Form 990

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.

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

2014
Open to Public Inspection

For the 2014 calendar year, or tax year beginning 07/01/14, and ending 06/30/15Check if applicable: C Name of organization D Employer Identification number Address change Lincoln Academy Doing business as 84-1578383 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 7180 Oak Street Initial return 303-467-5363 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Arvada 80004 5,258,783 G Gross receipts\$ Amended return Name and address of principal officer: Application pending H(a) Is this a group return for subordinates H(b) Are all subordinates included? If "No," attach a list. (see instructions) X 501(c)(3) Tax-exempt status: 501(c) () < (insert no.) 4947(a)(1) or 527 www.lincolnacademy.net H(c) Group exemption number Form of organization: X Corporation Trust Association Year of formation: M State of legal domicile: CO Part I Summary 1 Briefly describe the organization's mission or most significant activities: Activities & Governance Operation of a Charter School 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 7 4 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 0 5 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7a b Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 137,486 197,058 9 Program service revenue (Part VIII, line 2g) 4,589,453 4,960,019 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 91 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 102 ,521 101,632 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,829,551 5,258,783 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 2,728,613 3,355, 711 16aProfessional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,964,528 1,715,753 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,693,141 5,071,464 19 Revenue less expenses. Subtract line 18 from line 12 136,410 187,319 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 11,787,198 10,869,787 21 Total liabilities (Part X, line 26) 7,900,602 14,960,225 22 Net assets or fund balances. Subtract line 21 from line 20 2,969,185 -3,173,027 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of offi Date President Here Type or print hame and title Print/Type preparer's name Preparer's sidnature PTIN Luth Check Paid John Cutler 02/10/16 self-employed Preparer John L Cutler Firm's name As/sociates Firm's EIN **Use Only** 600 17th St S Ste 2800 Denver, CO 80202-5428 Firm's address 303-634-2259 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

	014) Lincoln Aca		84	-1578383	Page
Part III	Statement of Prog Check if Schedule (ram Service Acco D contains a respoi	mplishments use or note to any line in	n this Part III	,
1 Briefly	describe the organization's	mission:	ios or rioto to driy iirio ii	THIS FULL III	
	tion of a Cha			************************************	
2 Did the	organization undertake any	y significant program se	rvices during the year which w	were not listed on the	
	orm 990 or 990-EZ?		*************		Yes X No
	describe these new service				
		ting, or make significant	changes in how it conducts,	any program	
services					Yes X No
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expense	es. Section 501(c)(3) and 5 es. expenses, and revenue, if	01(c)(4) organizations a	re required to report the amor	est program services, as measured by unt of grants and allocations to others	y s,
4a (Code:) (Expenses \$	2,646,304	ncluding grants of\$) (Revenue \$	
Chart	er School				· · · · · · · · · · · · · · · · · · ·

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4b (Code.) (Expenses \$		icluding grants or\$) (Revenue \$)

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4c (Code:) (Expenses \$	in	cluding grants of\$) (Revenue \$)

d Other pro	gram services (Describe in	Schedule ()			
tu Other pro	grant corridos (Decembe in	Scriedule O.)			
(Expense		including grants of\$)	(Revenue \$)

Part W Checklist of Required Schedules

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If Yes,* compilete Schedula A. Is the organization required to compilete Schedula B. Schedula of Contributions (see instructions)? 2 X X 3 Did the organization required to compilete Schedula B. Schedula of Contributions (see instructions)? 3 X X 4 Section 501(c)(3) organizations oil did to organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If Yes,* compilete Schedula C, Part II 4 X X 5 Is the organization asselland 501(c)(4), 501(c)(6), or 501(c)(6)		4 In the array's Co. 1 in the control of the contro		Ye	s No
2 is the organization required to competes Schedule B, Schedule of Contributors (see instructions)? 2 X 3 Did the organization region indicate) indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I I 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part I II 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership drues, assessments, or shinlar amounts as defined in Revenue Procedure 88-187 If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II II 8 Did the organization maintain collections of works of ant, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, fine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21 for escrow or custodial account liability, serve as a custodian for amounts or the listed in Part X, ine 21 for escrow or custodial account liability, serve as a custodian for amounts or part an amount for investments—growing and the part X in the organization and X in the part X in t		(c)(a) (other than a private foundation)? If "yes,"			
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If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X		Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		¥
If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII line 9a?	10	-	1.5
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		If "Yes," complete Schedule G. Part III	19		×.
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			
	_ <u>b</u> _	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		1	

Part V Checklist of Required Schedules (continued)

