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DLN: 93493324005205

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

| ~ '' | of the 20 | 14 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015 | | | | |
|---|---|---|--|---|---|--|
| B Ch | neck if appl | ICABLE C Name of organization LEXINGTON CHRISTIAN ACADEMY | | D Employ | yer iden | tification number |
| ☐ Ad | dress chan | | | 04-21 | 34815 | |
| Г Na | me change | Doing business as | | | | |
| ┌ In | ıtıal return | | | | | |
| | nal | Number and street (or P O box if mail is not delivered to street address) Room/suit | е | E Telepho | ne numb | er |
| re | turn/termin | 48 BARTLETT AVENUE | | (781) | 862-78 | 350 |
| ☐ Ar | nended ret | City or town, state or province, country, and ZIP or foreign postal code LEXINGTON, MA 02420 | | • 0 | | 10.000.105 |
| ┌ Ap | plication pe | ending | | G Gross re | eceipts \$ | 10,696,105 |
| | | F Name and address of principal officer | H(a) Is thi | ı sa aroup | return 1 | for |
| | | JAMES BOLTON 48 BARTLETT AVENUE | | dınates? | | ┌ Yes 🗸 No |
| | | LEXINGTON, MA 02420 | H(b) Are a | والمستمالية | | ┌ Yes ┌ No |
| | | | includ | | iates | j tesj No |
| I Ta | ax-exempt | status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527 | If"No | o," attach | a lıst (| see instructions) |
| J W | /ebsite: l | ► WWW LCA EDU | H(c) Grou | p exempti | on num | ber ► |
| K For | m of organ | nization | L Year of for | mation 19 | 16 M 5 | State of legal domicile MA |
| | | Summary | ı | | | |
| | | efly describe the organization's mission or most significant activities | | | | |
| | | I INDEPENDENT COLLEGE PREPARATORY SCHOOL SERVING GRADES S | IX THROUGH | H TWELVE | | |
| 3 | | | | | | |
| Ē | _ | | | | | |
| E e | 2 Ch | eck this box 🛏 if the organization discontinued its operations or disposed o | f more than 2 | 5% of its | net ass | sets |
| Governance | | | | | | |
| 2 0 | 3 Nu | mber of voting members of the governing body (Part VI, line 1a) | | | 3 | 19 |
| 8 | 4 Nu | mber of independent voting members of the governing body (Part VI, line 1b) | | | 4 | 19 |
| Activities & | 5 To | tal number of individuals employed in calendar year 2014 (Part V, line 2a) . | | | 5 | 161 |
| ្ន | 6 To | tal number of volunteers (estimate if necessary) | | | 6 | 140 |
| • | 7a To | tal unrelated business revenue from Part VIII, column (C), line 12 | | | 7a | 0 |
| | b Ne | t unrelated business taxable income from Form 990-T, line 34 | | | 7b | 0 |
| | | | Prio | r Year | | Current Year |
| a. | 8 (| Contributions and grants (Part VIII, line 1h) | | 448,3 | 40 | 1,024,040 |
| Rayenue | 9 | Program service revenue (Part VIII, line 2g) | | 6,268,6 | 76 | 7,241,639 |
| 9 9: | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 383,6 | 90 | 694,637 |
| ш. | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | -6,2 | 39 | -7,253 |
| | | Fotal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line | | 7,094,4 | .67 | 8,953,063 |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | | .,, | 0 | 0 |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | | 0 | 0 |
| | 1 | Salaries, other compensation, employee benefits (Part IX, column (A), lines | | 4 272 6 | | |
| \$ | | 5–10) | | 4,373,8 | 93 | 4,767,484 |
| ₩ 25 | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | | | |
| Expenses | | | | | 0 | 0 |
| | b ⁻ | Fotal fundraising expenses (Part IX, column (D), line 25) ▶ 510,608 | | | 0 | 0 |
| | | | | 2,314,7 | | |
| | 17 | Total fundraising expenses (Part IX, column (D), line 25) 510,608 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | | 2,314,7 | 41 | 2,895,846 7,663,330 |
| | 17 (18 - | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | | 41 | 2,895,846 7,663,330 |
| | 17 (18 - | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | Beginning | 6,688,6 405,8 | 34 33 | 2,895,846 7,663,330 1,289,733 |
| | 17 (18 19 19 19 19 19 19 19 19 19 19 19 19 19 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Fotal expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 | Beginning | 6,688,6 405,8 j of Curre i ear | 741 534 333 nt | 2,895,846 7,663,330 1,289,733 End of Year |
| | 17 (18 19 19 19 19 19 19 19 19 19 19 19 19 19 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Fotal expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 | Beginning Y | 6,688,6 405,8 j of Curre i ear 23,800,4 | 34 334 333 nt | 2,895,846 7,663,330 1,289,733 End of Year 25,289,584 |
| | 17 (18 19 19 19 19 19 19 19 19 19 19 19 19 19 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Fotal expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 Fotal assets (Part X, line 16) | Beginning Y | 6,688,6 405,8 j of Currer ear 23,800,4 9,101,4 | 34 33 nt 99 75 | 2,895,846 7,663,330 1,289,733 End of Year 25,289,584 9,227,574 |
| Net Assets or Fund Balances | 17 (18 19 19 19 19 19 19 19 19 19 19 19 19 19 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Fotal expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 Fotal assets (Part X, line 16) | Beginning Y | 6,688,6 405,8 j of Curre i ear 23,800,4 | 34 33 nt 99 75 | 2,895,846 7,663,330 1,289,733 End of Year 25,289,584 |
| Net Assets or Fund Balances | 17 (18 19 19 19 19 19 19 19 19 19 19 19 19 19 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Fotal expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 Fotal assets (Part X, line 16) | Beginning Y | 6,688,6 405,8 g of Currer ear 23,800,4 9,101,4 14,699,0 | 99 | 2,895,846 7,663,330 1,289,733 End of Year 25,289,584 9,227,574 16,062,010 |
| Met Assets or hand Balances | 17 (18 19 19 19 19 19 19 19 19 19 19 19 19 19 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Fotal expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 Fotal assets (Part X, line 16) | Beginning Y | 6,688,6 405,8 g of Currer ear 23,800,4 9,101,4 14,699,0 | 999 | 2,895,846 7,663,330 1,289,733 End of Year 25,289,584 9,227,574 16,062,010 s, and to the best of |
| Met Assets or hand Balances | 17 (18 19 19 19 19 19 19 19 19 19 19 19 19 19 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 Total assets (Part X, line 16) | Beginning Y | 6,688,6 405,8 J of Currer ear 23,800,4 9,101,4 14,699,0 ss and stabased on | 999 | 2,895,846 7,663,330 1,289,733 End of Year 25,289,584 9,227,574 16,062,010 s, and to the best of |
| Net Assets or hold by | 17 (18 19 19 19 19 19 19 19 19 19 19 19 19 19 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 Total assets (Part X, line 16) | Beginning Y | 6,688,6 405,8 g of Currer ear 23,800,4 9,101,4 14,699,0 | 999 | 2,895,846 7,663,330 1,289,733 End of Year 25,289,584 9,227,574 16,062,010 s, and to the best of |
| Net Assets or Land Balances | 17 18 19 1 19 1 19 1 19 1 19 1 19 1 19 1 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | Beginning Y | 6,688,6 405,8 J of Currer ear 23,800,4 9,101,4 14,699,0 es and stabased on | 999 | 2,895,846 7,663,330 1,289,733 End of Year 25,289,584 9,227,574 16,062,010 s, and to the best of |
| Net Assets or hand betances | 17 18 19 1 19 1 19 1 19 1 19 1 19 1 19 1 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 Total assets (Part X, line 16) | Beginning Y | 6,688,6 405,8 J of Currer ear 23,800,4 9,101,4 14,699,0 es and stabased on | 999 | 2,895,846 7,663,330 1,289,733 End of Year 25,289,584 9,227,574 16,062,010 s, and to the best of |
| Net Assets or Land Balances | 17 18 19 1 19 1 19 1 19 1 19 1 19 1 19 1 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Fotal expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 Fotal assets (Part X, line 16) | Beginning Y Ving schedule an officer) is | 6,688,6 405,8 g of Currer ear 23,800,4 9,101,4 14,699,0 es and stabased on | 99975 | 2,895,846 7,663,330 1,289,733 End of Year 25,289,584 9,227,574 16,062,010 s, and to the best of mation of which |
| Net Assets of mind between Sign | 17 (18 19 19 19 19 19 19 19 19 19 19 19 19 19 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Fotal expenses Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 Fotal assets (Part X, line 16) | Beginning Y Ving schedule an officer) is 20 Da tite Che self- | 6,688,6 405,8 g of Currer ear 23,800,4 9,101,4 14,699,0 s and sta based on 15-11-16 ite ck femployed | 741 334 333 31 499 75 124 tement: all infor | 2,895,846 7,663,330 1,289,733 End of Year 25,289,584 9,227,574 16,062,010 s, and to the best of mation of which |
| Net Assets of Duny k breese Balances | 17 (18 19 19 19 19 19 19 19 19 19 19 19 19 19 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Fotal expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 Fotal assets (Part X, line 16) | Beginning Y Ving schedule an officer) is 20 Da tite Che self- | 6,688,6 405,8 g of Currer ear 23,800,4 9,101,4 14,699,0 s and sta based on | 741 334 333 31 499 75 124 tement: all infor | 2,895,846 7,663,330 1,289,733 End of Year 25,289,584 9,227,574 16,062,010 s, and to the best of mation of which |
| Net Assets of Dudy k been been been been been been been be | 17 (18 19 19 19 19 19 19 19 19 19 19 19 19 19 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Fotal expenses Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 Fotal assets (Part X, line 16) | Beginning Y Ving schedule an officer) is 20 Da tite Che self- | 6,688,6 405,8 g of Currer ear 23,800,4 9,101,4 14,699,0 s and sta based on 15-11-16 ite ck femployed | 741 334 333 31 499 75 224 tement: all infor | 2,895,846 7,663,330 1,289,733 End of Year 25,289,584 9,227,574 16,062,010 s, and to the best of mation of which |

