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DLN: 93493046021987

OMB No 1545-0047

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

 $\blacktriangleright$  Information about Form 990 and its instructions is at  $\underline{\textit{www IRS gov/form990}}$ 

Open to Public Inspection

A Fo	or the 2	2015 ca	lendar year, or tax year beginning 07-01-2015 , and ending 06-30-201	.6			
<b>B</b> Che	ck ıf ap	plicable	C Name of organization GAINESVILLE INDEPENDENT SCHOOL INC		D Emplo	yer id	entification number
Ad	dress ch	nange	AKA LAKEVIEW ACADEMY		58-10	07709	96
_	me cha	-	Doing business as				
	tıal retu	m			E Talank		
Fıı retum/	nai İtermina	ted	Number and street (or P O box if mail is not delivered to street address) Room/su	ıte	E Teleph	one nu	mber
Am	ended r	eturn	796 LAKEVIEW DRIVE		(770)	532-	-4383
ПАрі	olication	pending	City or town, state or province, country, and ZIP or foreign postal code GAINESVILLE, GA 30501		<b>G</b> Gross	receipts	s \$ 13,103,802
			<b>F</b> Name and address of principal officer	H(a) i	s this a group	retur	rn for
			DR JOHN P KENNEDY		ubordinates?		☐ Yes 🗸
			796 LAKEVIEW DRIVE GAINESVILLE,GA 30501		No		
Ta:	k-exemp	pt status	▼ 501(c)(3)		re all subord cluded?	inates	Yes No
						ı a lıst	t (see instructions)
J W	ebsite:	:► ww	/W LAKEVIEWACADEMY COM		Group exempt		
<b>K</b> Fom	n of orga	anızatıon	Corporation	L Year	of formation 19	969	<b>M</b> State of legal domicile GA
Pa	rt I	Sum	mary	<u> </u>		'	
Governance	GA PE	INESV RSONA	scribe the organization's mission or most significant activities TILLE INDEPENDENT SCHOOL, INC AKA LAKEVIEW ACADEMY IS AL GROWTH AND ACADEMIC DEVELOPMENT OF THE COLLEGE-BC , FAMILY, AND COMMUNITY				
E E							
205	<b>2</b> C	heck th	is box $ ightharpoonup$ if the organization discontinued its operations or disposed	of more th	an 25% of its	s net a	assets
							1
Activities &			of voting members of the governing body (Part VI, line 1a)			3	21
ጀ			of independent voting members of the governing body (Part VI, line 1b)			4	21
Act			mber of individuals employed in calendar year 2015 (Part V , line 2a) .			5	136
			mber of volunteers (estimate if necessary)			6	100
			related business revenue from Part VIII, column (C), line 12			7a	0
	ь ме	t unreia	ated business taxable income from Form 990-T, line 34			7b	0
		C t	the change and another (Death VIIII long 4 le)		Prior Year	001	Current Year
<u>Qı</u>	8		ibutions and grants (Part VIII, line 1h)		341,		2,333,563
Ravenue	9	-	am service revenue (Part VIII, line 2g)		10,374,	-	10,496,180
Ŗ	10		tment income (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		177,	_	38,585 198,397
	11 12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), lin				
	12	12)	ioverlade and initial of through 12 (mast equal) are villy column ()		10,883,	894	13,066,725
	13	Grants	s and similar amounts paid (Part IX, column (A), lines $1-3$ )		1,582,	264	1,488,134
	14	Benefi	its paid to or for members (Part IX, column (A), line 4)	•		0	0
"	15		es, other compensation, employee benefits (Part IX, column (A), lines		5,671,	254	5,967,585
Se		5-10)	•				
Expenses	16a		ssional fundraising fees (Part IX, column (A), line 11e)	•		0	0
፭	b		ındraısıng expenses (Part IX, column (D), line 25) ▶183,774			_	
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,553,		3,528,323
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		10,807,	-	10,984,042
. 40	19	Reven	ue less expenses Subtract line 18 from line 12	-	/6,	465	2,082,683
Net Assets or Fund Balances				Beginni	ng of Current	Year	End of Year
ssel	20	Total	assets (Part X, line 16)		17,365,	568	19,187,572
¥₩ Z	21		liabilities (Part X, line 26)		8,357,	615	8,096,936
žĪ	22	Netas	ssets or fund balances Subtract line 21 from line 20		9,007,	953	11,090,636
Par	t II	Sign	ature Block	'		•	
my kr	nowled	ge and İ	perjury, I declare that I have examined this return, including accompan belief, it is true, correct, and complete Declaration of preparer (other th nowledge				-
		****			2017-02-15		
Sign		Signa	ature of officer		Date		
Here	•		OHN P KENNEDY HEAD OF SCHOOL				
		<u> </u>	e or print name and title	ata T		DETT	
				ate 017-02-15	Check 🔽 if	PTIN P012	86741
Paid		-  -	irm's name ► ALEXANDER ALMAND & BANGS LLP		self-employed Firm's EIN ▶ 0	<u> </u> 4-3675	
	pare	r  -	Firm's address P O DRAWER 289	-	Phone no (770		
Use	Only	y	GAINESVILLE, GA 30503		(, / (	,	· <del>-</del>
M - · ·	ha IDC	· d	GAINESVILLE, GA 30303				L/Ves DNo
11 AV 1							