	DOLG.		Ye	s I	No
21	3 and the control of		T		
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	2	1		X
22	stante to or for different to the district to or for domestic individuals on				
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	2	2	:	X
23	and the state of t				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
24	employees? If "Yes," complete Schedule J	2:	3	2	X
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a	24		2	K
Č	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 to defease any tax-exempt bonds?				
c		24	_	+	_
258	serior dot do dir on boridi or issuel for borids outstanding at any time during the year?	24	d	+	_
	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			_	_
b		25	a L	7	_
	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				
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25t	-	X	
	current or former officers, directors, trustees, key employees, highest compensated employees, or				
	disqualified persons? If "Yes," complete Schedule L, Part II				
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26	-	X	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		1	1	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21	1000		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):				
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	el centrós	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		-	_
	Schedule L, Part IV	28b		X	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200	1		_
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				_
27.5	conservation contributions? If "Yes," complete Schedule M	30		X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,				_
	Part I	31		X	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II	32		X	
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X	
,	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1				
5a	Did the organization have a controlled entity within the magning of a viting 540 (1) (40)	34		X	
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		X	_
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2				
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b			-
	related organization? If "Yes," complete Schedule R, Part V, line 2			-	
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X	-
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,				
	Part VI	27		v	
В	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37	\dashv	X	-
	19? Note. All Form 990 filers are required to complete Schedule O	38	x		
		- 55	-8		

Form 990 (2014)

Form 990 (2014) Lincoln Academy 84-1578383

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

	this r	all v					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	10	199		Yes	
b		1b					
С	Did the organization comply with backup withholding rules for reportable payments to vendors a	and					
	reportable gaming (gambling) winnings to prize winners?	anu			100		4
2a		· · · · · · · ·	I		С	150	3.
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax	return	62				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instru	ctions)	o:	. 2	ASS ST	29	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	otionoj		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		31	-	-	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or or	ther au	thority	- 31	+	\dashv	
	over, a financial account in a foreign country (such as a bank account, securities account, or oth	er finar	ncial			- 1	
	account)?	or milar	ioidi	48	.		X
b	If "Yes," enter the name of the foreign country: ▶				100		1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finan	cial Acc	counts				
	(FBAR).		Joanno				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	ar?		5a	3441926		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra	nsactio	n?	5b	_		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		*************	5c	_	+	22
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and or	lid the		-	+	+	
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contril	butions	or	-	+	+	-
	gifts were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c).				Ē		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for goo	ds				
	and services provided to the payor?			7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which i	t was				T	
	required to file Form 8282?			7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
e l	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benef	fit contr	act?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co	ntract?		7f			
g i	f the organization received a contribution of qualified intellectual property, did the organization file	Form 8	3899 as required?	7g		\perp	
8 5	f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes, or other vehicles, did the organization of cars, airplanes, did the organization of cars, airp	nization	file a Form 1098-C?	7h		\perp	
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mainta	ined by	the .	1740	多值	15	
9 5	sponsoring organization have excess business holdings at any time during the year?			8			
a D	Sponsoring organizations maintaining donor advised funds.			741			
b [Did the sponsoring organization make any taxable distributions under section 4966?			9a		_	
0 S	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			9b		1000000	
	- Milestine Company of the Company o	ا م					
b G	Name and the first state of the contract of th	10a					
	ection 501(c)(12) organizations. Enter:	10b		-			
	cross income from members or shareholders	احد		1111		4	
	ross income from other sources (Do not net amounts due or paid to other sources	11a		1,000			
a	gainst amounts due or received from them	11b					
	ection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	rm 104	12	420			
b If	"Voo " onter the execut of the execut."	2b	11	12a	6	al ni	
3 S	ection 501(c)(29) qualified nonprofit health insurance issuers.	20]					
	the organization licensed to issue qualified health plans in more than one state?			13a			
No	ote. See the instructions for additional information the organization must report on Schedule O.			100		140	
b Er	nter the amount of reserves the organization is required to maintain by the states in which			192.4		(4) 2/5	
the	e organization is licensed to issue qualified health plans	3b			1.5		100
C E	nter the amount of reserves on hand	3c		7			
la Di	d the organization receive any payments for indoor tanning services during the tax year?			14a		X	alles .
b If'	'Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b	\neg		-

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 7 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 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 Did the organization have members or stockholders? 6 7a 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? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? ... 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b 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? X 12b 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 13 14 Did the organization have a written document retention and destruction policy? 14 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 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 17 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: The School 7180 Oak Street Arvada 303-467-5363 CO 80004

Form 990	(2014)	Lincoln	Academy
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84-1578383

Form 990 (2014)

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

onedit this box in right the time to		any	reia		500	nızaı	ion c	compensated any current	officer, director, or truste	e.
(A) Name and Title	(B) Average hours per week (list any hours for	of	ox, un	check less p and a	erson	n e than n is bo tor/trus	th an stee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)Doug Neely	2.00		T			1			V.	
President	0.00	X		x				0	_	
(2) Derek Luyk	2.00			42				0	0	0
Vice President	0.00	X		х				0	0	
(3) Jeff Baucum	2.00							- U	0	0
Treasurer	0.00	x		x				0		
(4) Kristi Geisz							\forall	0	0	0
Secretary	2.00 0.00	x						0	0	0
(5) Carrol Robinson	2.00								- C	0
Director	0.00	X						o	o	0
(6) Ben DeGrow	2.00						1		J	0
Director	0.00	x						o	0	^
(7) Phil Courtney	2.00				7	\top	1	- U	0	0
Director	0.00	x						o	0	0
(8)				\top	1	\top	\top	0	0	0
								1		
(9)		\top	+	+	\dagger	+	+			
10)		+	+	+	+	+	+			
11)		\dagger	\dagger	+	+	+	+			
DAA										- 000