| orm | 1990 (2014) | | | | Page 2 |
|------------|--|---|--|--|--------------------------------|
| Par | | ment of Program Service A f Schedule O contains a response | Accomplishments or note to any line in this Part III | | |
| 1 | Briefly describ | oe the organization's mission | | | |
| 1EN | | | NDENT COLLEGE PREPARATORY I THE CONTEXT OF A COMPLETE | | |
| | | | | | |
| 2 | the prior Form | 990 or 990-EZ? | rogram services during the year wh | | ┌ Yes ┌ No |
| | | ribe these new services on Sched | | | |
| 3 | services? . | zation cease conducting, or make | | cts, any program | ┌ Yes ┌ No |
| | | | | | |
| 4 | expenses Sec | | complishments for each of its three anizations are required to report the program service reported | | |
| 4a | (Code LEXINGTON CHR THROUGH GRAD | ISTIAN ACADEMY PROVIDES SCHOOLING | 6,078,491 including grants of \$ FOR APPROXIMATELY 322 STUDENTS IN GR |) (Revenue \$ RADES 6-12 AND A SUMMER DAY CAI | 7,241,639) MP FOR CHILDREN |
| 4b | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | - | | | | |
| 4 c | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4d | Other program | m services (Describe in Schedule | 0) | | |
| | (Expenses \$ | | |) (Revenue \$ |) |
| 4e | Total progran | n service expenses ► 6 | ,078,491 | | |
| | | | | | |

| Part IV Checklist of Required Schedule |
|--|
|--|

| | | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | Νo |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | 6 | | No |
| 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. | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | Yes | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | No |
| C | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Νo |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 💆 | 13 | Yes | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| 17 | 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 | | No |
| 18 | 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 | Yes | |
| 19 | 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 | | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| Far | Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | Νo |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 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 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | No |
| 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) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part | | | 1 |
| | IV | 28a | Yes | |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 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 | | No |
| 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 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 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 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 38 | Yes | |

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 | | | <u>.</u> |
|-----|---|------------|-----|----------|
| | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 29 | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 29 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | | |
| | gaming (gambling) winnings to prize winners? | 1 c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| _ | | | | NI - |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3a 3b | | No |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | 30 | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | |
| | | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | No |
| Ь | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | No |
| | 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 it was required to file Form 8282? | 7c | | Νo |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as | | | |
| L | required? | 7g | | |
| п | Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | 8 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| .0 | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| .1 | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| .2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 13a | | |
| ь | 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 | | | |
| | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| h | If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O | 14b | | |

Section A. Governing Body and Management

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

| | <u> </u> | | | | Yes | No |
|---|--|--|---|-------------------------------|--------------------------|-----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 19 | | | |
| | 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 | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 19 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee? | | relationship with any | 2 | Yes | |
| 3 | Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co | | | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since filed? | e the p | rior Form 990 was | 4 | | N o |
| 5 | Did the organization become aware during the year of a significant diversion of the o | rganız | ation's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | | | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the pow more members of the governing body? | | elect or appoint one or | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body? | | members, stockholders, | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written activear by the following | | ndertaken during the | | | |
| а | The governing body? | | | 8a | Yes | |
| Ь | Each committee with authority to act on behalf of the governing body? | | | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule | | | 9 | | No |
| Se | ection B. Policies (This Section B requests information about policies not | requi | red by the Internal R | eveni | ıe Cod | e.) |
| | | | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | Νo |
| | | | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization | | | 10b | | |
| | | on's e | xempt purposes? | | Yes | |
| 11a | affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its | on's e ts gov | xempt purposes? erning body before filing | | Yes | |
| 11a b | affiliates, and branches to ensure their operations are consistent with the organization that the organization provided a complete copy of this Form 990 to all members of it the form? | on's e ts gov • • Form 9 | xempt purposes? erning body before filing | | Yes | |
| 11a b 12a | affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? | on's e ts gov · · · Form 9 | xempt purposes? erning body before filing | 11a | | |
| 11a b 12a b | affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form? | on's e ts gov Form 9 . ly inte | xempt purposes? erning body before filing | 11a | Yes | |
| 11a b 12a b | affiliates, and branches to ensure their operations are consistent with the organization that the organization provided a complete copy of this Form 990 to all members of it the form? | on's e ts gov Form 9 . Iy inte I the p | xempt purposes? erning body before filing | 11a 12a 12b | Yes Yes | |
| 11a b 12a b | affiliates, and branches to ensure their operations are consistent with the organization that the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. | on's e ts gov Form 9 . ly inte i the p | xempt purposes? erning body before filing | 11a 12a 12b | Yes Yes Yes | |
| 11a b 12a b c | affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD of the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? | on's ets gov Form 9 ly inte the p trew an | xempt purposes? erning body before filing | 11a 12a 12b 12c 13 | Yes Yes Yes | |
| 11a b 12a b c 13 14 | affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form? | on's ets gov Form 9 ly inte the p the control of the p the control of the p the control of | xempt purposes? erning body before filing | 11a 12a 12b 12c 13 | Yes Yes Yes | |
| 11a b 12a b c 13 14 | affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the | on's e ts gov Torm 9 Iy inte the p the p the p the deli | xempt purposes? erning body before filing | 11a 12a 12b 12c 13 | Yes Yes Yes Yes | No |
| 11a b 12a b c 13 14 15 | affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form? | on's e ts gov Torm 9 Iy inte the p the p the p the deli | xempt purposes? erning body before filing | 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes | No |
| 11a b 12a b c 13 14 15 | affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form? | on's e ts gov form 9 ly inte the p the p the deli | xempt purposes? erning body before filing | 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes | No |
| 11a b 12a b c 13 14 15 a b | affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form? | on's e ts gov Torm 9 Iy inte the p the deli or sim custorie step | xempt purposes? erning body before filing | 11a 12a 12b 12c 13 14 15a 15b | Yes Yes Yes Yes | |
| 11a b 12a b c 13 14 15 a b | affiliates, and branches to ensure their operations are consistent with the organization and the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, and tak organization's exempt status with respect to such arrangements? | on's e ts gov Torm 9 Iy inte the p the deli or sim custorie step | xempt purposes? erning body before filing | 11a 12a 12b 12c 13 14 15a | Yes Yes Yes Yes | |
| 11a b 12a b c 13 14 15 a b | affiliates, and branches to ensure their operations are consistent with the organization and the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements? | on's e ts gov Torm 9 Iy inte the p the deli or sim custorie step | xempt purposes? erning body before filing | 11a 12a 12b 12c 13 14 15a 15b | Yes Yes Yes Yes | |
| 11a b 12a b c 13 14 15 a b | affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 to all members of it the form? Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the following persons include a revindependent persons, comparability data, and contemporaneous su | on's e ts gov Torm 9 Iy inte It the p It was an and deli Or sim Ization e step | xempt purposes? erning body before filing | 11a 12a 12b 12c 13 14 15a 15b | Yes Yes Yes Yes | |
| 11a b 12a b c 13 14 15 a b | affiliates, and branches to ensure their operations are consistent with the organization and the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements? | on's e ts gov Torm 9 Iy inte In the p | xempt purposes? erning body before filing | 11a 12a 12b 12c 13 14 15a 15b | Yes Yes Yes Yes | |

►YOON-HI KING

20

interest policy, and financial statements available to the public during the tax year $\frac{1}{2}$

State the name, address, and telephone number of the person who possesses the organization's books and records

Part VII 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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax vear

- 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, or 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

| | | | | | | | | | - | |
|---|--|--------------|---------------|---------------------|-----------------------------|--------------------------------|-----------------|---|--|--|
| (A) Name and Title | (B) A verage hours per week (list any hours for related organizations below dotted line) | more pers | than on is | one bot recto | not box h an or/tr | checkers (Highest compensated | ess er e) | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| (1) JAMES BOLTON CHAIRMAN | 1 50 | × | | х | | | | 0 | 0 | 0 |
| (2) ROBERT LAWRENCE VICE CHAIR | 0 50 | х | | х | | | | 0 | 0 | 0 |
| (3) GERALD MOORE TREASURER | 0 50 | Х | | х | | | | 0 | 0 | 0 |
| (4) DIANE CAMBOURELIS CLERK OF THE BOARD | 0 50 | Х | | х | | | | 0 | 0 | 0 |
| (5) DAVID WILSON TRUSTEE | 0 50 | Х | | | | | | 0 | 0 | 0 |
| (6) ERIC MOLLENHAUER TRUSTEE | 0 50 | Х | | | | | | 0 | 0 | 0 |
| (7) STEPHEN HAIG TRUSTEE | 0 50 | Х | | | | | | 0 | 0 | 0 |
| (8) JOSEPH DATTILO TRUSTEE | 0 50 | Х | | | | | | 0 | 0 | 0 |
| (9) KENNETH FONG TRUSTEE | 0 50 | Х | | | | | | 0 | 0 | 0 |
| (10) MICHAEL STEVENS TRUSTEE | 0 50 | х | | | | | | 0 | 0 | 0 |
| TRUSTEE (11) TED WHEATLEY TRUSTEE | 0 50 | Х | | | | | | 0 | 0 | 0 |
| (12) CHARLES PU TRUSTEE | 0 50 | Х | | | | | | 0 | 0 | 0 |
| (13) ELIZABETH SOMERS STUTZMAN | 0 50 | Х | | | | | | 0 | 0 | 0 |
| TRUSTEE (14) WALLACE WADMAN | 0 50 | Х | | ig | | | | 0 | 0 | 0 |
| TRUSTEE | | | | <u> </u> | <u> </u> | <u> </u> | | | | Form 990 (2014) |

