest hooring | | | Beginning of year | - | End of year | | | | |
| | 1 | 9 | | | 1,350,248 | | 1,950,367 | | | | |
| | 2 | [20] 20(20) 20(10) - 10(20) 10(20) 10(20) 10(20) 10(20) 10(20) 10(20) 10(20) 10(20) 10(20) 10(20) 10(20) 10(20 | | | 900,832 | | 936,622 | | | | |
| | 3 | Pledges and grants receivable, net | | | 0 707 | 3 | | | | | |
| | 4 | | | | 8,737 | 4 | Contraction of the second second second | | | | |
| | 5 | Loans and other receivables from current and forme | 100 | | | | | | | | |
| | | trustees, key employees, and highest compensated | | | | | | | | | |
| | | Complete Part II of Schedule L | 5 | | | | | | | | |
| | 6 | Loans and other receivables from other disqualified | | | | | | | | | |
| | | 4958(f)(1)), persons described in section 4958(c)(3) | (C) | | į. | | | | | | |
| | | sponsoring organizations of section 501(c)(9) volunt | | | 3.12 (2.03) | SHEETS | | | | | |
| 200 | _ | organizations (see instructions). Complete Part II of | L | | 6 | | | | | | |
| Assets | 7 | Notes and loans receivable, net | | | | 7 | 2 1.1 | | | | |
| • | 8 | | | | - Alba (SAN) | 8 | | | | | |
| | 9 | | тт. | | | 9 | | | | | |
| | 108 | Land, buildings, and equipment: cost or | 40. | 0 202 277 | | | | | | | |
| | ١. | other basis. Complete Part VI of Schedule D | 10a | 9,303,277 | 0 770 726 | | 0 504 400 | | | | |
| | 150mmin | Less: accumulated depreciation | | | 8,778,736 | | 8,584,482 | | | | |
| | 11 | Investments—publicly traded securities | | 11 | | | | | | | |
| | 12 | Investments—other securities. See Part IV, line 11 | | | 12 | | | | | | |
| ı | 13 | 1-4101 | Investments—program-related. See Part IV, line 11 | | | | | | | | |
| | 14 | | | | 159,380 | 14 | 142,573 | | | | |
| | 15 | | | | 589,265 | | 1,812,629 | | | | |
| \dashv | 16 | Total assets. Add lines 1 through 15 (must equal lin | e 34) | | 11,787,198 | | 13,426,673 | | | | |
| 1 | 17 | Accounts payable and accrued expenses | | 34,509 | | 50,562 | | | | | |
| 1 | 18 19 | Grants payable | | | 32 000 | 18 | 20 265 | | | | |
| | 20 | Deferred revenue | | | 32,908 | 19 | 38,365 | | | | |
| | 21 | Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part I | | dula D | | 20 | | | | | |
| 1 | 22 | Loans and other payables to current and former offic | | | No. | 21 | | | | | |
| | 22 | trustees, key employees, highest compensated empl | | | | | | | | | |
| | | disqualified persons. Complete Part II of Schedule L | 100 | | | 20 | the first production | | | | |
| | 23 | Secured mortgages and notes payable to unrelated t | | | 7,371,152 | 22 | 7,202,468 | | | | |
| - 1 | 24 | Unsecured notes and loans payable to unrelated third | riiru partie | ···· | 1,311,132 | 24 | 1,202,400 | | | | |
| - 1 | 25 | Other liabilities (including federal income tax, payable | u parties . | od third | | 24 | | | | | |
| | 25 | parties, and other liabilities not included on lines 17-2 | | 1 | | - 1 | | | | | |
| | | | | | 7,521,656 | 25 | 9,465,616 | | | | |
| | 26 | of Schedule D Total liabilities. Add lines 17 through 25 | | | 14,960,225 | | 16,757,011 | | | | |
| T | 2.0 | Organizations that follow SFAS 117 (ASC 958), ch | | | 11,500,225 | 20 | 10,737,011 | | | | |
| | | complete lines 27 through 29, and lines 33 and 34 | | dila | | | | | | | |
| | 27 | STANDARD ROCKING COLUMN | | 製造 | | 27 | | | | | |
| 1 | 28 | Temporarily restricted net assets | | | | 28 | | | | | |
| 1 | 29 | Permanently restricted net assets | | | 29 | | | | | | |
| | | Organizations that do not follow SFAS 117 (ASC 9 | 358), chec | k here X and | 9.017#05 PY 1901 | | | | | | |
| | | complete lines 30 through 34. | | | | | | | | | |
| 1 | 30 | Constant stands on twent primate all an economic founds | | 2000 | | 30 | | | | | |
| | 31 | Paid-in or capital surplus, or land, building, or equipm | ent fund | | | 31 | | | | | |
| | 32 | Retained earnings, endowment, accumulated income | . or other t | funds | -3,173,027 | 32 | -3,330,338 | | | | |
| | 33 | 7 | | | | 33 | -3,330,338 | | | | |
| - 1 | 34 | Total liabilities and net assets/fund balances | | | | 34 | 13,426,673 | | | | |