(A) Name and title	(B) Average hours per week (list any hours for	(d bo off	o not x, unl	Po check ess po	(C) sition c more erson direct	than is bot	one th an stee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimat amount other compensa	ed of ation
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	employee	Former	(W-2/1099-MISC)			organiza and rela organizati	tion ted
(12)						Î					- SELENTON	00 00 0000
(13)												
(14)												
(15)												
(16)												
(17)			-	\dashv								
(18)			-	-			4				onne X	
(19)												
1b Sub-total	ts to Part VII,	Sec	tion	Α		1	>					
d Total (add lines 1b and 1c) Total number of individuals (increportable compensation from	cluding but not	limit	ed to	tho	se l	sted	abo	ve) who received more th	nan \$100,000 of			
 Did the organization list any for employee on line 1a? If "Yes," (For any individual listed on line organization and related organi 	complete Sche 1a, is the sum	dule of re	J fo	r su	ch ir	ndivid mpe	dual nsati	on and other compensation	on from the	and the second	3	x
5 Did any person listed on line 1a for services rendered to the org	anization? If "Y	rue	com	pen	satio	n fro	om a	ny unrelated organization	or individual		5	X
Complete this table for your five compensation from the organiz.	e highest compation. Report co	ensa	ated ensa	inde	epen for	dent	con	dar year ending with or w	vithin the organization's ta	x year.		
Name and bu	A) siness address							Descriptio	B) on of services		Compe	nsation
						+						
Total number of independent co received more than \$100,000 of	entractors (inclu	ding	but n the	not e org	limit	ed to	o tho	se listed above) who	0			

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (B) Related or (C) Unrelated Revenue exempt function business excluded from tax revenue under sections revenue Program Service Revenue Ontributions, Gifts, Grants 1a Federated campaigns b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e 153,474 f All other contributions, gifts, grants, and similar amounts not included above 43,584 g Noncash contributions included in lines 1a-1f. h Total. Add lines 1a-1f 197,058 Busn. Code PPR Revenue 611710 4,003,382 4,003,382 Mill Levy Override 611710 655,180 655,180 611710 301,457 301,457 Tuition and Fees f All other program service revenue g Total. Add lines 2a-2f 4,960,019 3 Investment income (including dividends, interest, and other similar amounts) 74 Income from investment of tax-exempt bond proceed Royalties ... (i) Real (ii) Personal 6a Gross rents b Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities sales of assets other than inventor b Less: cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn, Code 11a 101,632 101,632 Other Revenue b d All other revenue Total. Add lines 11a-11d 101,632 Total revenue. See instructions. 5,258,783 5,061,651 0

Part IX Statement of Functional Expenses

	Check if Schedule O contains a resp	onse or note to any line	in this Part IX	or complete column (v.).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2					
	individuals. See Part IV, line 22				
3					
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5					and the second of the second o
	trustees, and key employees				
6					
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,496,659	1,885,250	611,409	
8	· · · · · · · · · · · · · · · · · · ·	2,430,033	1,005,250	611,409	
0	Pension plan accruals and contributions (include	217 207	106 060	101 007	
	section 401(k) and 403(b) employer contributions)	317,287 541,765	196,060	121,227	
9	Other employee benefits	541,765	409,092	132,673	
10	*******************************				
11	Fees for services (non-employees):				
а					
k	· · · · · · · · · · · · · · · · · · ·				
C	Accounting				
d					
е	Professional fundraising services. See Part IV, line 17				
f					
g	,				
	(A) amount, list line 11g expenses on Schedule O.)	91,669		91,669	
12	Advertising and promotion				
13		11,057		11,057	
14	Information technology	26,353		26,353	
15	Royalties				
16	Occupancy	63,769		63,769	
17	Travel	749		749	
18	Payments of travel or entertainment expenses	1			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,612		9,612	
20	Interest	324,349		324,349	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	259,014		259,014	
23	Insurance	21,594		21,594	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	Other Purchased Services	634,322	32,725	601,597	
b	Class Room Materials	123,177	123,177		
C	Utilities	74,712		74,712	
d	Supplies & Materials	49,596		49,596	
е	All other expenses	25,780		25,780	
25	Total functional expenses. Add lines 1 through 24e	5,071,464	2,646,304	2,425,160	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)				