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and Tıtle | (B) Average hours per week (list any hours | more pers | than on is | one bot | not box h ar | check , unle office ustee | ss er | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the |
|---|--|-----------------------------------|-----------------------|------------|--------------------|------------------------------------|----------|---|--|---|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| (15) MARK BOIVIN | 0 50 | | | | | | | _ | _ | |
| TRUSTEE | | X | | | | | | 0 | 0 | (|
| (16) ROBERT BLOODWORTH | 0 50 | | | | | | | _ | _ | |
| TRUSTEE | | X | | | | | | 0 | 0 | (|
| (17) STEPHEN PALMER TRUSTEE | 0 50 | х | | | | | | 0 | 0 | (|
| (18) BENJAMIN WARF | 0 50 | , | | | | | | | | |
| TRUSTEE | | X | | | | | | 0 | 0 | (|
| (19) MICHAEL LEVITZ TRUSTEE | 0 50 | х | | | | | | 0 | 0 | (|
| (20) TIMOTHY RUSSELL HEAD OF SCHOOL | 40 00 | | | х | | | | 152,807 | 0 | 17,366 |
| (21) YOON-HI KING CHIEF FINANCIAL OFFICER | 40 00 | | | х | | | | 115,000 | 0 | 3,31: |

| 1b | Sub-Total | - - | | | |
|----|---|-------------|---------|---|--------|
| c | Total from continuation sheets to Part VII, Section A | • | | | |
| d | Total (add lines 1b and 1c) | - | 267,807 | 0 | 20,677 |

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►2

| | | | Yes | No |
|---|--|---|-----|----|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee | | | |
| | on line 1a? If "Yes," complete Schedule J for such individual | 3 | | Νo |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | Yes | |
| | | _ | 103 | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for | | | |
| | services rendered to the organization? If "Yes," complete Schedule I for such person | 5 | | Νo |

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|------------------------------------|----------------------------|
| PROSPECT BUILDING SERVICES CORP 360 PEARL STREET MALDEN, MA 02148 | BUILDING CLEANING SERVICES | 109,837 |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►1

| | | Check if Schedu | ule O contains a respon | se or note to any lir | ne in this Part VIII | <u></u> | | |
|---|----------|-------------------------------------|--|-----------------------|----------------------|--|---|--|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| | 1a | Federated camp | paigns 1a | | | | | 022 021 |
| ons, Giffs, Grants Similar Amounts | Ь | Membership du | | | | | | |
| jra nou | | • | | 40.270 | | | | |
| %. Ā | C | Fundraising eve | ents 1c | 48,378 | | | | |
| ∰ je | d | Related organiz | ations 1d | | | | | |
| %.E | e | Government grants | s (contributions) 1e | | | | | |
| tion: r Si | f | All other contribution | ons, gifts, grants, and 1f | 975,662 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | g | | ons included in lines | 31,879 | | | | |
| Cont | h | Total. Add lines | s 1a-1f | | 1,024,040 | | | |
| | | | | Business Code | | | | |
| Ĕ | 2a | TUITION | ľ | 611710 | 5,476,784 | 5,476,784 | | |
| e A | ь | SUMMER DAY CAM | P | 611710 | 848,788 | 848,788 | | |
| a E | c | RESIDENTIAL LIFE | · | 611710 | 492,750 | 492,750 | | |
| Έ | d | INTENSIVE ACAD 1 | ENC. | | · · | + | | |
| 33 | | | | 611710 | 179,750 | 179,750 | | |
| Ē | e | LUNCHROOM | | 611710 | 94,242 | 94,242 | | |
| Program Serwce Revenue | f | All other progra | nm service revenue | | 149,325 | 149,325 | | |
| <u>太</u> | g | Total. Add lines | s 2a – 2f | 🕨 | 7,241,639 | | | |
| | 3 | | ome (including dividenc | | 100,723 | | | 100,723 |
| | ١. | | ar amounts) Itment of tax-exempt bond p | | 100,723 | | | 100,723 |
| | 4 | | | . F | | | | |
| | 5 | Royalties | (1) Page | | | | | |
| | 6a | Gross rents | (ı) Real | (11) Personal | | | | |
| | | Less rental | | | | | | |
| | | expenses | | | | | | |
| | C | Rental income or (loss) | | | | | | |
| | d | Net rental incor | me or (loss) | | | | | |
| | | | (ı) Securities | (II) Other | | | | |
| | 7a | Gross amount from sales of | 2,329,703 | | | | | |
| | | assets other than inventory | _,, | | | | | |
| | ь | Less cost or | | | | | | |
| | | other basis and sales expenses | 1,735,789 | | | | | |
| | С | Gain or (loss) | 593,914 | | | | | |
| | d | Net gain or (los | s) | - | 593,914 | | | 593,914 |
| | 8a | Gross income f | | | | | | |
| ÷ i | | events (not inc | luding ,378 | | | | | |
| Other Revenue | | Ψ | reported on line 1c) | | | | | |
| é | | See Part IV, lin | | | | | | |
| | | | a | 0 | | | | |
| į | b | | penses b | 7,253 | | | | |
| 0 | C | | loss) from fundraising e] r | events 🛌 | -7,253 | | | -7,253 |
| | 9a | Gross income fi See Part IV, lin | rom gaming activities | | | | | |
| | | July altiv, illi | a | | | | | |
| | ь | Less direct ex | penses b | | | | | |
| | | | (loss) from gaming activ | rities | | | | |
| | | Gross sales of | - | - | | | | |
| | | returns and allo | wances . | | | | | |
| | | | a | | | | | |
| | Ь | | oods sold b | | | | | |
| | C | | (loss) from sales of inve | - | | | | |
| | <u> </u> | Miscellaneous | s Kevenue | Business Code | | | | |
| | 11a | | | | | | | ļI |
| | b | | | | | | | |
| | С | | | | | | | |
| | d | All other revenu | ue [| | | | | |
| | e | Total. Add lines | s 11a-11d | ▶ | | | | |
| | 12 | Total revenue. | See Instructions | | | _ | | |
| | I | | | . | 8,953,063 | 7,241,639 | 0 | 687,384 |

Part IX Statement of Functional Expenses

| section 501(c)(3) and 501(c)(4) ordanizations must complete all columns. All other ordanizations must complete column |) and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column | olumn (A |
|---|---|----------|
|---|---|----------|

| | Check if Schedule O contains a response or note to any line in this | Part IX | | | |
|-------|--|----------------|-----------------------------|---------------------------------|-------------------------|
| Do n | ot include amounts reported on lines 6b, | (A) | (B) | (C) | (D) |
| 7b, 8 | b, 9b, and 10b of Part VIII. | 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 organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 306,608 | 220,758 | 76,652 | 9,198 |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | | | | |
| 7 | Other salaries and wages | 3,539,562 | 2,843,175 | 448,931 | 247,456 |
| 8 | Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions) | 92,898 | 77,371 | 13,260 | 2,267 |
| 9 | Other employee benefits | 552,509 | 426,407 | 80,425 | 45,677 |
| 10 | Payroll taxes | 275,907 | 219,740 | 37,593 | 18,574 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | 14,043 | | 14,043 | |
| c | Accounting | 38,364 | | 38,364 | |
| d | Lobbying | | | | |
| е | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | 14,461 | | 14,461 | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 540 | | | 540 |
| 12 | Advertising and promotion | 58,365 | 58,365 | | |
| 13 | Office expenses | 172,942 | 44,891 | 93,654 | 34,397 |
| 14 | Information technology | 87,398 | 69,664 | 11,881 | 5,853 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 472,726 | 376,810 | 64,260 | 31,656 |
| 17 | Travel | 6,093 | | | 6,093 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 12,648 | | 11,724 | 924 |
| 20 | Interest | 204,583 | 163,074 | 27,810 | 13,699 |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 694,998 | 553,984 | 94,475 | 46,539 |
| 23 | Insurance | 60,623 | 48,323 | 8,241 | 4,059 |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | RESIDENTIAL LIFE EXPENS | 453,902 | 453,902 | | |
| b | ATHLETIC PROGRAM EXPENS | 129,195 | 129,195 | | |
| С | ACADEMIC PROGRAM EXPENS | 92,066 | 92,066 | | |
| d | DAY CAMP/CLUB EXPENSES | 81,074 | 81,074 | | |
| е | All other expenses | 301,825 | 219,692 | 38,457 | 43,676 |
| 25 | Total functional expenses. Add lines 1 through 24e | 7,663,330 | 6,078,491 | 1,074,231 | 510,608 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720) | | | | |

Form 990 (2014)

Part X Balance Sheet

| Par | 't X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X . | | | |
|---------------|------|---|-----------------------|-----|--------------------|
| | | , | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | 3,144,198 | 1 | 3,997,109 |
| | 2 | Savings and temporary cash investments | | 2 | _ |
| | 3 | Pledges and grants receivable, net | 49,450 | 3 | |
| | 4 | Accounts receivable, net | 26,994 | 4 | 38,939 |
| | 5 | Loans and other receivables from current and former officers, directors, truste employees, and highest compensated employees Complete Part II of Schedule L | es, key | _ | |
| ž | 6 | Loans and other receivables from other disqualified persons (as defined under $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing emand sponsoring organizations of section $501(c)(9)$ voluntary employees' bene organizations (see instructions) Complete Part II of Schedule L | ployers | 5 | |
| Š. | | | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| _ | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 2 | 2,695,724 | | |
| | b | Less accumulated depreciation | 9,321,096 13,804,303 | 10c | 13,374,628 |
| | 11 | Investments—publicly traded securities | 6,277,685 | 11 | 7,225,293 |
| | 12 | Investments—other securities See Part IV, line 11 | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | 130,612 | 13 | 130,778 |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | 367,257 | 15 | 522,837 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 23,800,499 | 16 | 25,289,584 |
| | 17 | Accounts payable and accrued expenses | 386,345 | 17 | 486,096 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| Ø | 21 | Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | | 21 | |
| Liabilitie | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | |
| æ | | persons Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 6,622,892 | 23 | 6,427,036 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties and other liabilities not included on lines 17-24) Complete Part X of Schedule | e e | | 0.044.440 |
| | | D | 2,092,238 | | 2,314,442 |
| | 26 | Total liabilities. Add lines 17 through 25 | 9,101,475 | 26 | 9,227,574 |
| Fund Balances | | Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complet lines 27 through 29, and lines 33 and 34. | e | | |
| 듄 | 27 | Unrestricted net assets | 11,313,742 | 27 | 12,084,676 |
| B | 28 | Temporarily restricted net assets | 3,158,210 | 28 | 1,906,491 |
| 핃 | 29 | Permanently restricted net assets | 227,072 | 29 | 2,070,843 |
| or Fu | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. | | | |
| 8 | 30 | Capital stock or trust principal, or current funds | | 30 | |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| Ą | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| Net | 33 | Total net assets or fund balances | 14,699,024 | 33 | 16,062,010 |
| ~ | 34 | Total liabilities and net assets/fund balances | 23,800,499 | 34 | 25,289,584 |

| Par | Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI | | | | |
|-----|--|----------|------------|------|---------------|
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 8,8 | 953,063 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | | | | 289,733 |
| 5 | Net unrealized gains (losses) on investments | 5 | | 14,6 | 73,253 |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 16,0 | 062,010 |
| Par | t XII Financial Statements and Reporting | | | • | • |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | . \sqsubset |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both | wed or | ۱ 📗 | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both | rate | | | |
| | ▼ Separate basis | | | | |
| c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant? | nt of th | 2 c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O | n | | | |
| 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? | e | 3a | | No |
| 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 | | |