Form **990** (2015)

| | 01 1370303 | | | P | age IZ |
|----|---|----|------|-------|----------------|
| | Part 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 | | 36, | 866 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 177 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 311 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | -3,1 | | |
| 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 in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | -3,3 | 30, | 338 |
| P | art 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 | | | | 3 / 14 |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | | |
| | Schedule O. | | | | 2 - 1 E |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | 1 6 1 | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | 1 to 1 |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | CHIEFMAN (SUC) |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | 4 |
| | separate basis, consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | 7.1 |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | | | 100.522-101.22 |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | 42 | |
| | Schedule O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | | and the second |
| | the Single Audit Act and OMB Circular A-133? | | 3a | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | |
| _ | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | 3b | | |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

Internal Revenue Service Information about Name of the organization

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer Identification number

Lincoln Academy 84-1578383 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (ii) EIN (i) Name of supported (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-9 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) (A) (B) (C) (D) (E)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, 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.) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2014 Schedule A, Part II, line 14 15 33 1/3% support test-2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

| Se | ction A. Public Support | | | , , , | | | |
|-------|--|-----------------------|--------------------|-----------------------|--------------------|------------------|--------------|
| Cal | endar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | (0) 2010 | (4) 2014 | (6) 2013 | (i) Iolai |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| Soc | tion B. Total Support | | | | | | |
| Caler | ndar year (or fiscal year beginning in) | (a) 2011 | (h) 0040 | () 00/0 | | | |
| 9 | Amounts from line 6 | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business activities not included in 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.) | | | | | | |
| | First five years. If the Form 990 is for the | organization's firs | st second third t | fourth or fifth tax v | ear as a socie | F01(a)(3) | |
| | organization, check this box and stop here | • | | | | | |
| ect | ion C. Computation of Public Su | pport Percer | ntage | | | | |
| 5 F | Public support percentage for 2015 (line 8, | column (f) divide | d by line 13, colu | mn (f)) | | 15 | % |
| 0 1 | -ublic support percentage from 2014 Sche | dule A, Part III, III | ne 15 | (,,,, | | 16 | % |
| ecti | on D. Computation of Investmen | nt Income Pe | rcentage | | | | 70 |
| 7 1 | nvestment income percentage for 2015 (lir | ne 10c, column (f | divided by line 1 | 3, column (f)) | | 17 | % |
| 0 1 | rivesurient income percentage from 2014 S | Schedule A, Part | III, line 17 | | | 18 | % |
| 9a 3 | 33 1/3% support tests—2015. If the organ | ization did not ch | eck the box on lin | ne 14, and line 15 | is more than 33 1 | 1/3% and line | 70 |
| 1 | 7 is not more than 33 1/3%, check this box | x and stop here. | The organization | qualifies as a pub | licly supported or | rganization | • |
| D 3 | 3 1/3% support tests—2014. If the organ | ization did not ch | eck a box on line | 14 or line 19a, an | d line 16 is more | than 33 1/3% and | U |
| li | ne 18 is not more than 33 1/3%, check this | s box and stop he | ere. The organiza | ition qualifies as a | publicly supporte | ed organization | > |
|) F | rivate foundation. If the organization did | not check a box | on line 14, 19a, o | r 19b, check this b | ox and see instru | ictions | • |

.Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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| Pa | Supporting Organizations (continued) | 3000 | - | 1 ag |
|------|--|------------|-------------|----------------|
| | - apporting organizations (continued) | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | 16.6% | 162 | INC |
| а | r waaran 1966 ah | | | |
| | below, the governing body of a supported organization? | 440 | | 2000 |
| | A family member of a person described in (a) above? | 11a | | + |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11b | - | - |
| Sec | tion B. Type I Supporting Organizations | 1110 | | |
| | | | T Van | N ₁ |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | Yes | No |
| , | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | 100 | | 7. |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| 2 | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | Secretaries | |
| 2 | Did the 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, | 10000 | NO. | |
| Sect | supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations | 2 | | |
| 000 | non o. Type ii Supporting Organizations | | | |
| 4 | Worse a majority of the argenization's diseases as to obe a desired to the disease of the diseas | BOLES. | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | 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 | | 3414 | |
| Soci | the supported organization(s). | 1 | | |
| Seci | tion D. All Type III Supporting Organizations | | | |
| | Did the second of the second o | | 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 | 20583 | 68/35星體 | |
| | 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 in (2), 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 | 7366 | | |
| Cast | supported organizations played in this regard. | 3 | | |
| | ion E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru | ictions): | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | instructio | ns). | |
| | | г | | 200 |
| | Activities Test. Answer (a) and (b) below. | 10000000 | Yes | No |
| а | 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 | 38238 | | ¥ |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | 1. 12-7 |
| | 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. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | 100 | |
| | 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? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Type III Non-Functionally Integrated 509(a)(3) Support | rting Orgar | nizations | |
|--|----------------|----------------------------|--|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | | | ns. All |
| other Type III non-functionally integrated supporting organizations must com | plete Sections | A through E. | |
| Section 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 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other | | | A |
| factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | A SHARE SHEET SHEE |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| see instructions). | 4 | 2 | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035 | 6 | | The state of the s |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | 12-17 (E)- 12-11 | |
| 2 Enter 85% of line 1 | 2 | 1. A. H. A. T. A. T. A. | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | a day ta a construction of | |
| 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) | 6 | | |
| 7 Check here if the current year is the organization's first as a non functionally | intograted Tun | a III supporting organias | tion (non |

Schedule A (Form 990 or 990-EZ) 2015

instructions).

| P | Type III Non-Functionally Integrated 509(a | a)(3) Supporting Ora | anizations (continued | 1) | | | | |
|--------------|--|-----------------------------|---|-------------------------------------|--|--|--|--|
| _Se | ction D - Distributions | | 1 1 1 1 1 1 1 1 1 1 | Current Year | | | | |
| 1 | Amounts paid to supported organizations to accomplish exempt | purposes | | - Carrone Four | | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt pu | rposes of supported | | | | | | |
| | organizations, in excess of income from activity | | | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes o | f supported organizations | | | | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | | | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | | | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | | | | | |
| 8 | Distributions to attentive supported organizations to which the or | ganization is responsive | | | | | | |
| | (provide details in Part VI). See instructions. | | | | | | | |
| 9 | Distributable amount for 2015 from Section C, line 6 | | | | | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | | | | | |
| | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 | | | | |
| 1 | Distributable amount for 2015 from Section C, line 6 | | | | | | | |
| 2 | Underdistributions, if any, for years prior to 2015 | | | | | | | |
| | (reasonable cause required-see instructions) | | | | | | | |
| 3 | Excess distributions carryover, if any, to 2015: | | | | | | | |
| <u>a</u> | | | | | | | | |
| b | | | | | | | | |
| C | The state of the s | | Parameter 1 | | | | | |
| | From 2013 | | | | | | | |
| | From 2014 | | | | | | | |
| | Total of lines 3a through e | | | | | | | |
| | Applied to underdistributions of prior years | | | | | | | |
| | Applied to 2015 distributable amount | | | | | | | |
| - | Carryover from 2010 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | | | | | |
| 4 | Distributions for 2015 from Section | | Line State of the | | | | | |
| 7 | | | | | | | | |
| а | D, line 7: \$ Applied to underdistributions of prior years | | | | | | | |
| | Applied to 2015 distributions of phor years | | | | | | | |
| | Remainder. Subtract lines 4a and 4b from 4. | | | | | | | |
| | Remaining underdistributions for years prior to 2015, if | | | | | | | |
| | any. Subtract lines 3g and 4a from line 2 (if amount | | | | | | | |
| | greater than zero, see instructions). | | | | | | | |
| | Remaining underdistributions for 2015. Subtract lines 3h | | | | | | | |
| | and 4b from line 1 (if amount greater than zero, see | | | | | | | |
| | instructions). | | | | | | | |
| | Excess distributions carryover to 2016. Add lines 3j | Standard Standard Standard | | | | | | |
| | and 4c. | | | | | | | |
| 8 | Breakdown of line 7: | | | | | | | |
| а | | | | | | | | |
| b | | | | | | | | |
| | Excess from 2013 | | | | | | | |
| d l | Excess from 2014 | | | | | | | |
| e l | Excess from 2015 | | | | | | | |
| | | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2015