		Balance Sneet					
_		Check if Schedule O contains a response or r	note to any	line in this Part X			
					(A)		(B)
-	_				Beginning of year	_	End of year
	1				946,61		1,350,248
	2				878,92	1 2	900,832
	3	Pleages and grants receivable, net				3	
	4	Accounts receivable, net				4	8,737
	5		2.00				
		trustees, key employees, and highest compensated	employee	S.			
		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)(
		sponsoring organizations of section 501(c)(9) volunta					
ets		organizations (see instructions). Complete Part II of				6	
Assets	7					7	
4	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10	a Land, buildings, and equipment: cost or				17.7	
		other basis. Complete Part VI of Schedule D		9,236,782			
	b	Less: accumulated depreciation	10b	458,046	8,879,178	10c	8,778,736
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets			165,072	14	159,380
	15	Other assets. See Part IV, line 11				15	589,265
	16	Total assets. Add lines 1 through 15 (must equal line	34)		10,869,787		11,787,198
	17	Accounts payable and accrued expenses			35,511	17	34,509
	18	Grants payable				18	
	19	Deferred revenue			36,917	19	32,908
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV				21	
es	22	Loans and other payables to current and former office		100			
Liabilities		trustees, key employees, highest compensated emplo	yees, and				
a l		disqualified persons. Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrelated th	ird parties		7,558,836	23	7,371,152
	24	Unsecured notes and loans payable to unrelated third				24	
-	25	Other liabilities (including federal income tax, payables					
		parties, and other liabilities not included on lines 17-24					
		of Schedule D			269,338	25	7,521,656
+	26	Total liabilities. Add lines 17 through 25			7,900,602	26	14,960,225
20		Organizations that follow SFAS 117 (ASC 958), che		and			
		complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets				27	
	28	remporarily restricted net assets		1		28	
1	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117 (ASC 95	58), check	here X and			
1		complete lines 30 through 34.		2.27.		1401	' <u></u> ' '
1						30	
1		Paid-in or capital surplus, or land, building, or equipme			0.066.10-	31	0 4 5 5 5 5
		Retained earnings, endowment, accumulated income,			2,969,185	32	-3,173,027
		Total net assets or fund balances				33	-3,173,027
	34	Total liabilities and net assets/fund balances			10,869,787	34	11,787,198

Form 990 (2014)

2a Were the organization's financial statements compiled or reviewed by an independent accountant? X 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? X 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight 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 Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 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. ...

Form 990 (2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047 2014

Employer Identification number

Open to Public Inspection

Lincoln Academy 84-1578383

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The o			ecause it is: (For lines 1 throu				
1			r association of churches des		section 17	'0(b)(1)(A)(i).	
2	X A school	described in section 170(b)(1)(A)(ii). (Attach Schedule	E.)			
3	A hospital	or a cooperative hospital s	service organization describe	d in section	on 170(b)(1)(A)(iii).	
4		research organization ope	erated in conjunction with a ho				er the hospital's name,
5	An organi	zation operated for the ben	efit of a college or university	owned or	operated b	y a governmental unit descr	ibed in
6		70(b)(1)(A)(iv). (Complete	The state of the s				
6			or governmental unit describe				
7	described	in section 170(b)(1)(A)(vi)				ental unit or from the genera	il public
8			on 170(b)(1)(A)(vi). (Comple				
9			es: (1) more than 33 1/3% of it				
			xempt functions—subject to				
			e and unrelated business tax				es
			ne 30, 1975. See section 509				
10			ted exclusively to test for pub				
11	one or mor	e publicly supported organ	ted exclusively for the benefit izations described in section	509(a)(1)	or section	n 509(a)(2). See section 50	9(a)(3). Check
			describes the type of supporti				
а			erated, supervised, or controll				
			er to regularly appoint or elec	ct a majori	ty of the di	rectors or trustees of the sup	porting
	7	n. You must complete Pa					
b	control or m	nanagement of the support	pervised or controlled in conning organization vested in the				
			Part IV, Sections A and C.				
С			upporting organization operate				with,
			ructions). You must complet				
d			A supporting organization or				
			organization generally must s				ness
-			ust complete Part IV, Section				
е			ived a written determination f			a Type I, Type II, Type III	
4 En			functionally integrated suppo	rting organ	nization.		
		er of supported organization	ns supported organization(s).				L
	11 10090			(°-) (-)	1		T
	e of supported ganization	(ii) EIN	(III) Type of organization (described on lines 1–9 above or IRC section	listed in yo	organization our governing ument?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			(see instructions))	Yes	No		***
(A)				100	100		
(* .)							
(B)				1			
(C)							
(D)							
(E)							
		n and a second second second					
Total			And the second s				

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (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) 2010 (b) 2011 (d) 2013 (c) 2012 (e) 2014 (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 10 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 13 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 2014 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2013 Schedule A, Part II, line 14 15 15 33 1/3% support test-2014. 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-2013. 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 17a 10%-facts-and-circumstances test-2014. 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-2013. 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

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

instructions

supported organization

Part III 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.)