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OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2014

Open to Public Inspection

Name of the organization **Employer identification number** LEXINGTON CHRISTIAN ACADEMY 04-2134815 Part I 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). $\overline{\mathbf{v}}$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 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). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i)Name of supported (ii) EIN (iv) Is the organization (vi) A mount of (iii) Type of (v) A mount of listed in your governing other support (see organization organization monetary support (described on lines document? (see instructions) instructions) 1-9 above or IRC section (see instructions)) Yes No

| Sch | edule A (Form 990 or 990-EZ) 2014 | | | | | | Page 2 |
|-----|---|--------------------------|--------------------|----------------------|----------------------|-----------------|----------------------|
| Pa | Support Schedule for (Complete only if you c | hecked the bo | x on line 5, 7, | or 8 of Part I o | r if the organiza | ation failed | to qualify under |
| | Part III. If the organiza ection A. Public Support | tion fails to qu | alify under the | tests listed bel | ow, please com | ipiete Part I | 11.) |
| | endar year (or fiscal year beginning | (-) 2010 | (1) 2011 | (-) 2012 | (4) 2012 | (-) 201 | (6) T. t. l |
| | in) 🟲 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not include any "unusual | | | | | | |
| | grants ") | | | | | | |
| 2 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either | | | | | | |
| | paid to or expended on its | | | | | | |
| 3 | behalf The value of services or facilities | | | | | | |
| , | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly supported organization) included on | | | | | | |
| | line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, column | | | | | | |
| | (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| S | ection B. Total Support | 1 | l | | | 1 | |
| | endar year (or fiscal year beginning | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| | in) ► | (a) 2010 | (0) 2011 | (6) 2012 | (d) 2013 | (e) 2014 | (I) Total |
| 7 | A mounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on securities loans, rents, royalties | | | | | | |
| | and income from similar | | | | | | |
| | sources | | | | | | |
| 9 | Net income from unrelated | | | | | | |
| | business activities, whether or not the business is regularly carried | | | | | | |
| | on | | | | | | |
| 10 | Other income Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI) | | | | | | |
| 11 | Total support Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities | es, etc (see inst | ructions) | | • | 12 | <u> </u> |
| 13 | First five years. If the Form 990 is f | or the organizati | on's first, second | l, thırd, fourth, or | fifth tax year as a | section 501 | (c)(3) |
| | organization, check this box and sto | | | | | <u> </u> | <u> </u> |
| | ection C. Computation of Pub | | | 4.4 1 (5) | | | |
| 14 | Public support percentage for 2014 | · · | | 11, column (f)) | | 14 | |
| 15 | Public support percentage for 2013 | • | • | | | 15 | |
| 16a | 33 1/3% support test—2014. If the | | | | line 14 is 33 1/3% | ∕o or more, ch | |
| h | and stop here. The organization qua 33 1/3% support test—2013. If the | | | | and line 15 is 3 | 3 1/3% or mo | re check this |
| | box and stop here. The organization | | | | , and fine 13 is 3. | 3 1/3/0 01 1110 | re, check this ▶□ |
| 17a | 10%-facts-and-circumstances test- | -2014. If the org | anızatıon dıd not | check a box on li | | | , |
| | is 10% or more, and if the organizat | | | | | | |
| | in Part VI how the organization mee | ts the "facts-and | d-circumstances' | test The organi | zation qualifies as | s a publicly s | |
| h | organization 10%-facts-and-circumstances test- | -2013. If the ora | anization did not | check a hov on li | ne 13 16a 16b | or 17a and b | ▶ ┌ |
| | 15 is 10% or more, and if the organ | | | | | | |
| | Explain in Part VI how the organizat | | | | | | ublicly |
| | supported organization | | | | 471 | | ▶ ┌ |
| 18 | Private foundation. If the organizations | on ala not check | ca box on line 13 | , 16a, 16b, 1/a, | or 1 / b, check this | s pox and see | • ▶ □ |

Schedule A (Form 990 or 990-EZ) 2014 Page 3 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 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 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a 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 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 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 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 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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 |
|---|
|---|

| Se | ection A. All Supporting Organizations | | | |
|-----|---|-----|-----|----|
| | | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | | |
| 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) . | 2 | | |
| За | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | За | | |
| 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. | 3b | | |
| 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. | 3с | | |
| 4a | 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. | 4a | | |
| 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. | 4b | | |
| 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 $(2)^7$ 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. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a | | |
| 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? | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | 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 . | 6 | | |
| 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). | 7 | | |
| 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 II of Schedule L (Form 990). | 8 | | |
| 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 . | 9a | | |
| 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? <i>If</i> "Yes," provide detail in Part VI . | 9b | | |
| 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 . | 9c | | |
| L0a | 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. | 10a | | |
| 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). | 10b | | |
| l1 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | 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

| Pa | rt IV Supporting Organizations (continued) | | | |
|----|--|----|-----|----|
| S | ection B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to 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 | | |
| 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, supervised or controlled the supporting organization. | 2 | | |
| S | ection C. Type II Supporting Organizations | | | |
| | | | 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 the supported organization(s). | 1 | | |
| S | ection D. All Type III Supporting Organizations | | | |
| | | | 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, (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 | | |
| 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 supported organizations played in this regard. | 3 | | |
| S | ection 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 The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions. | | | |
| 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 | | |
| | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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 | | | | |
| | 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 | | 1 1 | |

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 Organizations

| 1 | _ | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other |
|-----|----|---|
| ype | [] | II non-functionally integrated supporting organizations must complete 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) |
|---|--|----|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | | |
| а | 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) | | | |
| 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

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

| | Current Year |
|---|--------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |

| Section D - Distributions | | | Current Year |
|---|-------------------------------|--|---|
| 1 Amounts paid to supported organizations to accom | plish exempt purposes | | |
| 2 Amounts paid to perform activity that directly furthexcess of income from activity | ers exempt purposes of supp | ported organizations, in | |
| 3 Administrative expenses paid to accomplish exemp | ot purposes of supported org | anızatıons | |
| 4 Amounts paid to acquire exempt-use assets | | | |
| 5 Qualified set-aside amounts (prior IRS approval rec | nured) | | |
| | | | |
| 6 Other distributions (describe in Part VI) See instru | JCTIONS | | |
| 7 Total annual distributions. Add lines 1 through 6 | | | |
| 8 Distributions to attentive supported organizations t details in Part VI) See instructions | o which the organization is r | esponsive (provide | |
| 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 | | | |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions) | | | |
| 3 Excess distributions carryover, if any, to 2014 | | | |
| a From 2009 | | | |
| b From 2010 | | | |
| c From 2011 | | | |
| d From 2012 | | | |
| e From 2013 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2014 from Section D, line 7 \$ | | | |
| A pplied to underdistributions of prior years | | | |
| b Applied to 2014 distributable amount | | | |
| c 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) | | | |
| 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 Excess distributions carryover to 2015. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a From 2010 | | | |
| b From 2011 | | | |
| c From 2012 | | | |
| d From 2013 | | | |

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

| Return Reference | Explanation |
|------------------|-------------|

Schedule A (Form 990 or 990-EZ) 2014

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DLN: 93493324005205

OMB No 1545-0047

SCHEDULE D

Department of the Treasury

(Form 990)

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.

Open to Public

| Nar | me of the organization INGTON CHRISTIAN ACADEMY | | | ployer identifica | ition number | |
|----------|---|--|------------|-------------------|--------------|----------|
| Pa | rt I Organizations Maintaining Donor Advorganization answered "Yes" to Form 990 | | | or Accounts | . Complete | e if the |
| | organization anomered 100 to 101111 230 | (a) Donor advised funds | | (b) Funds and | other accour | nts |
| | Total number at end of year | | | | | |
| <u>.</u> | Aggregate value of contributions to (during year) | | | | | |
| ; | Aggregate value of grants from (during year) | | | | | |
| ļ | Aggregate value at end of year | | | | | |
| | Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or | | onor advi | ısed | ┌ Yes | ┌ No |
| | Did the organization inform all grantees, donors, and doused only for charitable purposes and not for the beneficonferring impermissible private benefit? | | | | ┌ Yes | ┌ No |
| aı | t II Conservation Easements. Complete if | the organization answered "Yes" | to Forn | n 990, Part I\ | /, line 7. | |
| | Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a | or education) Preservation of a | a certifie | d historic struc | ture | |
| | easement on the last day of the tax year | | | 1 | | |
| | | | | Held at the | End of the \ | ear_ |
| a | Total number of conservation easements | | 2a | | | |
|) | Total acreage restricted by conservation easements | | 2b | | | |
| : | Number of conservation easements on a certified histo | oric structure included in (a) | 2c | | | |
| I | Number of conservation easements included in (c) acq historic structure listed in the National Register | uired after 8/17/06, and not on a | 2d | | | |
| | Number of conservation easements modified, transferrenthe tax year - | ed, released, extinguished, or termina | ted by th | ne organization | during | |
| | Number of states where property subject to conservati | ion easement is located ► | | | | |
| | Does the organization have a written policy regarding tenforcement of the conservation easements it holds? | the periodic monitoring, inspection, ha | ndling of | f violations, and | ┌ Yes | ┌ No |
| | Staff and volunteer hours devoted to monitoring, inspe | cting, and enforcing conservation ease | ements o | during the year | | |
| | A mount of expenses incurred in monitoring, inspecting \$\blue\$ | ı, and enforcıng conservatıon easemen | nts during | g the year | | |
| | Does each conservation easement reported on line 2(of and section 170(h)(4)(B)(II)? | d) above satisfy the requirements of se | ection 17 | 70(h)(4)(B)(ı) | ☐ Yes | ┌ No |
| | In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme | e footnote to the organization's financi | | | | |
| ar | Complete of the organization answered The initial content of the organization answered "Y | | , or Ot | her Similar | Assets. | |
| a | If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t | ts held for public exhibition, education | n, or rese | earch in furthera | | c |
| b | If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes | ts held for public exhibition, education | | | | С |
| | (i) Revenue included in Form 990, Part VIII, line 1 | | | ► \$ | | |
| | (ii) Assets included in Form 990, Part X | | | | | |
| | If the organization received or held works of art, histor following amounts required to be reported under SFAS | | | | | |
| 3 | Revenue included in Form 990, Part VIII, line 1 | | | ► \$ | | |
| b | Accets included in Form 990 Part V | | | b . # | | |