STUDENT ACTIVITIES AND SERVICES - LAKEVIEW ACADEMY IS COMMITEED TO PROVIDING OPPORTUNITIES FOR FINE ARTS, TECHNOLOGY, AND COMMUNITY SERVICE ALL STUDENTS HAVE A VARIETY OF AFTER-SCHOOL OPPORTUNITIES FROM WHICH TO CHOOSE, INCLUDING THE SCHOOL'S AWARD-WINNING DRAMA AND ARTS PROGRAMS LAKEVIEW STUDENTS HAVE OPPORTUNITES TO BECOME INVOLVED IN TECHNOLOGY-RELATED ACTIVITIES AND STUDENTS IN GRADES 4-12 CAN ALSO JOIN THE SCHOOL'S AWARD-WINNING ROBOTICS TEAM, WHICH HAS BEEN RECOGNIZED AS ONE OF THE TOP TEAMS IN GEORGIA A CENTRAL TENET OF LAKEVIEW ACADEMY IS THE SCHOOL'S COMMITMENT TO COMMUNITY SERVICE. THROUGH ACTIVE INVOLVEMENT WITH OTHERS IN THE COMMUNITY. STUDENTS

) (Revenue \$

LEARN THE VALUE OF SERVICE AND THE NEED TO TAKE RESPONSIBILITY FOR THE COMMUNITY IN WHICH THEY LIVE

including grants of \$

8.029.351

Other program services (Describe in Schedule O )

Total program service expenses ▶

4d

(Expenses \$

Page 2

Form 990 (2015)

Par	t IV Checklist of Required Schedules			
			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 2	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?  If "Yes," complete Schedule C, Part II	4		No
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?  If "Yes," complete Schedule D, Part 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, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	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 2	<b>11</b> b	Yes	
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 2	11c		No
	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 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No.
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	<b>14</b> b		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
	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		

Νo

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35b

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Yes

Form 990 (2015)

,	,			
ΙV	Checklist	of Required	l Schedules	(continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Par	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	Yes	
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
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		No

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . .

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

Part V Statements Regarding Other IRS Filings and Tax Complian
--

Par	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			
		Check it Schedule o contains a response of note to any line in this	rait	<u>v</u>		Yes	No No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	136		1.03	110
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1</b> b	0			
		L ne organization comply with backup withholding rules for reportable payments to	vend	l dors and reportable			
·		ng (gambling) winnings to prize winners?		· · · · · ·	1c		
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		statements, filed for the calendar year ending with or within the year covered	3-	136			
h		s return	2a		2b	Yes	
U		east one is reported on line 2a, did the organization me an required lederal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file				103	
За	Did th	ne organization have unrelated business gross income of \$1,000 or more during	the '	year?	3a		No
ь	If "Ye	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	on in S	Schedule O	3b		
4a	Atan	y time during the calendar year, did the organization have an interest in, or a sig	gnatu	re or other authority			
		a financial account in a foreign country (such as a bank account, securities acc	ount	, or other financial	4a		Na
L		unt)?					No
ь	If "Ye	es," enter the name of the foreign country		Financial Assounts			
	(FBAF		allu	rillalicial Accounts			
5a	Was t	he organization a party to a prohibited tax shelter transaction at any time durin	a the	tax vear?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t			5b		No
		es," to line 5a or 5b, did the organization file Form 8886-T?			30		
	1, 10	is, to this but of bb, and the organization mertorin 0000 1			<b>5</b> c		
<b>6</b> a		the organization have annual gross receipts that are normally greater than $\$10$			<b>6</b> a		Νo
h	_	ization solicit any contributions that were not tax deductible as charitable cont es," did the organization include with every solicitation an express statement th					
		not tax deductible?		· · · ·	<b>6</b> b		
7	Organ	nizations that may receive deductible contributions under section 170(c).					
а		ne organization receive a payment in excess of \$75 made partly as a contribution of the payor?		d partly for goods and	7a		Νo
b		es," did the organization notify the donor of the value of the goods or services pr			7b		
		ne organization sell, exchange, or otherwise dispose of tangible personal proper					
		orm 8282?	_:		<b>7</b> c		No
a	IT Ye	es," indicate the number of Forms 8282 filed during the year	7d				
e	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	erson	nal benefit contract?	7e		
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7f		
		organization received a contribution of qualified intellectual property, did the oil					
9	requir				<b>7</b> g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles 1098-C?	, dıd	the organization file a	7h		
8		soring organizations maintaining donor advised funds.	•				
Ū	•	donor advised fund maintained by the sponsoring organization have excess bus	sines	s holdings at any time			
	during	g the year?	•		8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did th	ne sponsoring organization make a distribution to a donor, donor advisor, or rela	ted p	erson?	<b>9</b> b		
10	Section	on 501(c)(7) organizations. Enter					
		tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facilit	s receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
11	Section	on 501(c)(12) organizations. Enter					
а	Gross	s income from members or shareholders	11a				
b		s income from other sources (Do not net amounts due or paid to other sources	<b>11</b> b				
	_	st amounts due or received from them).......... L					
		on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 ı	ın lıe	eu of Form 1041?	12a		
b	If "Ye year	es," enter the amount of tax-exempt interest received or accrued during the	<b>12</b> b				
13	•	on 501(c)(29) qualified nonprofit health insurance issuers.		·			
_	T			San Alba van Jarrel			
а		e organization licensed to issue qualified health plans in more than one state? <b>N</b> Ional information the organization must report on Schedule O	ote. S	ee tne instructions for	13a		
ь		the amount of reserves the organization is required to maintain by the states	45.				
		ch the organization is licensed to issue qualified health plans	13b				
		the amount of reserves on hand	13c				<b>K</b> 1.
		ne organization receive any payments for indoor tanning services during the tax es," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i> i	•		14a 14b		No
ט	11 16	.5, has tellied a form 720 to report these payments "I livo, provide an explanat	LIUII II	, serieuare U	T-10		

orm	990 (2015)			Page
Par	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, a describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10	)b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI			🔽
Se	ection A. Governing Body and Management			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  21			
	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 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization'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 power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	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, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Re	venu	ıe Cod	e.)
	_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . Yes **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes 13 Did the organization have a written whistleblower policy? . . . . . . . . . . . . 13 Yes Did the organization have a written document retention and destruction policy? . . . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . 15a Yes  ${f b}$  Other officers or key employees of the organization . . . . . . . . . 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . . 16b