S	ection A. Public Support			100 201011, 0101	acc complete	r art II.)	
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	10 Tatal
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		(-,	(0) 2312	(a) 2013	(e) 2014	(f) Total
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	33.22						
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)	T	一个 在在了加速的		4 3 3	R. E. British Carlo	
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2010	(h) 0044				
9	Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
l0a	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						
C	Add lines 10a and 10b						
1	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.)						
٠,	First five years. If the Form 990 is for the organization, check this box and stop here	organization's firs	st, second, third, fo	ourth, or fifth tax ye	ear as a section 5	601(c)(3)	
ecti	on C. Computation of Public Su	nnort Percer	tago				▶
F	Public support percentage for 2014 (line 8,	column (f) divide	d by line 12 colum			TT	
F	Public support percentage from 2013 Scheron D. Computation of Investment	dule A Part III li	u by line 13, colur ne 15	nn (1))		15	%
CULI	on b. Computation of myestiller	Il income Pe	rcentage				%
lı	nvestment income percentage for 2014 (lin	e 10c, column (f)	divided by line 1:	3 column (fl)		47	
lı	nvestment income percentage from 2013 S	Schedule A, Part				17	<u>%</u>
a 3	3 1/3% support tests-2014. If the organi	ization did not ch	eck the box on lin	e 14, and line 15 is	s more than 33 1/	3% and line	%
1	/ is not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported ord	anization	
0 3	3 1/3% support tests—2013. If the organi	zation did not ch	eck a box on line	14 or line 19a, and	line 16 is more t	han 33 1/3% and	
111	ne 18 is not more than 33 1/3%, check this	box and stop he	ere. The organizat	ion qualifies as a i	nublicly supported	Organization	>
P	rivate foundation. If the organization did r	not check a box o	on line 14, 19a, or	19b, check this bo	x and see instruc	ctions	•

Part IV

Supporting Organizations

(Complete only if you checked a box on line 11 of 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).
- 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.
- 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9(a)) 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 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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.)

483	Ye	S	No
1		1000	MAGE
	The state of the s		
2		*	
3a	Mettine		
	ento i ostaru		
3b	1		
3c	1199		
4a			
4b			
40		1	
77			
4c			
5a	AMERIKA 19		
5b		-	
5c	2015 D 600		
6			Sec. Co.
7		-	
8	77.65	790	
9a	A COMPANY MATERIAL PROPERTY OF THE PROPERTY O		Total F
		45	
9b		ALC: UNKNOWN	-
	Ž.		
9b 9c			

Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a b A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations 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, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 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, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 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 the supported organization(s). Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 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 By reason of the relationship described in (2), did the organization's supported organizations have a 3 significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): The organization satisfied the Activities Test. Complete line 2 below. a The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). C 2 Activities Test. Answer (a) and (b) below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? 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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organiz	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trus	t on Nov. 20	, 1970. See instructio	ns. All
other Type III non-functionally integrated supporting organizations must complet	e 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	× 200 × 200 × 200	
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			
factors (explain in detail in Part VI):			144
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4	ez indevente e e en establis	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	4		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-integ	grated Type I	II supporting organizat	ion (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2014

	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued	1) Fag
Se	ection D - Distributions			Current Year
1	The supported organizations to accomplish exempt	purposes		Ourrent rear
2		rposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of	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 organizations	ganization is responsive		
	(provide details in Part VI). See instructions.	•		
9	Distributable amount for 2014 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-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6	1000000000000000000000000000000000000		7411041111101 2014
2	Underdistributions, if any, for years prior to 2014			1
	(reasonable cause required-see instructions)	Library and		
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				and the contract of the second
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years	and the second second		
	Applied to 2014 distributable amount			A STATE OF THE PARTY OF THE PAR
i_	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			10 10 10 10 10 10 10 10 10 10 10 10 10 1
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).		3	
	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
ě	Excess distributions carryover to 2015. Add lines 3j and 4c.	1		
8	Breakdown of line 7:		Control of the second	
а	of entire the state of the second state of	(4.7) 30 Carl		
b				
С		19	ELECTION OF THE PARTY OF THE PA	
	excess from 2013	1000 A 100		ist in the in-
e E	Excess from 2014			v_i,v_i,\cdots,v_i