| Part | •••• Organizations Maintaining Co | llections of Art, I | Histor | ical Trea | sures, or Oth | er Similar Ass | sets (continued) |
|--------|--|------------------------------|-------------------|-----------------------------------|--------------------------------------|------------------------------|--|
| 3 | Using the organization's acquisition, accessicollection items (check all that apply) | on, and other records | , check | any of the | following that are | a significant use | of its |
| а | Public exhibition | | d \lceil | Loan or e | exchange progran | ıs | |
| b | ☐ Scholarly research | | е Г | Other | | | |
| c | Preservation for future generations | | | | | | |
| 4 | Provide a description of the organization's co Part XIII | llections and explain | how th | ey further th | ne organization's | exempt purpose ır | 1 |
| 5 | During the year, did the organization solicit o | | | | | | |
| Dav | assets to be sold to raise funds rather than t | | | | | <u>'</u> | Yes No |
| Pal | Part IV, line 9, or reported an an | | | | | res to rollil 9: | 90, |
| 1a | Is the organization an agent, trustee, custod included on Form 990, Part X? | | | | | | Yes No |
| b | If "Yes," explain the arrangement in Part XII | I and complete the fo | llowing | table | | | |
| | | | | | | Am | ount |
| c | Beginning balance | | | | 10 | | |
| d | Additions during the year | | | | 10 | | |
| e | Distributions during the year | | | | 16 | - | |
| f | Ending balance | | | | 1f | _ | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line 2 | 21, for | escrow or c | ustodial account | liability? | Yes No |
| ь | If "Yes," explain the arrangement in Part XII | | | | | | <u> l</u> |
| Pa | rt V Endowment Funds. Complete i | | | | | | (a)Four was ro hade |
| 1a | Beginning of year balance | (a)Current year 6,306,529 | (b) Prior | 5,574,634 | c) Two years back (c) | 4,632,520 | (e)Four years back 3,835,046 |
| ъ | Contributions | 568,250 | | 10,045 | 4,050 | 13,956 | 67,084 |
| c | Net investment earnings, gains, and losses | | | | | | |
| 4 | Crante or ceholarchine | 751,113 | | 931,298 | 1,009,784 | 271,523 | 846,739 |
| d e | Grants or scholarships Other expenditures for facilities | | | | | | |
| - | and programs | 226,105 | | 209,448 | 203,412 | 153,787 | 116,349 |
| f | Administrative expenses | | | | | | |
| g | End of year balance | 7,399,787 | 6 | 5,306,529 | 5,574,634 | 4,764,212 | 4,632,520 |
| 2 | Provide the estimated percentage of the curr | ent year end balance | (line 1 | g, column (a | a)) held as | | |
| а | Board designated or quasi-endowment ► | 49 420 % | | | | | |
| b | Permanent endowment ► 27 980 % | | | | | | |
| c | Temporarily restricted endowment ► 22 6 | 500 % | | | | | |
| | The percentages in lines 2a, 2b, and 2c show | ıld equal 100% | | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the organizati | on that | are held ar | nd administered fo | or the | |
| | organization by (i) unrelated organizations | | | | | 3a(i | Yes No |
| | (ii) related organizations | | | | | 3a(ii | |
| b | If "Yes" to 3a(II), are the related organization | | on Sche | dule R? . | | 3b | |
| 4 | Describe in Part XIII the intended uses of th | | | | | | |
| Par | t VI Land, Buildings, and Equipme | | e orga | nızatıon a | nswered 'Yes' t | o Form 990, Pai | rt IV, line |
| | 11a. See Form 990, Part X, line 1 Description of property | 10. | | a) Cost or othe sıs (ınvestmer | | (c) Accumulated depreciation | (d) Book value |
| | Land | | | | 571,92 | 3 | 571,923 |
| | Buildings | | | | 17,178,40 | | |
| | Leasehold improvements | | . $dash$ | | 1,249,93 | + | |
| | Equipment | | . $dash$ | | 2,745,13 | + | |
| _е | Other | <u> </u> | | | 950,33 | 0 895,097 | 55,233 |
| Tota | I. Add lines 1a through 1e <i>(Column (d) must e</i> | qual Form 990, Part X, o | column | (B), line 10(| (c).) | | 13,374,628 |
| | | · | | <u>-</u> | | Schedule D | (Form 990) 2014 |

| Part VII Investments—Other Securities. Com | plete if the organization | answered 'Yes' to For | m 990, Part IV, line 11b. |
|---|----------------------------|---|---|
| See Form 990, Part X, line 12. (a) Description of security or category | (b) Book value | (c) Method of va | |
| (including name of security) | | Cost or end-of-year i | market value |
| (1)Financial derivatives (2)Closely-held equity interests | | | |
| Other | | | |
| | | | |
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| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | • | | |
| Part VIII Investments—Program Related. Co | mplete if the organization | n answered 'Yes' to Fo | orm 990, Part IV, line 11c. |
| See Form 990, Part X, line 13. (a) Description of investment | (b) Book value | (c) Method of va | aluation |
| (a) Description of investment | (b) Book value | Cost or end-of-year | |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | <u> </u> | | |
| Part IX Other Assets. Complete if the organization | answered 'Yes' to Form 990 | -I ○, Part IV, line 11d See F | Form 990, Part X, line 15 |
| (a) Descri | | | (b) Book value |
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| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 | 5.) | | |
| Part X Other Liabilities. Complete if the orga | nızatıon answered 'Yes' t | o Form 990, Part IV, l | ine 11e or 11f. See |
| Form 990, Part X, line 25. 1 (a) Description of liability | (b) Book value | | |
| Federal income taxes | (3) DOOK VAINE | | |
| ADVANCED TUITION & FEES | 2,209,343 | | |
| STUDENT ACTIVITIES FUND | 105,099 | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 2,314,442 | | |
| 2 Liability for uncertain tax positions. In Part VIII. provide | | h | I - I - I - I - I - I - I - I - I - I - |

| Part X | | Revenue per Audited Financial Statements With Revenue powered 'Yes' to Form 990, Part IV, line 12a. | er R | eturn Complete if |
|------------|--|--|--|--|
| 1 7 | | er support per audited financial statements | 1 | 9,019,108 |
| 2 / | Amounts included on line 1 b | ut not on Form 990, Part VIII, line 12 | | |
| a N | Net unrealized gains (losses) | on investments 2a 73,253 | | |
| b [| Donated services and use of | facilities 2b | | |
| c F | Recoveries of prior year grant | ts 2c | | |
| | |) | | |
| | | | 2e | 80,506 |
| 3 9 | Subtract line 2e from line 1 . | | 3 | 8,938,602 |
| | | 90, Part VIII, line 12, but not on line 1 | | , , , , , , , , , , , , , , , , , , , |
| | | luded on Form 990, Part VIII, line 7b . 4a 14,461 | | |
| | • |) 4b | | |
| | | , , , , , , , , , , , , , , , , , , , | 4c | 14,461 |
| | | Ind 4c. (This must equal Form 990, Part I, line 12) | 5 | 8,953,063 |
| - | Reconciliation of E | Expenses per Audited Financial Statements With Expenses nswered 'Yes' to Form 990, Part IV, line 12a. | | |
| 1 T | | er audited financial statements | 1 | 7,656,122 |
| 2 A | mounts included on line 1 bi | ut not on Form 990, Part IX, line 25 | | |
| a D | onated services and use of f | facilities | | |
| b P | rior year adjustments | 2b | | |
| | | | | |
| | |) | | |
| | | | 2e | 7,253 |
| | | | 3 | 7,648,869 |
| | | 90, Part IX, line 25, but not on line 1: | | . 15 15 15 15 |
| | | luded on Form 990, Part VIII, line 7b 4a 14,461 | | |
| | |) 4b | | |
| | · | , | 4c | 14,461 |
| | | and 4c. (This must equal Form 990, Part I, line 18) | 5 | 7,663,330 |
| | Supplemental In | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | line 4, Part X, line 2, Part XI | r Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, I, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to p | | de any additional |
| | Return Reference | Explanation | | |
| PART X, | LINE 2 | THE SCHOOL IS EXEMPT FROM INCOME TAXES AS A PUBLIC CHARI (C)(3) OF THE INTERNAL REVENUE CODE MANAGEMENT BELIEVES OPERATES IN A MANNER CONSISTENT WITH THEIR TAX-EXEMPT STATE AND FEDERAL LEVEL THE SCHOOL ANNUALLY FILES IRS FOR ORGANIZATION EXEMPT FROM INCOME TAX, REPORTING VARIOUS THE IRS USES TO MONITOR THE ACTIVITIES OF TAX-EXEMPT ENTIRETURNS ARE SUBJECT TO REVIEW BY THE TAXING AUTHORITIES OF PERIOD OF THREE YEARS AFTER THEY WERE FILED THE TAX RETURENDED JUNE 30, 2012, 2013, AND 2014 ARE SUBJECT TO EXAMINATION AUTHORITIES. | THA FATU RM 9 FINF TIES GENE NS F | T THE SCHOOL IS AT BOTH THE 90 - RETURN OF ORMATION THAT S THESE TAX ERALLY FOR A OR THE YEARS I BY THE TAXING |
| ADJUST | | FUNDRAISING EXPENSES INCLUDED IN NET INCOME FROM FUNDRA | | |
| ADJUST | I, LINE 2D - OTHER MENTS | FUNDRAISING EXPENSES INCLUDED IN NET INCOME FROM FUNDRA | (121) | NG ACTIVITIES |
| | 90, SCHEDULE D, PART | THE SCHOOL'S ENDOWMENT CONSISTS OF APPROXIMATELY SIXTY ESTABLISHED FOR A VARIETY OF PURPOSES ITS ENDOWMENT INCRESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE TO FUNCTION AS ENDOWMENTS AS REQUIRED BY GENERALLY ACCIPATION FOR ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOCLASSIFIED AND REPORTED BASED UPON THE EXISTENCE OR ABSIMPOSED RESTRICTIONS THE SCHOOL HAS ADOPTED INVESTMEN POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE ADDITIONAL TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE THE PURCHASING POWER OF THE ENDOWMENT ASSETS THE SCHOOL | LUD EBOA EPT INC WME ENCE TAN A PRE | ES BOTH DONOR- ARD OF TRUSTEES ED ACCOUNTING LUDING FUNDS TNTS, ARE E OF DONOR- ID SPENDING EDICTABLE STREAM EKING TO MAINTAIN |