Se	ction	C. Disc	closure	
17	1 + + h	a C+a+aa	طميطيين طغييي	

.7 List the States with which a copy of this Form 990 is required to be filed ightharpoonup G

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website | Another's website | ✓ Upon request | Other (explain in Schedule O)
Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year

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

►ALLEN TUCKER 796 LAKEVIEW DRIVE GAINESVILLE, GA 30501 (770) 532-4383

Part VII

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- ullet 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

(A) Name and Title	(B) A verage hours per week (list any hours for related	unle	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization						
	organizations below dotted line)	Individual trustee or director	Former  lighest compensated employee  key employee  Officer  Institutional Trustee  Individual trustee		Former Highest compensated Implosee		Tormer lighest compensated initionee vey employee Africer		Tormer lighest compensated inployee  Appenployee  Milicer  Institutional Trustee				MISC)	MISC)	and related organizations	
(1) FRANK BOOTH TRUSTEE	1 00	х						0	0	C						
(2) JENNIFER GOTTSMAN TRUSTEE	1 00	x						0	0	C						
(3) CLAY EUBANKS TRUSTEE	1 00	х						0	0	C						
(4) TREY WOOD TRUSTEE	1 00	x						0	0	C						
(5) JAY KILROY TRUSTEE	1 00	x						0	0	C						
(6) JOHN LOVELL TRUSTEE	1 00	х						0	0	C						
(7) SHEETAL MANGALAT TRUSTEE	1 00	х						0	0	C						
(8) MARTHA NESBITT TRUSTEE	1 00	х						0	0	C						
(9) TREY PARIS TRUSTEE	1 00	х						0	0	C						
(10) ROB ROBINSON TRUSTEE	1 00	х						0	0	C						
(11) STEPHEN STARKE TRUSTEE	1 00	x						0	0	C						
(12) JIM COYLE TRUSTEE	1 00	х						0	0	C						
(13) GREG JACKSON TRUSTEE	1 00	x						0	0	C						
(14) RENA MILLWOOD TRUSTEE	1 00	х						0	0	C						

(A) Name and Title	A verage Position (do not check Report hours per more than one box, compen week (list unless person is both an any hours officer and a organiz						(D) Reportable compensation from the organization (W- 2/1099-	Reportable ompensation from the organization related			
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	and	inization related nizations
(15) MACK VINTON	1 00	X						C		0	0
TRUSTEE		^								<u> </u>	
(16) JEFF PAYNE TRUSTEE	1 00	×						c	)	0	0
(17) DANA GAY	1 00									1	
TRUSTEE		X						C		0	0
(18) RK WHITEHEAD	1 00			х				C	)	0	0
CHAIR (19) JANE HEMMER	1 00									+	
CHAIR ELECT				Х				C		0	0
(20) TED VERSTEEG	1 00									+	
TREASURER				X				C		0	0
(21) SWATI GAUR SECRETARY	1 00			х				C	)	0	0
(22) JOHN KENNEDY	40 00										
HEAD OF SCHOOL				Х				220,000		0	12,809
(23) ALLEN TUCKER BUSINESS DIRECTOR	40 00					x		128,704		0	8,129
1b Sub-Total				•		<u> </u>				<u> </u>	
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	, Section A . 			-			3	48,704	0		20,938
Total number of individuals (including but n \$100,000 of reportable compensation from			ed al	oove	e) w	ho rec	eıv	ed more than	•		

			1 63	110
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
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	
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 J for such person	5		No

# **Section B. Independent Contractors**

 $\text{Complete this table for your five highest compensated independent contractors that received more than $100,000 of the contractors of the contractor$ 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
HALSKI SYSTEMS LLC	π	335,397
PO BOX 7774 GAINESVILLE, GA 30504		
SLA MANAGEMENT LLC	FOOD SERVICE	228,809
3217 CORRINE DR ORLANDO, FL 32803		
VIRTUCOM	ELECTRONICS	201,973
6610 BAY CIRCLE SUITE E NORCROSS, GA 30071		
DANIEL'S EDUCATION TOURS	TOURISM	126,701
4336 CORNELIA HWY LULA, GA 30554		
2 Total number of independent contractors (including but not limited to th	ose listed above) who received more than	

Form 99								Page <b>9</b>
Part V	1   1	Statement o						_
		Check If Schedi	ule O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
, s	1a	Federated cam	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	ies <b>1b</b>					
	С	Fundraising eve	ents <b>1c</b>	74,350				
fts.	d	Related organiz	zations 1d					
⊒. ⊆	e	Government grant	s (contributions) <b>1e</b>					
ons Sir	f	All other contribute	ons, gifts, grants, and <b>1f</b>	2,259,213				 
uti her	'	similar amounts no						
를	g	Noncash contribute 1a-1f \$	ons included in lines					
Cont	h	Total. Add lines	s 1a-1f		2,333,563			
				Business Code				
Program Service Revenue	2a	TUITION AND FEES	5	611710	9,496,670	9,496,670		
34 ₹	ь	AUXILIARY SERVIC	E INCOME	611710	527,286	527,286		
э. Н	С	ATHLETICS INCOM	E	611710	261,731	261,731		
Ę	d	STUDENT ACTIVITI	IES INCOME	611710	205,812	205,812		
S.	e	OTHER REVENUE		611710	4,681	4,681		
grai	f	A II other progra	am service revenue					
Ě	g	Total. Add lines	s 2a-2f	>	10,496,180			
	3	Investment inc	ome (including dividen	ds, interest,		20 505		
	١,		ar amounts) stment of tax-exempt bond	-	38,585	38,585		
	4 5	Royalties		proceeds				
		Noyaleles !	(ı) Real	(II) Personal				
	<b>6</b> a	Gross rents	.,	. ,				
	ь	Less rental						
	_	expenses Rental income						
		or (loss)						
	d	Net rental inco	me or (loss)	· · · •				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) Other				
	b c	Less cost or other basis and sales expenses Gain or (loss)						
	d		ss)	· · · · <b>&gt;</b>				
Other Revenue	oa	Ψ	luding 5,350 s reported on line 1c) ne 18					
her	h		a	235,474				
ŏ	C		penses <b>b</b> (loss) from fundraising	37,077 events ►	198,397			198,397
		Gross income f	rom gaming activities ne 19		·			
			penses b (loss) from gaming acti	vities				
	10a	Gross sales of returns and allo						
	b c	Net income or (	oods sold <b>b</b> (loss) from sales of inv					
	11a	Miscellaneou	s kevenue	Business Code				
	b							
	C	A.H						
	d	All other reven						
	е	Total. Add lines		•				
	12	Total revenue.	See Instructions .	•	13,066,725	10,534,765	C	198,397