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ)	2014 Lincoln	Academy			84-1578383	Page 8
Part-VI	Supplemental	Information. Pro	vide the explan	ations required	by Part II, line	84-1578383 e 10; Part II, line 1 estructions.)	7a or 17b; and
	Part III, IIIIe 12	. Also complete tr	is part for any a	additional inform	nation. (See in	istructions.)	
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Lincoln Acad	84-1578383								
Organization type (chec	k one):								
Filers of:	Section:								
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a private foundation								
	527 political organization								
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
Check if your organization Note. Only a section 501(c instructions.	is covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Spec	cial Rule. See							
General Rule									
For an organization or more (in money contributor's total co	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total property) from any one contributor. Complete Parts I and II. See instructions for distributions.	aling \$5,000 etermining a							
Special Rules									
regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % suppositions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-E that received from any one contributor, during the year, total contributions of the grather amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete	Z), Part II, line eater of (1)							
contributor, during th	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fr e year, total contributions of more than \$1,000 exclusively for religious, charitable, s al purposes, or for the prevention of cruelty to children or animals. Complete Parts I	scientific,							
contributor, during th contributions totaled during the year for ar General Rule applies	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year								
Caution. An organization that 990-EZ, or 990-PF), but it me	t is not covered by the General Rule and/or the Special Rules does not file Schedul ust answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its look certify that it does not meet the filing requirements of Schedule B (Form 990, 990-	e B (Form 990, Form 990-EZ or on its							