DISTRIBUTING ON AN ANNUAL BASIS BETWEEN 4% AND 6% OF ITS AVERAGE ANNUAL ENDOWMENT BALANCE FOR EACH OF THE THREE FISCAL YEARS PRECEDING THE END OF THE PREVIOUS FISCAL YEAR THIS IS CONSISTENT WITH THE SCHOOL'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS HELD IN PERPETUITY OR FOR A SPECIFIED TERM AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH

NEW GIFTS AND INVESTMENT RETURN

| Jenedale 2 (1 31111 33 3) 23 13 | | r age c | | |
|------------------------------------|----------------|----------------|--|--|
| Part XIII Supplemental Information | on (continued) | | | |
| Return Reference | Explanation | | | |
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Schedule D (Form 990) 2014

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As Filed Data -

DLN: 93493324005205

OMB No 1545-0047

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

SCHEDULE E

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.

Open to Public Inspection

Name of the organization **Employer identification number** LEXINGTON CHRISTIAN ACADEMY 04-2134815 Part I YES NO 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 Yes 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 Yes 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 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to Νo a Students' rights or privileges? 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5c** Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? No_ 5g h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Νo h Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

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

| Return Reference | Explanation |
|----------------------------|--|
| SCHEDULE E, PART I, LINE 3 | IN ACCORDANCE WITH REV PROC 75-50, THE SCHOOL HAS SATISFIED THE PUBLICITY REQUIREMENT AS A RESULT OF ITS PUBLICATION OF ITS RACIALLY NONDISCRIMINATORY POLICY IN ALL ITS BROCHURES AND CATALOGUES DEALING WITH STUDENT ADMISSIONS, PROGRAMS, AND SCHOLARSHIPS AND BY THE FACT THAT IT CURRENTLY ENROLLS STUDENTS OF RACIAL MINORITY GROUPS IN MEANINGFUL NUMBERS THE POLICY IS ALSO PUBLISHED ANNUALLY IN THE BOSTON GLOBE |

Schedule E (Form 990 or 990-EZ) (2014)

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DLN: 93493324005205

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

Open to Public Inspection

| EXINGTON CHRISTIAN ACA | DEMY | | | | ' ' | |
|---|-----------------------|-------------------------|--|--------------------------------------|--|--|
| | | | | | 04-2134815 | |
| art I Fundraising Acti filers are not requi | | | ganızatıo | n answered "Yes" to | Form 990, Part IV, | line 17. Form 990-EZ |
| Indicate whether the orgai | nization raised funds | through a | ny of the 1 | following activities Che | eck all that apply | |
| Mail solicitations | | | | Solicitation of non | | |
| b | ıcıtatıons | | f | ☐ Solicitation of gov | ernment grants | |
| c Phone solicitations | | | g | Special fundraisin | g events | |
| d | s | | | | | |
| Did the organization have or key employees listed in | | | | | | Г _{Yes} Г _{No} |
| b If "Yes," list the ten highe to be compensated at leas | | | fundraise | rs) pursuant to agreem | ents under which the fu | ndraiser is |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | fundrai cust cont |) Did ser have ody or trol of outions? | (iv) Gross receipts from activity | (v) A mount paid to (or retained by) fundraiser listed in col (i) | (vi) A mount paid to (or retained by) organization |
| 1 | | Yes | No | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 0 | | | | | | |
| otal | | | . | | | |
| List all states in which the registration or licensing | organization is regis | tered or lı | censed to | solicit contributions o | r has been notified it is | exempt from |
| | | | | | | |
| | | | | | | |

| Pai | rt II | Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of | aising event contribut | | | |
|-------------|-------|---|--|--|----------------------------------|--|
| | | <u> </u> | (a) Event #1 DECEMBER 2014 FUNDRAISER | (b) Event #2 | (c) O ther events (total number) | (d) Total events (add col (a) through col (c)) |
| dì | | | (event type) | | | |
|) A | 1 | Gross receipts | 48,37 | 8 | | 48,378 |
| Revenue | 2 | Less Contributions | 48,37 | 8 | | 48,378 |
| | 3 | Gross income (line 1 minus line 2) | | | | |
| | 4 | Cash prizes | | | | |
| မွာ | 5 | Noncash prizes | | | | |
| Expenses | 6 | Rent/facility costs | 7,25 | 3 | | 7,253 |
| ă | 7 | Food and beverages . | | | | |
| Direct | 8 | Entertainment | | | | |
| ā | 9 | Other direct expenses . | | | | |
| | 10 | Direct expense summary Add lir | nes 4 through 9 ın columi | n (d) | | (7,253) |
| | 11 | Net income summary Subtract li | ne 10 from line 3, colum | n (d) | | -7,253 |
| Par | t II | Gaming. Complete if the o \$15,000 on Form 990-EZ, li | rganızatıon answered ne 6a. | "Yes" to Form 990, Pa | art IV, line 19, or repo | orted more than |
| Revenue | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
| <u>R</u> | 1 | Gross revenue | | | | |
| မှ | 2 | Cash prizes | | | | |
| Expenses | 3 | Non-cash prizes | | | | |
| | 4 | Rent/facility costs | | | | |
| Direct | 5 | Other direct expenses | | | | |
| | 6 | Volunteerlabor | ┌ Yes % | | | _ |
| | 7 | Direct expense summary Add line | s 2 through 5 in column | (d) | | |
| | 8 | Net gaming income summary Sub | tract line 7 from line 1, c | olumn (d) | <u> </u> | |
| 9 a b | Ist | ter the state(s) in which the organization licensed to conductive." No," explain | t gaming activities in eac | ch of these states? | | |
| 10a b | | re any of the organization's gaming | licenses revoked, suspe | nded or terminated during | g the tax year? | |

| Sche | edule G (Form 990 or 990-EZ) 2014 | | | | Page 3 |
|------|---|--------------------------|---|--------------------|-----------------|
| 11 | Does the organization conduct gaming | activities with nonn | members? | T _{Yes} [| |
| 12 | Is the organization a grantor, beneficia | ry or trustee of a tru | ust or a member of a partnership or other entity | | |
| | formed to administer charitable gaming | J ² | | Г _{Yes} Г | — No |
| 13 | Indicate the percentage of gaming acti | | 1 1 | , , , , | |
| а | The organization's facility | | 13a | | % |
| b | An outside facility | | | | % |
| 14 | Enter the name and address of the pers | on who prepares th | ne organization's gaming/special events books and records | | |
| | Name ▶ | | | | |
| | Address ► | | | | |
| 15a | Does the organization have a contract | with a third party fro | om whom the organization receives gaming | | |
| 154 | | | | ┌ Yes 「 | – _{No} |
| b | If "Yes," enter the amount of gaming re amount of gaming revenue retained by | • | the organization > \$ and the | | |
| c | If "Yes," enter name and address of the | e third party | | | |
| | Name ► | | | | |
| | Address 🏲 | | | | |
| 16 | Gaming manager information | | | | |
| | Name 🟲 | | | | |
| | Gaming manager compensation 🕨 \$ | | ······ | | |
| | Description of services provided | | | | |
| | Director/officer | _ Employee | ☐ Independent contractor | | |
| 17 | Mandatory distributions | | | | |
| а | Is the organization required under state | e law to make charıt | table distributions from the gaming proceeds to | | |
| | retain the state gaming license? | | | Γ _{Yes} [| Γ _{No} |
| b | Enter the amount of distributions requi | red under state law | distributed to other exempt organizations or spent | | |
| | ın the organization's own exempt activi | | · | | |
| Pa | | | explanations required by Part I, line 2b, columns (iii) 17b, as applicable. Also provide any additional inforr | | |
| | Return Reference | | Explanation | | |
| | | | | | |

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DLN: 93493324005205

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization LEXINGTON CHRISTIAN ACADEMY **Employer identification number**