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note	e to any line in this Part IX .							

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	1,488,134	1,488,134		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	220,000		220,000	
7	Other salaries and wages	4,932,957	3,305,081	1,529,217	98,659
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	103,823	70,600	33,223	
9	Other employee benefits	710,805	120,837	589,968	
10	Payroll taxes	·			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	28,000		28,000	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	14,399		14,399	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	62,154		31,077	31,077
13	Office expenses	409,816	270,479	135,239	4,098
14	Information technology				
15	Royalties				
16	Occupancy	142,623	135,492	7,131	
17	Travel	28,770	28,770		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	82,094	77,989	4,105	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	675,496	641,721	33,775	
23	Insurance	45,115		45,115	
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	TUITION DISCOUNTS	709,195	709,195		
b	INSTRUCTIONAL EXPENSE	350,388	350,388		
c	MISC	345,843	222,248	73,655	49,940
d	ATHLETIC EXPENSE	313,632	313,632		
e	A II other expenses	320,798	294,785	26,013	
25	<b>Total functional expenses.</b> Add lines 1 through 24e	10,984,042	8,029,351	2,770,917	183,774
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)			_	

	3 3 0 (Z	Palaras Chash					rage ==
Par	t X	Balance Sheet Check if Schedule O contains a response or note to any I	ıne ın th	ıs Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				1	
	2	Savings and temporary cash investments			6,032,598	2	6,516,054
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,090,027	4	1,043,698
	5	Loans and other receivables from current and former of	ficers, d	rectors, trustees,			
		key employees, and highest compensated employees of Schedule L				5	
ste	6	Loans and other receivables from other disqualified per section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins	3(c)(3)(l f sectior	3), and 1501(c)(9)			
Assets	l _					6	1 000 550
Ä	7	Notes and loans receivable, net				7	1,326,552
	8	Inventories for sale or use			1,500	8	1,500
	9	Prepaid expenses and deferred charges			43,287	9	286,188
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	17,891,583			
	ь	Less accumulated depreciation	10b	9,381,130	8,784,777	10c	8,510,453
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11 .			1,413,379	12	1,503,127
	13	Investments—program-related See Part IV, line 11 .				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets.Add lines 1 through 15 (must equal line 34	1)		17,365,568	16	19,187,572
	17	Accounts payable and accrued expenses			1,058,236	17	974,509
	18	Grants payable				18	
	19	Deferred revenue			4,134,557	19	4,234,254
	20	Tax-exempt bond liabilities			3,164,822	20	2,888,173
	21	Escrow or custodial account liability Complete Part IV	ofSche	dule D		21	
bilities	22	Loans and other payables to current and former officers key employees, highest compensated employees, and o					
Ē		persons Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrelated thir	d parties	· .		23	
	24	Unsecured notes and loans payable to unrelated third p	arties			24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to relat	ed third parties,			
	36	Total liabilities Add lines 17 through 25			8,357,615	25 26	8,096,936
	26	Total liabilities. Add lines 17 through 25			8,337,613	26	8,090,930
ses		Organizations that follow SFAS 117 (ASC 958), check h lines 27 through 29, and lines 33 and 34.	iere 🟲	√ and complete			
lar.	27	Unrestricted net assets			8,005,533	27	8,148,459
ထိ	28	Temporarily restricted net assets			498,865	28	2,437,754
ы	29	Permanently restricted net assets			503,555	29	504,423
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	check he	ere ▶   and			
Şţ	30	Capital stock or trust principal, or current funds				30	
\$ S E	31	Paid-in or capital surplus, or land, building or equipmen	t fund			31	
t A	32	Retained earnings, endowment, accumulated income, o	r other fo	unds		32	
<b>S</b> e	33	Total net assets or fund balances			9,007,953	33	11,090,636
	34	Total liabilities and net assets/fund balances			17,365,568	34	19,187,572
	•						

,725

,042

,683

,953

XI Reconcilliation of Net Assets
----------------------------------

1	Total revenue (must equal Part VIII, column (A), line 12)	1		13,	066
2	Total expenses (must equal Part IX, column (A), line 25)	2		10,9	984
3	Revenue less expenses Subtract line 2 from line 1	3		2,0	082
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9,1	007
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		11,	090
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	ı
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1

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

8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		11,0	090,636
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u>
				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	ed or			

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 separate basis, consolidated basis, or both ✓ Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c Yes If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a Nο Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b Form **990** (2015)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE A** 

(Form 990 or

Internal Revenue Service Name of the organization

AKA LAKEVIEW ACADEMY

GAINESVILLE INDEPENDENT SCHOOL INC

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II )

990EZ)