| Schedule A (| Form 990 or 990-EZ) 2015 Lincoln Academy | 84-1578383 Page 8 |
|---|--|---|
| Part VI | B, lines 1 and 2; Part IV, Section C, line 1; Part IV. | ons required by Part II, line 10; Part II, line 17a or 17b; Part 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, Part V, Section D, lines 5, 6, and 8; and Part V, Section E |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public

OMB No. 1545-0047

Name of the organization Employer identification number

Inspection

| | incoln Academy | | 84- | 1578383 |
|-----|--|--|-----------|------------------------------|
| F | Organizations Maintaining Donor Advised Complete if the organization answered "Yes" | Funds or Other Similar Funds on Form 990, Part IV, line 6. | or Ac | counts. |
| | | (a) Donor advised funds | | (b) Funds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in writin | g that the assets held in donor advised | | |
| | funds are the organization's property, subject to the organization's | exclusive legal control? | | Yes |
| 6 | Did the organization inform all grantees, donors, and donor adviso | ors in writing that grant funds can be used | | |
| | only for charitable purposes and not for the benefit of the donor or | donor advisor, or for any other purpose | | |
| - | conferring impermissible private benefit? | | | Yes |
| P | Complete if the organization answered "Yes" | on Form 990, Part IV, line 7. | | |
| 1 | Purpose(s) of conservation easements held by the organization (c | heck all that apply). | | |
| | Preservation of land for public use (e.g., recreation or education | n) Preservation of a historically imp | ortant I | and area |
| | Protection of natural habitat | Preservation of a certified histor | | |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified co | onservation contribution in the form of a co | onserva | tion |
| | easement on the last day of the tax year. | | | Held at the End of the Tax |
| a | Total number of conservation easements | *************************************** | 2a | |
| b | Total acreage restricted by conservation easements | | 2h | |
| C | Number of conservation easements on a certified historic structure | included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired after 8 | /17/06, and not on a | | |
| | historic structure listed in the National Register | | 2d | |
| 3 | realist of conservation easements modified, transferred, released | , extinguished, or terminated by the organ | nization | during the |
| | tax year ▶ | | | - |
| 4 | Number of states where property subject to conservation easement | t is located > | | |
| 5 | Does the organization have a written policy regarding the periodic r | nonitoring, inspection, handling of | | |
| | violations, and enforcement of the conservation easements it holds | ? | | Yes |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handlir | ng of violations, and enforcing conservation | n easer | ments during the year |
| | * | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of | | | s during the year |
| 3 | Does each conservation easement reported on line 2(d) above satis | sfy the requirements of section 170(h)(4)(l | 3)(i) | |
| | and section 170(h)(4)(B)(ii)? | | | Yes |
| 9 | in an Am, describe now the organization reports conservation easi | ements in its revenue and expense stater | nent ar | nd |
| | palance sheet, and include, if applicable, the text of the footnote to t | he organization's financial statements tha | t descri | bes the |
| | organization's accounting for conservation easements. | | | |
| 'a | Organizations Maintaining Collections of Ar Complete if the organization answered "Yes" o | rt, Historical Treasures, or Othe n Form 990, Part IV, line 8. | r Sim | ilar Assets. |
| a | the organization elected, as permitted under SFAS 116 (ASC 958) | , not to report in its revenue statement an | d balan | ce sheet |
| | vorks of art, historical treasures, or other similar assets held for pub | lic exhibition, education, or research in ful | therand | e of |
| | ublic service, provide, in Part XIII, the text of the footnote to its final | ncial statements that describes these item | ns. | |
| b | the organization elected, as permitted under SFAS 116 (ASC 958) | , to report in its revenue statement and ba | alance s | heet |
| | orks of art, historical treasures, or other similar assets held for public | lic exhibition, education, or research in fur | theranc | e of |
| | ublic service, provide the following amounts relating to these items: | | | |
| |) Revenue included on Form 990, Part VIII, line 1 | | • | \$ |
| | i) Assets included in Form 990, Part X | | | \$ |
| | the organization received or held works of art, historical treasures, | or other similar assets for financial gain r | rovide | \$ the |
| | ollowing amounts required to be reported under SFAS 116 (ASC 95) | 8) relating to these items: | or o vide | n rae |
| 1 | evenue included on Form 990, Part VIII, line 1 | | • | \$ |
|)) | socio incidded in i citti 990, i att A | | | \$ |
| | perwork Reduction Act Notice, see the Instructions for Form 99 | | | Ψ |