04-2134815

| Pa | rt I Questions Regarding Compensation | 1 | | | |
|----|--|---|----|-----|----|
| | | _ | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the 990, Part VII, Section A, line 1a Complete Part III to provide any r | | | | |
| | ☐ First-class or charter travel ☐ Housing | allowance or residence for personal use | | | |
| | ▼ Travel for companions | ts for business use of personal residence | | | |
| | Tax idemnification and gross-up payments Health of | r social club dues or initiation fees | | | |
| | Discretionary spending account Persona | l services (e g , maid, chauffeur, chef) | | | |
| b | If any of the boxes in line 1a are checked, did the organization follow reimbursement or provision of all of the expenses described above? | f "No," complete Part III to explain | 1b | | No |
| 2 | Did the organization require substantiation prior to reimbursing or all | | | | |
| | directors, trustees, officers, including the CEO/Executive Director, r | egarding the items checked in line 1a? | 2 | Yes | |
| 3 | Indicate which, if any, of the following the filing organization used to e organization's CEO/Executive Director Check all that apply Do not used by a related organization to establish compensation of the CEO | check any boxes for methods /Executive Director, but explain in Part III | | | |
| | | employment contract | | | |
| | | sation survey or study | | | |
| | Form 990 of other organizations Approva | I by the board or compensation committee | | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section or a related organization | A, line 1a with respect to the filing organization | | | |
| а | Receive a severance payment or change-of-control payment? | | 4a | | Νo |
| b | Participate in, or receive payment from, a supplemental nonqualified | retirement plan? | 4b | | Νο |
| c | Participate in, or receive payment from, an equity-based compensati | on arrangement? | 4c | | Νo |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applica | ble amounts for each item in Part III | | | |
| | | | | | |
| | Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must compl | | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the compensation contingent on the revenues of | organization pay or accrue any | | | |
| | · · · · · · · · · · · · · · · · · · · | | _ | | |
| a | The organization? | - | 5a | | No |
| b | Any related organization? | <u> </u> | 5b | | No |
| | If "Yes," to line 5a or 5b, describe in Part III | | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the compensation contingent on the net earnings of | organization pay or accrue any | | | |
| а | The organization? | | 6a | | Νo |
| b | Any related organization? | | 6b | | Νo |
| | If "Yes," to line 6a or 6b, describe in Part III | | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the opayments not described in lines 5 and 6? If "Yes," describe in Part I | | 7 | | Νo |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accured p | ursuant to a contract that was | | | |
| | subject to the initial contract exception described in Regulations sec | | | | |
| | ın Part III | | 8 | | Νo |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable pressection 53 $4958\text{-}6(c)^{?}$ | umption procedure described in Regulations | 9 | | |

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| (A) Name and Title | (B) Breakdown o | f W-2 and/or 1099-MIS | C compensation | (C) Retirement and | | (E) Total of columns | (F) Compensation in |
|--|--------------------------|---|---|--------------------------------|----------|----------------------|--|
| | (i) Base compensation | (ii) Bonus & ıncentıve compensatıon | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(ı)-(D) | column(B) reported as deferred in prior Form 990 |
| 1 TIMOTHY RUSSELL, HEAD OF SCHOOL (ii) | | 0 | 75,000 | 325 | 17,041 | 170,173 | 0 |

Schedule J (Form 990) 2014

Part IIII Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

| Return Reference | Explanation |
|--------------------------|---|
| • | THE LEXINGTON CHRISTIAN ACADEMY BOARD IS IN THE PROCESS OF REVIEWING AND ESTABLISHING A WRITTEN POLICY ON GOVERNANCE OF THE ABOVE ITEMS |
| PART II, COLUMN (B)(III) | THIS AMOUNT REPRESENTS NON-TAXABLE HOUSING ALLOWANCE |

Schedule J (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule K

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

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

OMB No 1545-0047

DLN: 93493324005205

Open to Public **Inspection**

Internal Revenue Service Name of the organization

Department of the Treasury

(Form 990)

Employer identification number

| | INGTON CHRISTIAN ACADEMY | | | | | | | | | - | | ition nun | ibei | | |
|-----|--|-----------------------|-------------------|------------------|---------------------|--------|-------------|----------------------|--------------|----------------|--------|-----------|--------------|---------|---------------|
| _ | | | | | | | | | | 04- | 21348 | 15 | | | |
| Pa | Bond Issues | T 41 > 2 = 21 | () () () | 1485 | | | | | | 14.55 | | | | | |
| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue p | rice | (f) |) Description | n of purpose | (g) De | feased | | On alf of | | Pool ncing |
| | | | | | | | | | | | | | uer | | icing |
| | | | | | | | | | | Yes | No | Yes | No | Yes | No |
| Α | MASSACHUSETTS | | | 02-17-2006 | 2,500 | 0,000 | CONS | STRUCTION | l | | Χ | | × | | X |
| | DEVELOPMENT FINANCE AGENCY | | | | | | | | | | | | | | l |
| | | | | | | | | | | | | | | | |
| В | MASSACHUSETTS DEVELOPMENT FINANCE | | | 02-17-2006 | 6,000 | 0,000 | CONS | STRUCTION | 1 | | Х | | × | | Х |
| | AGENCY | | | | | | | | | | | | | | l |
| | | | | | | | | | | | | | | | |
| Pa | rt III Proceeds | | | | T . | | 1 | | | | | 1 | | | |
| 1 | A mount of bonds retired | | | | - | 4 | | | 3 | | С | | | D | |
| 2 | A mount of bonds legally defeas | ed | | | | | | | | | | | | | |
| 3 | Total proceeds of Issue | | | | | 2,500, | ,000 | | 6,000,000 | | | | | | |
| 4 | Gross proceeds in reserve fund | is | | | | | | | | | | | | | |
| 5 | Capitalized interest from procee | eds | | | | | | | | | | | | | |
| 6 | Proceeds in refunding escrows | | | | | | | | | | | | | | |
| 7 | Issuance costs from proceeds | | | | | | | | | | | | | | |
| 8 | Credit enhancement from proce | eds | | | | | | | | | | | | | |
| 9 | Working capital expenditures fr | rom proceeds | | | <u></u> | | | | | | | | | | |
| 10 | Capital expenditures from proce | eeds | | | 2,500,000 6,000,000 | | | | | | | | | | |
| 11 | O ther spent proceeds | | | | | | | | | | | | | | |
| 12 | Other unspent proceeds | | | | | | | | | | | | | | |
| 13 | Year of substantial completion | | | | 20 | 06 | | 20 | 06 | | | | | | |
| | | | | | Yes | No | • | Yes | No | Yes | N | lo | Yes | | No |
| 14 | Were the bonds issued as part of | of a current refundin | ng issue? | | | Х | | | x | | | | | | |
| 15 | Were the bonds issued as part of | of an advance refun | ding issue? | | | Х | | | Х | | | | | | |
| 16 | Has the final allocation of proce | eeds been made? | | | Х | | | Х | | | | | | | |
| 17 | Does the organization maintain allocation of proceeds? | adequate books an | d records to supp | ort the final | Х | | | Х | | | | | | | |
| Par | rt IIII Private Business Us | se | | | | | | | | | | | | | |
| | | | | | | | | | 3 | | C | | | D | |
| _ | Was the organization a partner | in a partnership or | a member of an II | I C which award | Yes | No | ^ | Yes | No | Yes | N | 0 | Yes | + | No |
| 1 | property financed by tax-exemp | | a member of all L | LC, willen owned | | Х | | | Х | | | | | \perp | |

financed property?

Are there any lease arrangements that may result in private business use of bond-

Χ

| Julie | dule K (1 01111 990) 2014 | | | | | | | | | Page Z | |
|-------|--|--------------|-----|---------|-----|---------|-----|----------|-----|--------|---|
| Par | Private Business Use (Continued) | | | | | | | | | | |
| | | | | | | 3 | | <u>C</u> | | D N | |
| 3a | Are there any management or service contracts that may result in private of bond-financed property? | business use | Yes | No X | Yes | No X | Yes | No | Yes | No | _ |
| b | If "Yes" to line 3a, does the organization routinely engage bond counsel or outside counsel to review any management or service contracts relating to property? | | | | | | | | | | |
| С | Are there any research agreements that may result in private business use financed property? | e of bond- | | Х | | Х | | | | | |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or outside counsel to review any research agreements relating to the finance | | | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use boother than a section 501(c)(3) organization or a state or local government | | | 0 % | | 0 % | | | | | |
| 5 | Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government | | | 0 % | | 0 % | | | | | |
| 6 | Total of lines 4 and 5 | | | 0 % | | 0 % | | | | | |
| 7 | Does the bond issue meet the private security or payment test? | | | Х | | Х | | | | | |
| 8a | Has there been a sale or disposition of any of the bond-financed property to nongovernmental person other than a 501(c)(3) organization since the bon issued? | | | х | | Х | | | | | |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or | disposed of | | | | | | • | | | |
| С | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2? | sections | | | | | | | | | |
| 9 | Has the organization established written procedures to ensure that all nond bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2? | | | х | | x | | | | | |
| Par | t IV Arbitrage | | | | | | | | | | |
| | | А | | | В | | С | | D | | _ |
| | | Yes | No | Yes | No | Ye | s | No | Yes | No | |
| 1 | Has the Issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | Х | | | | | | _ |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | | | |
| а | Rebate not due yet? | | X | | X | | | | | | |
| b | Exception to rebate? | | Х | | X | | | | | | |
| С | No rebate due? | | X | | Х | | | | | | _ |
| | If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | _ | | | | | | | | |
| 3 | Is the bond issue a variable rate issue? | | Х | | Х | | | | | | |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | Х | | Х | | | | | | |
| b | Name of provider | | | | | | | | | | |
| С | Term of hedge | | | | | | | | | | |
| d | Was the hedge superintegrated? | | | | | | | | | | |
| e | Was the hedge terminated? | | | | | | | | | | |

| - | tiv Arbitrage (Continued) | | | | | | | | |
|----|---|-----|----|-----|----|-----|----|-----|----|
| | | А | i | В | | С | | D | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a | Were gross proceeds invested in a guaranteed investment contract (GIC)? | | Х | | Х | | | | |
| b | Name of provider | | | | | | | | |
| С | Term of GIC | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 | Were any gross proceeds invested beyond an available temporary period? | | × | | Х | | | | |
| 7 | Has the organization established written procedures to monitor the requirements of section 148? | | × | | Х | | | | |
| | | | | | | | | | |