Treasury

1

2

3

Department of the

Part I

✓

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

**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.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

Open to Public Inspection

OMB No 1545-0047

DLN: 93493046021987

**Employer identification number** 

58-1077096

6		A federal, state, or loc	al government	t or governmental unit	described in <b>se</b>	ection 170(b)(:	L)(A)(V).	
7	Ė	An organization that n				om a governme	ental unit or from the g	eneral public
	•	described in section 1	70(b)(1)(A)(v	<b>/i).</b> (Complete Part II	)			
8		A community trust des	scribed in <b>sect</b>	tion 170(b)(1)(A)(vi)	(Complete Par	tII)		
9	i	An organization that r	normally recei	ves (1) more than 33	1/3% of its supp	port from contr	ıbutıons, membership	fees, and gross
	•			s exempt functions—s				
				unrelated business tax			1 tax) from businesse	s acquired by the
				ee <b>section 509(a)(2)</b> .				
10		An organization organ	ızed and opera	ited exclusively to tes	t for public safe	ety See <b>sectio</b> i	n 509(a)(4).	
11	Ė	An organization organ	ized and opera	ated exclusively for the	e benefit of, to p	perform the fun	ctions of, or to carry o	ut the purposes of
	1	one or more publicly s	upported orga	nızatıons described in	section 509(a)	)(1) or section	509(a)(2) See section	n <b>509(a)(3).</b> Check
		the box in lines 11a th	rough <mark>11</mark> d tha	at describes the type o	of supporting or	ganization and	complete lines 11e, 1	. 1f, and 11g
а		Type I. A supporting o	rganization op	perated, supervised, or	controlled by i	its supported o	rganızatıon(s), typıcal	ly by giving the
	•	supported organizatioi				ty of the direct	ors or trustees of the	supporting
		organization You mus						
b		Type II. A supporting						
		management of the su			same persons t	hat control or r	nanage the supported	organization(s) <b>You</b>
		must complete Part IV					1.6	
С		Type III functionally						grated with, its
		supported organization						
d		Type III non-function						
		not functionally integr					ement and an attentiv	eness requirement
_	_	(see instructions) <b>You</b> Check this box if the o					c a Tuna I Tuna II T	una III functionally
е	ı	integrated, or Type II					s a rype i, rype ii, r	ype III lulictionally
f	Ento	r the number of support						
	Ente		2				· · · · · · · · —	
g		Provide the following i	nformation abo	out the supported orga	inization(s)			
		(i)	(ii)EIN	(iii)	(iv)		(v)	(vi)
Nar	ne of s	supported organization		Type of	Is the organ	nızatıon	A mount of	A mount of other
				organization	listed in your	governing	monetary support	support (see
				(described on lines	docume	ent?	(see instructions)	ınstructions)
				1-9 above (see				
				ınstructıons))				
						ı		
					Yes	No		
Tota	ıl							

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 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 behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions 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 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar vear (d)2014 (a)2011 (b)2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 4 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 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 Gross receipts from related activities, etc (see instructions) 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, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage for 2014 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶□ 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

• •			_															
(Complete only	if you	ı che	cked	the box	on	lıne	9	of	Part	I or	ıf the	e organizatio	n ·	faıled	to q	lualify	under	Part
TT TC 11																		

Se	ction A. Public Support	Trans to quant	y under the tee	to noted below,	picase compi	20 1 410 1117	
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)2015	(f)Total
•	iscal year beginning in)	(-)	(-)	(-)	(=)===	(-)	(1)
1	Gifts, grants, contributions, and membership fees received (Do						
	not include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
D	A mounts included on lines 2 and 3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
_	the amount on line 13 for the year  Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
Se	ction B. Total Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f)Total
-	iscal year beginning in) ►		·	· · ·	. ,	· ,	
9 .0a	A mounts from line 6 Gross income from interest,						
.ua	dividends, payments received on	İ					
	securities loans, rents, royalties	İ					
	and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes)	İ					
	from businesses acquired after	İ					
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated	İ					
	business activities not included in line 10b, whether or not the	İ					
	business is regularly carried on						
12	Other income Do not include	İ					
	gain or loss from the sale of capital assets (Explain in Part	ı					
	VI)						
13	Total support. (Add lines 9, 10c,	ı					
14	11, and 12)  First five years.If the Form 990 is f	or the organizati	nn's first second	third fourth or f	 	section 501(c)	(3) organization
-	check this box and <b>stop here</b>	or the organization	on 5 m 5 c, 5 c c o m a	, china, rouren, or r	men eax year as a	300000000000000000000000000000000000000	► □
Se	ction C. Computation of Pub	lic Support P	ercentage				
15	Public support percentage for 2015	(line 8, column	(f) divided by line	13, column (f))		15	
16	Public support percentage from 201	14 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
17	Investment income percentage for				nn (f))	17	
18	Investment income percentage from	n <b>2014</b> Schedule	A, Part III, line	17		18	
	<b>33 1/3% support tests—2015.</b> If the		,		line 15 is more t		nd line 17 is not
	more than 33 1/3%, check this box	=					<b>▶</b> □
b	<b>33 1/3% support tests—2014.</b> If the						
	18 is not more than 33 1/3%, check	this box and <b>st</b>	<b>op here.</b> The orga	nızatıon qualıfıes	as a publicly sup	ported organiza	tion 🕨
20	Private foundation. If the organizati	on did not check	a box on line 14	, 19a, or 19b, che	eck this box and s	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, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V.)