| Schedule D (Form 990) 2015 Lincol | n Academy | | | 84-1578 | 3383 | Page |
|--|---|----------------------|--|--|---|----------------------|
| Part III Organizations Mainta | ining Collections of | of Art, Histori | cal Treasu | ires, or Other | Similar | Accete (continue |
| 3 Using the organization's acquisition, a collection items (check all that apply): | ccession, and other reco | rds, check any of | the following | that are a signific | cant use of | fits |
| a Public exhibition | d L | oan or exchange | programs | | | |
| b Scholarly research | | | | | | |
| c Preservation for future generations | | | | | | |
| 4 Provide a description of the organization | on's collections and expla | in how they furth | er the organiz | ration's evenut n | urnoso in I | Port |
| XIII. | | How they furth | er the organiz | ation's exempt p | urpose in i | art |
| 5 During the year, did the organization so | olicit or receive donations | of art historical | treasures or | other similar | | |
| assets to be sold to raise funds rather t | han to be maintained as | nart of the organ | ization's colle | otion? | | |
| Part IV Escrow and Custodial | Arrangements. | part of the organ | ization's cone | CHOIT? | | Yes No |
| Complete if the organize 990, Part X, line 21. | ation answered "Yes | s" on Form 99 | 0, Part IV, | line 9, or repo | rted an a | amount on Form |
| 1a Is the organization an agent, trustee, cu | stodian or other intermed | diary for contribut | tions or other | assets not | | |
| included on Form 990, Part X? | | | | | | Yes No |
| b If "Yes," explain the arrangement in Par | t XIII and complete the fo | llowing table: | | | | 🗀 |
| | | | | | | Amount |
| Beginning balance Additions during the year | | | | | 1c | |
| and your | | | | | 1d | |
| | | | | | 1e | |
| i Ending balance | | | | | 45 | |
| 2.4 the organization include an amount | on Form 990, Part A, line | ∠1, for escrow o | r custodial ac | count liability? | | Yes No |
| b ii res, explain the arrangement in Part | XIII. Check here if the ex | planation has be | en provided o | on Part XIII | | |
| rait v Endowment runds. | | | | | | |
| Complete if the organiza | tion answered "Yes" | on Form 990 | , Part IV, li | ne 10. | | |
| | (a) Current year | (b) Prior year | (c) Two year | | ee years back | (e) Four years back |
| 1a Beginning of year balance | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | (e) i our years back |
| b Contributions | | | | | | |
| c Net investment earnings, gains, and | | | | | | |
| losses | | | | | | |
| d Grants or scholarships | | | | | | |
| e Other expenditures for facilities and | | | | | | |
| programs | | | | | | |
| f Administrative expenses | | W | | | | |
| g End of year balance | | | | | | |
| Provide the estimated percentage of the | urrent year and halance | (line 1a column | (a)) hald as: | | | |
| a Board designated or quasi-endowment ▶ | % | (line rg, column | (a)) neid as: | | | |
| b Permanent endowment | | | | | | |
| c Temporarily restricted endowment | % | | | | | |
| The percentages on lines 2a, 2b, and 2c s | | | | | | |
| 3a Are there endowment funds not in the pos | session of the ergenizet | am 4h a4 a h . l . l | | ANTONIA IN A DESCRIPTION OF THE SECOND | | |
| organization by: | session of the organizati | on that are neig a | and administe | red for the | | |
| | | | | | | Yes No |
| (i) unrelated organizations (ii) related organizations | | | | | | 3a(i) |
| b If "Yes" on line 3a(ii), are the related organ | izations listed as require | d on Cabadala D | | | | 3a(ii) |
| Describe in Part XIII the intended uses of t | ho organization's and an | on Schedule R | (| | | 3b |
| Part VI Land, Buildings, and Equ | inment | nent tunas. | | | | |
| Complete if the organization | an answered "Vee" o | n Form 000 | D = + 1\ / 1: | 44 0 = | | _ |
| Complete if the organization | (a) Contraction to C | n Form 990, | Part IV, Ilne | e 11a. See Fo | rm 990, | Part X, line 10. |
| Description of property | (a) Cost or other basis (investment) | (b) Cost or ot | A COLOR OF THE STATE OF THE STA | (c) Accumulated | | (d) Book value |
| a Land | | (other | | depreciation | | |
| | | | 5,452 | | | 2,685,452 |
| Buildings | | 6,51 | 7,083 | 677,1 | .38 | 5,839,945 |
| Leasehold improvements | | - | | | | |
| d Equipment | | 10 | 0,742 | 41,6 | 557 | 59,085 |
| Other | I and Francisco | <u> </u> | | | | |
| al. Add lines 1a through 1e. (Column (d) must | equal Form 990, Part X, | column (B), line | 10c.) | | . ▶ | 8,584,482 |