Part V Procedures To Undertake Corrective Action

| | Α | | В | | С | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | | Х | | X | | | | |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K (Form 990) 2014

DLN: 93493324005205

OMB No 1545-0047

Employer identification number

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

Transactions with Interested Persons

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

Open to Public Inspection

| 1 | Complete if the organization a (a) Name of disqualified person | nswered "Yes" on Form 990, Part IV, line 2 (b) Relationship between disqualified | • | rm 990-EZ, Part V , on of transaction | | rrected |
|---|---|---|---|--|-----|---------|
| | | person and organization | | | Yes | No |
| | | | | | | |
| | | · | | | - | • |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| _ | | organization managers or disqualified pers | | | | |

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of Interested person | (b) Relationship with organization | (d) Loan or from th organization | ie | (e)Original principal amount | (f) Balance due | (g) defau | ılt? | (h) Approv by boar commit | d or | (i)Written agreement? | |
|-------------------------------------|------------------------------------|--|------|------------------------------|---------------------------|--------------|------|------------------------------------|------|--------------------------|----|
| | | То | From | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | |

| Total | ▶ \$ | | | | | |
|-------------------------------|---|---------------------------|-------------------|--------------|---------------------|-----------------|
| | ssistance Benefiting Ir | | | | | |
| Complete if | <u>the organization answered</u> | l "Yes" on Form 990, Part | : IV, line 27 | | | |
| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) A mount of assistance | (d) Type o | of assistanc | e (e) Purpos | e of assistance |
| | | | | | | |

| Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. | | | | | | |
|--|--|----------------------------|--------------------------------|--|----|--|
| (a) Name of Interested person | (b) Relationship between interested person and the organization | (c) A mount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | | |
| | | | | Yes | No | |
| (1) TIMOTHY RUSSELL | HEAD OF SCHOOL | 37,000 | SEE PART V | | No | |

Part V Supplemental Information

| Provide additional information for responses to questions on Schedule L (see instructions | Provide additional | information for re | sponses to d | uestions on S | chedule L (| see instructions) |
|---|--------------------|--------------------|--------------|---------------|-------------|-------------------|
|---|--------------------|--------------------|--------------|---------------|-------------|-------------------|

| Return Reference | Explanation |
|-------------------------------|--|
| FORM 990, SCHEDULE L, PART IV | THE SCHOOL ENTERED INTO A SHARED APPRECIATION AGREEMENT WITH THE HEAD OF |
| | SCHOOL, WHEREBY THE SCHOOL INVESTED \$119,980 TO ASSIST WITH THE PURCHASE OF |
| | THE PRIMARY RESIDENCE FOR THE HEAD OF SCHOOL THE INVESTMENT IS SECURED BY A |
| | MORTGAGE LIEN ON THE RESIDENCE, RECORDED AT THE MIDDLESEX SOUTH DISTRICT |
| | REGISTRY OF DEEDS DURING 2015, THE SCHOOL ADVANCED THE HEAD OF SCHOOL AN |
| | ADDITIONAL \$37,000 UNDER A PROMISSORY NOTE AND LOAN AGREEMENT, RELATED TO |
| | RELOCATION EXPENSE THE LOAN AGREEMENT CALLS FOR THE ACCRUAL OF INTEREST AT |
| | 1 91% CALCULATED AT THE END OF EACH FISCAL YEAR UNDER THE TERMS OF THE |
| | AGREEMENT, PROVIDED THE HEAD OF SCHOOL IS CONTINUOUSLY EMPLOYED BY THE |
| | SCHOOL, THE SCHOOL WILL FORGIVE PRINCIPAL AND ACCRUED INTEREST, AS DEFINED, |
| | EACH FISCAL YEAR-END THROUGH JUNE 30, 2018 AS OF JUNE 30, 2015, THE BALANCE OF |
| | THE PROMISSORY NOTE, INCLUDED IN PREPAID EXPENSES AND OTHER ASSETS, WAS |
| | \$27,000, |

Schedule L (Form 990 or 990-EZ) 2014

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DLN: 93493324005205

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

► Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| Name | of the | organi | zatıon |
|---------------------|--------|----------|---------|
| LEXING [*] | TON CH | IRISTIAN | ACADEM: |

Employer identification number 04-2134815

Noncash Contributions

| ĿС | Types of Property | | | | 1 | | | |
|--------------|---|----------------------------------|--|---|-------------------------|-------|------------|-----|
| | | (a) Check If applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Method of noncash contr | | _ | nts |
| 1 | Art—Works of art | | | | | | | |
| | Art—Historical treasures . | | | | | | | |
| | Art—Fractional interests | | | | | - | | |
| | Books and publications | | | | | | | |
| | Clothing and household | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities—Publicly traded . | Х | 1 | 13,126 | | | | |
| 10 | Securities—Closely held stock . | | | | | | | |
| 11 | Securities—Partnership, LLC, or trust interests | | | | | | | |
| 12 | Securities—Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution—Historic structures | | | | | | | |
| 14 | Qualified conservation contribution—Other | | | | | | | |
| 15 | Real estate—Residential . | | | | | | | |
| 16 | Real estate—Commercial | | | | | | | |
| 17 | Real estate—Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies . | | | | | | | |
| 21 | Taxıdermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| | Other►(RTS APPAREL) | Х | 1 | 11,500 | DONOR STATED | VALL | J E | |
| UN | Other►(DRAISING EVENT ITEMS) | X | 1 | 7,253 | FAIR MARKET V | A LUE | | |
| | Other ►() | | | | | | | |
| | O ther ► () | | | | <u> </u> | | | |
| 29 | Number of Forms 8283 received by th for which the organization completed F | | | | 9 | | V [| N- |
| 30» | During the year, did the organization | receive hv | contribution any property r | enorted in Part I lines 1 | through 28 that | | Yes | No |
| Jua | | | | | = - | | | |
| | it must hold for at least three years fr | | | | i to be used | _ | | |
| | for exempt purposes for the entire ho | | · · · · · · · · | | | 30a | | No |
| | If "Yes," describe the arrangement in Does the organization have a gift acc | | icy that requires the revie | w of any non-standard co | ntributions? | 31 | | No |
| | | | | | | | | |
| 3 2 a | Does the organization hire or use thir contributions? | • | related organizations to s | olicit, process, or sell noi | ncasn · · · | 32a | | No |
| | If "Yes," describe in Part II If the organization did not report an a describe in Part II | mount in co | lumn (c) for a type of prop | erty for which column (a) | ıs checked, | | | |
| | Samanus als Dadustian Aut Nation and the T | | _ | Cat No. E12271 | | | | |

Page 2

Schedule M (Form 990) (2014)

Part II Supplemental Information. Provide the information required by Part I, lines 30b,

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

Return Reference Explanation

Schedule M (Form 990) (2014)

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DLN: 93493324005205

OMB No 1545-0047

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SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Name of the organization **Employer identification number** LEXINGTON CHRISTIAN ACADEMY 04-2134815

990 Schedule O. Supplemental Information

| - Concuerce of Supplemental | Information | | | |
|--|--|--|--|--|
| Return Reference | Explanation | | | |
| FORM 990, PART VI, SECTION A, LINE 2 | | | | |
| FORM 990, PART VI, SECTION B, LINE 11 | THE FORM 990 IS PREPARED BY THE EXTERNAL AUDITORS, A DRAFT COPY IS REVIEWED BY MANAGEMENT AND THEN REVIEWED BY THE BOARD REVISIONS, CORRECTIONS, ETC ARE MADE AS NECESSARY THE RE VISED COPY IS THEN DISCUSSED WITH THE FINANCE COMMITTEE ONCE ALL ARE SATISFIED WITH THE F ORM, IT IS FINALIZED AND FILED WITH THE IRS | | | |
| FORM 990, PART VI, SECTION B, LINE 12C | EACH YEAR THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS PROVIDED TO ALL OFFICERS, DIRE CTORS AND KEY EMPLOYEES THESE PEOPLE ARE ASKED TO REVIEW THE POLICY AND SIGN A STATEMENT INDICATING THAT THEY UNDERSTAND THE POLICY, HAVE REPORTED ALL POTENTIAL CONFLICTS DURING T HE PAST YEAR IN ACCORDANCE WITH THE POLICY AND WILL REPORT ALL POTENTIAL CONFLICTS DURING THE COMING YEAR ALL POTENTIAL CONFLICTS ARE EVALUATED BY THE BOARD TO DETERMINE IF A CONF LICT ACTUALLY EXISTS IN THOSE INSTANCES WHERE THE POTENTIAL TRANSACTION IS A CONFLICT THE BOARD EXAMINES THE TRANSACTION AND A VOTE IS TAKEN (WITH THOSE INVOLVED RECUSING THEMSELV ES) AS TO WHETHER THE ORGANIZATION WILL ENTER INTO THE TRANSACTION | | | |
| FORM 990, PART VI, SECTION B, LINE 15A | ANNUALLY THE BOARD CONDUCTS A PERFORMANCE REVIEW AND EVALUATION OF THE HEAD OF SCHOOL THE REVIEW ALSO ESTABLISHES THE INDIVIDUAL'S COMPENSATION FOR THE FOLLOWING YEAR THIS PROCES S INVOLVES THE EVALUATION OF THE INDIVIDUAL AND A REVIEW OF COMPENSATION OF COMPARABLE POS ITIONS OBTAINED FROM THE FORM 990 OF SIMILAR ORGANIZATIONS THE BOARD'S DELIBERATION AND D ECISION IS NOTED IN THE MINUTES OF THE MEETING | | | |
| FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION AND BY-LAWS), IT S CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. THE ORGANIZ ATION WILL MAIL COPIES UPON REQUEST OR PROVIDE COPIES TO THOSE WHO COME TO THE ADMINISTRAT. IVE OFFICE DURING NORMAL BUSINESS HOURS. THE ORGANIZATION CHARGES FOR THE COPIES IN ACCORD. ANCE WITH IRS REGULATIONS. | | | |