	I, complete Sections A and D, and complete Part V )			
Se	ction A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Yes	No
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
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 <b>Part VI</b> when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?  If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	<b>3</b> c		
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	4b		
С	by or in connection with its supported organizations  Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	<b>4</b> c		
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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5</b> b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	<b>5</b> c		
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 <b>Part VI</b> .	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		
<b>9</b> a	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 <b>Part VI</b> .	<b>9</b> a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	<b>9</b> b		
С	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 <b>Part VI</b> .	<b>9</b> c		
0a	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)	<b>10</b> b		
1	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		
	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		

## Part IV Supporting Organizations (continued)

Sectio	n B.	Type	I Su	pporting	ı Organiz	ations

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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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			
	,, <u>, , , , , , , , , , , , , , , , , ,</u>		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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see 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			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  b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of	2a		
	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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

**b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below.

each of the supported organizations? Provide details in Part VI

2b

3a

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S		•	ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
L	Net short-term capital gain	1		(optional)
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	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		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting (	organization (see

Pality Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)					
Section D - Distributions			Current Year					
1 Amounts paid to supported organizations to accomp	plish exempt purposes							
2 A mounts paid to perform activity that directly furthe excess of income from activity	A mounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity							
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	quired)							
6 Other distributions (describe in Part VI) See instru								
7 Total annual distributions. Add lines 1 through 6								
7 Total allitual distributions. Add lines 1 tillough 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 2015 from Section C, line	6							
10 Line 8 amount divided by Line 9 amount								
		····	····					
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015					
Distributable amount for 2015 from Section C, line     6								
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)								
3 Excess distributions carryover, if any, to 2015								
a								
b								
С								
<b>d</b> From 2013								
e From 2014								
f Total of lines 3a through e								
g Applied to underdistributions of prior years								
h Applied to 2015 distributable amount								
i Carryover from 2010 not applied (see instructions)								
j Remainder Subtract lines 3g, 3h, and 3i from 3f								
4 Distributions for 2015 from Section D, line 7 \$								
a Applied to underdistributions of prior years								
<b>b</b> Applied to 2015 distributable amount								
c Remainder Subtract lines 4a and 4b from 4								
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)								
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)								
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c								
8 Breakdown of line 7		ı						
a								
b								
c Excess from 2013								
<b>d</b> From 2014								
e From 2015								
			(F 000 000 F7) (201 F					

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**SCHEDULE D** (Form 990)

Department of the

Treasury

## **Supplemental Financial Statements**

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

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

OMB No 1545-0047

DLN: 93493046021987

Open to Public

iten	nal Revenue Service	(101111000) and 1101110		.,,,,,,	Inspec	CIOII
<b>Na</b> GA	me of the organization INESVILLE INDEPENDENT SCHOOL INC			Emple	oyer identification numb	er
	A LAKEVIEW ACADEMY				077096	
Pā	Organizations Maintaining Donor Complete if the organization answere			nds o	or Accounts.	
	Complete if the organization answere		·	/h\	Funds and other assemble	
1	Total number at end of year	(a) Donor advised fur	ius	(0)	Funds and other account	.5
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor a funds are the organization's property, subject to	-		radvis	sed <b>Tyes</b>	┌ No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?		5 5			∏ No
Pa	rt III Conservation Easements. Comple	ete if the organizatio	n answered "Yes" oı	n Form	n 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by th	ne organization (check a	ll that apply)			
	Preservation of land for public use (e g , recreducation)	eation or	Preservation of an	histor	ıcally ımportant land are	a
	Protection of natural habitat		Preservation of a d	ertifie	d historic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conserv	ation contribution in th	e form	of a conservation	
					Held at the End of th	e Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easeme			2b		
c	Number of conservation easements on a certified	historic structure inclu	ıded ın (a)	2c		
d	Number of conservation easements included in (only historic structure listed in the National Register	c) acquired after 8/17/0	16, and not on a	2d		
3	Number of conservation easements modified, tra	nsferred, released, exti	nguished, or terminated	by the	e organization during the	
	tax year ▶					
4	Number of states where property subject to cons	ervation easement is lo	cated ▶	_		
5	Does the organization have a written policy regar violations, and enforcement of the conservation e	= :	oring, inspection, hand	ling of	Г Yes	No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of	violations, and enforcir	ıg cons	ervation easements dur	ing the
	<b>&gt;</b>					
7	A mount of expenses incurred in monitoring, insper	ecting, handling of viola	tions, and enforcing co	nserva	tion easements during th	ne year
В	Does each conservation easement reported on II (B)(I) and section 170(h)(4)(B)(II)?	ne 2(d) above satisfy th	ie requirements of sect	ion 17	0(h)(4)	No
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the o				
٦ <u>a</u> ı	rt III Organizations Maintaining Collec		rical Treasures, o	r Oth	er Similar Assets.	
	Complete if the organization answere	ed "Yes" on Form 99	0, Part IV, line 8.			
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	assets held for public o	exhibition, education, o	r resea	arch in furtherance of pub	
b	If the organization elected, as permitted under Si works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public o				olic
	(i) Revenue included on Form 990, Part VIII, line :	1		<b>▶</b> \$		