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

Lincoln	Academy	

Employer identification number 84-1578383

Part	Contributors (see instructions). Use duplicate copies	of Part I if additional space	is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Lincoln Foundation 7180 Oak Street Arvada CO 80004	\$ 31,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
	realite, address, alid zir + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" to 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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Lincoln Academy 84-1578383 Partilla Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	edule D (Form 990) 2014 Lincoln				84-1578	383		Pag
-	art III Organizations Maintai	ning Collections o	f Art, Historic	al Treasur	es, or Other	Similar A	ssets (cont	inu
3	Using the organization's acquisition, ac collection items (check all that apply):	cession, and other recor	ds, check any of t	he following th	nat are a significa	ant use of its		
а	Public exhibition	d L	oan or exchange	orograms				
b	Scholarly research		ther					
C	Preservation for future generations							
4	Provide a description of the organization	n's collections and expla	in how they furthe	r the organiza	tion's exempt pu	rnose in Par	+	
	XIII.		,,,	· ···· o.guo	o oxompt pa	ipodo iii i di	•	
5	During the year, did the organization so	licit or receive donations	of art historical to	easures or o	her similar			
	assets to be sold to raise funds rather th	nan to be maintained as	part of the organiz	ration's collec	ion?		Yes	
Pa	rt IV Escrow and Custodial	Arrangements.	, , , , , , , , , , , , , , , , , , , ,				163	
	Complete if the organiza 990, Part X, line 21.		s" to Form 990	, Part IV, lir	ne 9, or report	ted an am	ount on For	m
1a	Is the organization an agent, trustee, cur	stadian or other intermed	diant for contributi					
ıu	1. I I I F 000 D 11/0		•					_
h	If "Yes," explain the arrangement in Part	YIII and complete the fe	llouina table:				Yes	
	in res, explain the arrangement in rail	Ann and complete the it	niowing table.		9		Amount	_
	Beginning balance						Amount	_
						1c		_
u	Additions during the year					1d		
f	Distributions during the year					1e		_
		on Form 000. Book V. line				1f		7
h	Did the organization include an amount of "Yes," explain the arrangement in Part	On Form 990, Part X, line	21, for escrow of	custodiai acc	ount liability?		Yes	4
29	If "Yes," explain the arrangement in Part T V Endowment Funds.	Alli. Check here ii the e.	xpianation has be	en provided ir	Рап ХІІІ			
64	Complete if the organiza	tion answered "Ves	" to Form 990	Part IV/ lin	0.10			
	Complete if the organiza	(a) Current year	(b) Prior year	T		and the second	T	
2	Reginning of year halance	(a) Current year	(b) Filol year	(c) Two year	s back (d) Thr	ee years back	(e) Four years	ba
a h	Beginning of year balance			-			-	_
0	Contributions Net investment earnings, gains, and							
							1	
	losses Grants or scholarships			-			-	
	Other expenditures for facilities and			-			-	
	WEST CONTROL OF CONTRO							
	programs Administrative expenses			-				
	Administrative expenses			-				_
	End of year balance		<i>(1)</i>	<u> </u>				_
	Provide the estimated percentage of the		e (line 1g, column	(a)) held as:				
	Board designated or quasi-endowment							
	Permanent endowment \(\bigwedge \) % Temporarily restricted endowment \(\bigwedge \)	0/						
	..*	% havid a swel 4000/						
1.5	The percentages in lines 2a, 2b, and 2c s			ang agministe	red for the		[
3 /	Are there endowment funds not in the pos	ssession of the organiza	uon that are neid					
a /	Are there endowment funds not in the poor organization by:						Yes	N
a ,	Are there endowment funds not in the pos organization by: (i) unrelated organizations						3a(i)	N
a /	Are there endowment funds not in the pos organization by: (i) unrelated organizations (ii) related organizations	***************************************					3a(i) 3a(ii)	N
a /	Are there endowment funds not in the post organization by: (i) unrelated organizations (ii) related organizations f "Yes" to 3a(ii), are the related organizat	ions listed as required or	n Schedule R?				3a(i) 3a(ii)	N
))) (Are there endowment funds not in the post organization by: (i) unrelated organizations (ii) related organizations f "Yes" to 3a(ii), are the related organizat Describe in Part XIII the intended uses of	ions listed as required or the organization's endor	n Schedule R?				3a(i) 3a(ii)	N
))) (Are there endowment funds not in the post organization by: (i) unrelated organizations (ii) related organizations f "Yes" to 3a(ii), are the related organizations Describe in Part XIII the intended uses of t VI Land, Buildings, and Eq	ions listed as required or the organization's endov uipment.	n Schedule R? wment funds.				3a(i) 3a(ii) 3b	
a /	Are there endowment funds not in the post organization by: (i) unrelated organizations ii) related organizations f "Yes" to 3a(ii), are the related organizations Describe in Part XIII the intended uses of tVI Land, Buildings, and Eq Complete if the organizations	ions listed as required or the organization's endor uipment. on answered "Yes"	n Schedule R? wment funds. to Form 990,	Part IV, line	: 11a. See Fo	rm 990, P	3a(i) 3a(ii) 3b	
a /	Are there endowment funds not in the post organization by: (i) unrelated organizations (ii) related organizations f "Yes" to 3a(ii), are the related organizations Describe in Part XIII the intended uses of t VI Land, Buildings, and Eq	ions listed as required or the organization's endor uipment. on answered "Yes"	to Form 990,	Part IV, line	11a. See Fo	rm 990, P	3a(i) 3a(ii) 3b	
a / (((((((((((((((((((Are there endowment funds not in the post organization by: (i) unrelated organizations (ii) related organizations f "Yes" to 3a(ii), are the related organizations Describe in Part XIII the intended uses of t VI Land, Buildings, and Eq Complete if the organizations Description of property	ions listed as required or the organization's endowipment. on answered "Yes" (a) Cost or other basis (investment)	to Form 990, (b) Cost or c	Part IV, line	: 11a. See Fo	rm 990, P	3a(i) 3a(ii) 3b art X, line 1 (d) Book value	0.
a / ((((ar	Are there endowment funds not in the post organization by: (i) unrelated organizations (ii) related organizations f "Yes" to 3a(ii), are the related organizations Describe in Part XIII the intended uses of Land, Buildings, and Eq Complete if the organization Description of property and	ions listed as required or the organization's endownipment. on answered "Yes" (a) Cost or other basis (investment)	to Form 990, (b) Cost or control (other 2, 68	Part IV, line ther basis br)	e 11a. See Fo (c) Accumulated depreciation	rm 990, P	3a(i) 3a(ii) 3b art X, line 1 (d) Book value	10.
a / (() (i) (i) (i) (ii) (ii) (ii) (ii) (Are there endowment funds not in the post organization by: (i) unrelated organizations (ii) related organizations f "Yes" to 3a(ii), are the related organizations Describe in Part XIII the intended uses of t VI Land, Buildings, and Eq Complete if the organization Description of property Land Buildings	ions listed as required or the organization's endownipment. on answered "Yes" (a) Cost or other basis (investment)	to Form 990, (b) Cost or control (other 2, 68	Part IV, line	11a. See Fo	rm 990, P	3a(i) 3a(ii) 3b art X, line 1 (d) Book value	10.
a / ((() () () () () () () () () () () () (Are there endowment funds not in the postorganization by: (i) unrelated organizations (ii) related organizations f "Yes" to 3a(ii), are the related organizations Describe in Part XIII the intended uses of t VI Land, Buildings, and Eq Complete if the organization Description of property Land Buildings Leasehold improvements	ions listed as required or the organization's endowipment. on answered "Yes" (a) Cost or other basis (investment)	to Form 990, (b) Cost or c (other	Part IV, line ther basis br) 35,452 58,959	e 11a. See Fo (c) Accumulated depreciation 441,	990, P	3a(i) 3a(ii) 3b art X, line 1 (d) Book value 2,685,4 6,016,9	15:
a / (() () () () () () () () () () () () ()	Are there endowment funds not in the post organization by: (i) unrelated organizations (ii) related organizations f "Yes" to 3a(ii), are the related organizations Describe in Part XIII the intended uses of t VI Land, Buildings, and Eq Complete if the organization Description of property Land Buildings	ions listed as required or the organization's endowipment. On answered "Yes" (a) Cost or other basis (investment)	to Form 990, (b) Cost or c (other	Part IV, line ther basis br)	e 11a. See Fo (c) Accumulated depreciation	990, P	3a(i) 3a(ii) 3b art X, line 1 (d) Book value	10.