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Investments—Program Related. Complete if the organization answered "Yes" 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-year market value (1) (2)(3)(4) (5)(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) Related to Pensions 1,812,629 (2) (3) (4) (5)(6)(7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 1,812,629 Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes Net Pension Liability 8,933,027 Accrued Salaries and Benefits 223,166 Deferred Outflows Related to Pension 203,123 Accrued Interest Payable 106,300

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

⁽³⁾ (4) (5)(6)(7) (8)(9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 9,465,616

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Schedule D (Form 990) 2015 Lincoln Academy | 84-1578383 | Page |
|--|---|---------|
| Schedule D (Form 990) 2015 Lincoln Academy Part XIII Supplemental Information (continued) | | 7 |
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SCHEDULE E

(Form 990 or 990-EZ)

Schools

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Part

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

Open to Public Inspection

Name of the organization

Lincoln Academy

Employer Identification number 84-1578383

| | | | YE | S N |
|----|---|------|--------|----------|
| 1 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 1 | Х | |
| 2 | | 2 | X | |
| 3 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II These policies are available upon request at the School office | 3 | X | |
| | | 2 | | |
| | | | | 7 |
| | | | | 9 |
| | | | | |
| 4 | Does the organization maintain the following? | | | 12. |
| 8 | and administrative stail? | 4a | X | |
| k | nondiscriminatory basis? | 4b | X | |
| C | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 4c | x | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. | 4d | X | |
| | | | | |
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| | | | | |
| 5 | Does the organization discriminate by race in any way with respect to: | | | |
| а | | 5a | TA SEE | X |
| | | - Ou | | 45 |
| b | Admissions policies? | 5b | | X |
| С | Employment of faculty or administrative staff? | 5c | | х |
| | | | | |
| d | Scholarships or other financial assistance? | 5d | | X |
| е | Educational policies? | 5e | | х |
| | Harvatta (1874) | | | |
| | Ose of facilities? | 5f | | <u>X</u> |
| g | Athletic programs? | 5g | | x |
| h | Other extracurricular activities? | 61 | | S.P. |
| | If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. | 5h | | X |
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| 6a | Does the organization receive any financial aid or assistance from a governmental agency? | 6a | x | |
| b | Has the organization's right to such aid ever been revoked or suspended? | 6b | - | × |
| | If you answered "Yes" on either line 6a or line 6b, explain on Part II. | | 9.4 | 7.430 % |
| 7 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." explain on Part II | | * | |

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Attach to Form 990 or 990-EZ. Department of the Treasury **Open to Public** Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

Name of the organization Employer identification number Lincoln Academy 84-1578383 Form 990, Part III, Line 4d - All Other Accomplishment Operation of a Charter School Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The 990 will be reviewed and approved by the Board before filing. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy The Board reveiews these policies annually. Form 990, Part VI, Line 15a - Compensation Process for Top Official The Board determines the salary for the Principal based on annual performance and District salary scales. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation The financial statements are available on the School's website.