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

**▶**\$\_

Par	31111	Organizations Maintaining (continued)	Collections of A	Art, Hi	storica	l Trea	isures, or (	Other Similar A	ssets
3		g the organization's acquisition, acc ction items (check all that apply)	ession, and other re	cords, c	heck any	ofthe	following that	are a significant us	e of its
а		Public exhibition		d		oan or	exchange pro	grams	
b	Г	Scholarly research		e	Г	ther			
c		Preservation for future generations							
4	Prov Part	ide a description of the organization XIII	's collections and ex	plain ho	w they fu	ırther th	ne organizatio	n's exempt purpose	ın
5		ng the year, did the organization soli ts to be sold to raise funds rather th							s  No
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form	990, Pa	art IV,	line 9, or re	ported an amour	nt on Form 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	stodian or other inte	rmediar	y for cont	ributioi	ns or other as	sets not	s No
b	Ιf	"Yes," explain the arrangement in P	art XIII and comple	te the fo	llowing t	ahle		Am	ount
C		eginning balance	are ATTT and Comple	ce the it	mo willy t	abic	10		<del>-</del>
d		dditions during the year					10		
e		stributions during the year					16		
f		nding balance							
2a		the organization include an amount o	in Form 990. Part X.	line 21	. for escr	ow or ci	 ustodial accou		 s
b		es," explain the arrangement in Part						·	
Pa	rt V	Endowment Funds. Comple							
			(a)Current year	<b>(b)</b> Pr	or year	b (c)	Two years back	(d)Three years back	(e)Four years back
<b>1</b> a	Begi	nning of year balance	1,811,010		1,739,71	8	1,525,550	1,334,714	1,280,464
b	Cont •	tributions • • • • • • •	52,742		54,27	7	41,643	73,046	40,873
С	Net Ioss	investment earnings, gains, and es	9,617		31,71	1	179,718	118,530	20,609
d	Grar •	nts or scholarships • • • •							
е		er expenditures for facilities programs 	2,619		14,69	6	6,486	740	7,232
f	Adm	unistrative expenses							
g	End •	of year balance	1,870,750		1,811,01	0	1,739,718	1,525,550	1,334,714
2	Prov	ide the estimated percentage of the	current year end bal	lance (lı	ne 1g, cc	lumn (a	a)) held as		
а	Boar	d designated or quasi-endowment 🕨							
b	Perm	nanent endowment <b>&gt;</b>							
c		porarily restricted endowment	-11414000						
3a	A re t	percentages on lines 2a, 2b, and 2c			that are	held ar	ıd admınıstere	ed for the	
	_	nization by nrelated organizations						3:	Yes No
		elated organizations					•		(ii) No
b		es" on 3a(II), are the related organiz							3b
4	Desc	cribe in Part XIII the intended uses	of the organization's	endown	nent fund	S			
Par	t VI				200 2		11- 0		/ line 10
		Complete if the organization and Description of property	answered 'Yes' to	Form 9	990, Par (a)		ne 11a.See		(, line 10. (d)Book value
				(	Cost or oth (investm	er basıs	(b)basis (othe		(Lybook Value
<b>1</b> a	Land				1	,380,893			1,380,893
b	Buildii	ngs		· · _	12	,7 <b>11</b> ,723		6,032,39	7 6,679,326
		hold improvements						1	
d	Equipi	ment		.	3	,481,218		3,082,78	398,435

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

265,950

51,799

8,510,453

Part VII Investments—Other Securities. Com	plete if the org	janization answered 'Yes	on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category		(b)Book value	(c)Method of valuation
(including name of security)  (1)Financial derivatives			Cost or end-of-year market value
(2)Closely-held equity interests			
(3)Other (A) FIXED INCOME FUND		1,176,677	F
(B) EQUITY FUND		326,450	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	1,503,127	
Part VIII Investments—Program Related.  Complete if the organization answered "	Yes' on Form 9	990, Part IV, line 11c. See	Form 990. Part X. line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	•		
Part IX Other Assets. Complete if the organization (a) Descrip		on Form 990, Part IV, line 1:	1d See Form 990, Part X, line 15 (b) Book value
(a) Descrip	rctott		(b) book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15			
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.	iization answer	red Yes on Form 990, Pa	art IV, line TTE OF TTF.
1. (a) Description of liability	(b) Book val	ue	
Federal income taxes			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			
2. Liability for uncertain tax positions In Part XIII, provide	the text of the fo	ootnote to the organization's	financial statements that reports the

Schedule D (Form 990) 2015

2

PART X, LINE 2

11,601,269

d	Other (Describe in Part XIII )					2d			
e	Add lines <b>2a</b> through <b>2d</b>					•	 	2e	
3	Subtract line 2e from line 1 .							3	11,601,26
1	Amounts included on Form 990	), Part VIII, line	e 12, but not	t on line 1	L		-		
а	Investment expenses not inclu	ded on Form 99	0, Part VII	I, line 7b	.	4a	14,399		
b	Other (Describe in Part XIII )				. [	4b	1,451,057		
c	Add lines <b>4a</b> and <b>4b</b>							4c	1,465,45
5	Total revenue Add lines 3 and	<b>4c.</b> (This must e	qual Form 9	90, Part	I, line	12)	 [	5	13,066,72
Pari	<b>XII</b> Reconciliation of Ex Complete if the organi							s per Re	turn.
L	Total expenses and losses per	audited financia	al statement	ts			 	1	9,518,58
2	Amounts included on line 1 but	not on Form 99	0, Part IX,	line 25					
а	Donated services and use of fac	cilities				2a			
b	Prior year adjustments					2b			
c	Otherlosses					2c			
d	Other (Describe in Part XIII )					2d			
e	Add lines <b>2a</b> through <b>2d</b>						 	2e	
3	Subtract line $\mathbf{2e}$ from line $1$ .						 	3	9,518,58
1	Amounts included on Form 990	, Part IX, line 2	5, but not o	n line 1:					
а	Investment expenses not inclu	ded on Form 99	0, Part VII	I, line 7b		4a	14,399		
b	Other (Describe in Part XIII )					4b	1,451,057		
c	Add lines <b>4a</b> and <b>4b</b>						 	4c	1,465,45
5	Total expenses Add lines <b>3</b> and	d <b>4c.</b> (This mus	t equal Form	n 990, Pa	rt I, lır	ne 18)	 	5	10,984,04
Par	XIII Supplemental Info	rmation							
Part	ide the descriptions required for F V , line 4 , Part X , line 2 , Part XI , mation								n <b>y</b> additional
	Return Reference			Explana	tion				

THERE ARE NO CURRENT INCOME TAX LIABILITIES

2a

2b

**2**c

THE ACADEMY HAS ADOPTED PROFESSIONAL GUIDANCE RELATED TO ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES THE ACADEMY REGULARLY REVIEWS AND EVALUATES UNRELATED BUSINESS INCOME TAX LIABILITY MANAGEMENT HAS DETERMINED THAT

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities

Recoveries of prior year grants .