Complete if the organization answered "Y	es" to Form 990, Part IV	, line 11b. See Form 99	0, 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	r market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments—Program Related.			
Complete if the organization answered "Ye	es" to Form 990, Part IV,	line 11c. See Form 990), Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of v	
		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 "Ye	s" to Form 990, Part IV.	line 11d. See Form 990	Part X. line 15.
(a) Description	,	T	(b) Book value
(1)			
(2)			
(3)			
(4)	***************************************		
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		>	
Par Cother Liabilities.			
Complete if the organization answered "Yes	s" to Form 990, Part IV, I	ine 11e or 11f. See For	m 990, Part X,
line 25.			
, (a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) Net Pension Liability	7,235,543		
(3) Accrued Salaries and Benefits	178,183		
(4) Accrued Interest Payable	107,390		4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
(5) Deferred Outflows Related to Pension	540		
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	7,521,656		
Liability for uncertain tax positions. In Part XIII, provide the text of th		financial statements that re-	norts the

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

Part XI	Complete if the organization answered "Yes" to Form			ırn.
1 Total r	evenue, gains, and other support per audited financial statements	1 990, Part IV, IIIIE 12	a.	5,258,783
	nts included on line 1 but not on Form 990, Part VIII, line 12:			3,230,763
	realized gains (losses) on investments	2a		
h Donate	ad sarvings and use of facilities	2b		
c Pecov	ed services and use of facilities	2c 2c		
d Other	eries of prior year grants	2d		
a Add lin	Describe in Part XIII.)		296264	
e Add lin	es 2a through 2d		2e	F 050 700
4 Amoun	ct line 2e from line 1 ts included on Form 990, Part VIII, line 12, but not on line 1:		3	5,258,783
		2.0		
a lilvesti	nent expenses not included on Form 990, Part VIII, line 7b	4a		
D Other (Describe in Part XIII.)	4b		
	es 4a and 4b evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		4c	F 050 700
	Reconciliation of Expenses per Audited Financial			5,258,783
Fait All	Complete if the organization answered "Yes" to Form			turn.
1 Total e	manage and leaves and with different control of the	000,1 01117, 1110 120		5,071,464
	ts included on line 1 but not on Form 990, Part IX, line 25:			0/0/1/101
	d services and use of facilities	2a		
b Prior ve	ear adjustments	2b		
c Other lo	osses		,	
	Describe in Part XIII.)			
e Add line	es 2a through 2d		2e	
3 Subtrac	t line 2e from line 1		3	5,071,464
4 Amount	s included on Form 990, Part IX, line 25, but not on line 1:			3,011,202
	ent expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (I	Describe in Part XIII.)	4b		
c Add line	es 4a and 4b		4c	
	penses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8)		5,071,464
				/

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AA			School	lule D (Form 990) 2014

Schedule D (Form 990) 2014 Lincoln Academy	84-1578383	Page
Schedule D (Form 990) 2014 Lincoln Academy Part XIII Supplemental Information (continued)		

SCHEDULE E

(Form 990 or 990-EZ)

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

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 OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part

Lincoln Academy

Employer identification number

84-1578383

			YE	S NC
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	x	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions			
	programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the 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	
	These policies are available upon request at the School offic	e.		

			N. L.	
	B	100 m		
4	Does the organization maintain the following?			
a	g are the state of	4a	X	
b	nondiscriminatory basis?	4b	X	
C	Copies of all catalogues, prochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	x	
d		4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	Pale		
5	Does the organization discriminate by race in any way with respect to:			
а		5a	111 600	x
	Students' rights or privileges?	Sa		-
b	Admissions policies?	5b		x
c		_		
•	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		x
е	Educational policies?	5e		X
f	Use of facilities?			
	Use of facilities?	5f		X
g	Athletic programs?	5g		x
h	Other extraguration activities?			
**	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5h	2000	X
	2			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	F5.075/1
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" to either line 6a or line 6b, explain on Part II.	784		
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			31

Schedule Part I	E (F	Supp	lemer	ntal In	forma	ition.	Provid	le the e	xplan	ations	requi	red by	Part I,	lines	3, 4d,	5h, 6b	84 -	-157	8383	Pa	age
		applic	cable.	Also p	rovide	any	other a	addition	al info	ormatio	on (se	e instr	uction	s).			***********				
Sch	E	- F	nan	cia	1 A	id d	or G	ovei	nme	nt	Ass	ista	nce	Exp	olar	ati	on				
The	Sc	hool	re	cei	ves	fu	ndin	g fr	om	the	sta	ate	Dep	artı	nent	of	Edu	cat:	ion.		
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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.

2014

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or 990-EZ.

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

v.irs.gov/form990. Inspection
Employer Identification number
84-1578383

	n Academy	84-	-1578383
Form 990, Part V	I, Line 11b - Organizat	cion's Process to R	Review Form 990
The 990 will be	reviewed and approve by	the Board before	filing.
Form 990, Part V	I, Line 12c - Enforceme	ent of Conflicts Po	licy
The Board reveie	ws these policies annua	11y.	
Form 990, Part V	I, Line 15a - Compensat	ion Process for To	p Official
The Board determ:	ines the salary for the	Principal based o	n annual
performance and I	District salary scales.		
Form 990, Part V	I, Line 19 - Governing	Documents Disclosu	re Explanation
The financial sta	atements are available	on the School's we	bsite.