Schedule D (Form 990) 2015		Page <b>5</b>
Part XIIII Supplemental		
Return Reference	Explanation	
PART XII, LINE 4B - OTHER ADJUSTMENTS	FINANCIAL AID SPECIAL EVENT EXPENSES ROUNDING	
	· · · · · · · · · · · · · · · · · · ·	

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As Filed Data -

DLN: 93493046021987

OMB No 1545-0047

Open to Public Inspection

## **Schools**

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Name of the organization **Employer identification number** GAINESVILLE INDEPENDENT SCHOOL INC AKA LAKEVIEW ACADEMY 58-1077096 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? 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? 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 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c d Copies of all material used by the organization or on its behalf to solicit contributions? Yes 4d 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 a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Nο c Employment of faculty or administrative staff? **5**c Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? Νo g Athletic programs? 5g Νo 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 Nο b 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

Yes

Schedule E (Form 990 or 990-EZ) (2015)

# SCHEDULE E, PART I, LINE 3 POLICY IS PRINTED ON STUDENT APPLICATION AND IS PUBLISHED ON SCHOOL WEBSITE

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

DLN: 93493046021987

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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

OMB No 1545-0047

2015

Open to Public Inspection

nten	nal Revenue Service	► Information about Se	chedule G (Fo	orm 990 or 9	90-EZ) and its instructions is a	t www ırs go	v/form990	Inspection
iΑί	ne of the organization NESVILLE INDEPEN LAKEVIEW ACADE	NDENT SCHOOL INC					<b>Employer ide</b> 58-107709 <i>6</i>	ntification number
	<b>rt I</b> Fundraisi	ng Activities.Comple Z filers are not requi				on Form		
1		ie organization raised fur		•	<u> </u>	heck all t	hat apply	
a	Mail solicitation	-	ias cilioag	•	e Solicitation of r			
b	•	naıl solicitations			f Solicitation of g			
С	Phone solicitat				g			
d	In-person solic				- 1	3		
<b>2</b> a b	or key employees li services? If "Yes," list the te	n have a written or oral a isted in Form 990, Part \ in highest paid individual if at least \$5,000 by the	/II) or ent	ity in coni es (fundra	nection with professiona	I fundraisi	ing <b>Y</b>	<b>es  No</b> undraiser is
(	i) Name and address individual or entity (fundraiser		fundrai cust cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or re fundraı	ount paid to tained by) ser listed in ol (i)	(vi) A mount paid to (or retained by) organization
1			Yes	No				
2								
3								
4								
5								
6								
7								
8								
9								
10								
·	.1							
ota						<u> </u>		
	List all states in whic registration or licensi	h the organization is reg ing	istered or	licensed t	o solicit contributions o	or has bee	n notified it is e	exempt from

Part II	Fundraising	Events

Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-F7, lines 1 and 6b. List events with gross

	receipts greater than \$5,000	<u>.                                      </u>	·		T T
		(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events
		AUCTION		/hatal accept and	(add col (a) through
Φ		(event type)	(event type)	(total number)	col <b>(c)</b> )
Revenue	<b>1</b> Gross receipts	309,824			309,824
Œ	2 Less Contributions	74,350			74,350
	Gross income (line 1 minus	235,474			235,474
	4 Cash prizes				
	<b>5</b> Noncash prizes				
w	6 Rent/facility costs				
Expenses	<b>7</b> Food and beverages				
å X	8 Entertainment				
	9 Other direct expenses	37,077			37,077
Disect	10 Direct expense summary Add lines 4	- through 9 in column (d	)		37,077
	11 Net income summary Subtract line 1	0 from line 3, column (d	)		198,397
Pai	<b>t III Gaming.</b> Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	e 19, or reported mo	re than \$15,000 on
Revenue		<b>(a)</b> Bıngo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
Ses	2 Cash prizes				
Expenses	<b>3</b> Noncash prizes				
Direct	4 Rent/facility costs				
_	5 Other direct expenses				
		<b>☐ Yes</b> %	├ Yes%	☐ Yes%	
	6 Volunteer labor	No	├ No	☐ No	
	7 Direct expense summary Add lines 2	ł through 5 ın column (d	)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)		
9	Enter the state(s) in which the organizat	tion conducts gaming ac	ctivities		
а	Is the organization licensed to conduct		•		Yes No
b	If "No," explain				
10a	Were any of the organization's gaming li		nded or terminated during	g the tax year?	├─Yes ├─No
b	If "Yes," explain				
					1

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule I
(Form 990) | Grants and C
Governments
Complete if the organize
Department of the

Treasury

Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

2015

DLN: 93493046021987

Open to Public Inspection

Employer identification number

AKA LAKEVIEW ACADEMY	OOLING					58-1077096	
Part I General Information	on on Grants an	d Assistance				<u>.</u>	
<ol> <li>Does the organization maintain the selection criteria used to a</li> <li>Describe in Part IV the organiz</li> <li>Part II Grants and Other Assist</li> </ol>	ward the grants or a zation's procedures t	ssistance? For monitoring the use	of grant funds in the Ur	nited States	· · · · ·	stance, and form 990, Part IV, line 2:	✓ Yes N
that received more than							
(a) Name and address of organization or government	<b>(p)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
<ul><li>Enter total number of section 5</li><li>Enter total number of other org</li></ul>	,	-					

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## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

OMB No 1545-0047

DLN: 93493046021987

Open to Public

Department of the

Schedule J (Form 990)

▶ Information about Schedule J (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

▶ Attach to Form 990.

ten	nal Revenue Service				THSD	ecuo	П
	me of the organization			Employer identification	on nur	nber	
	INESVILLE INDEPENDENT SCHOOL INC A LAKEVIEW ACADEMY			58-1077096			
Pa	art I Questions Regarding Compensation						
						Yes	No
.a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III						
	First-class or charter travel	Г	Housing allowance or residence fo	r personal use			
	Travel for companions		Payments for business use of pers	sonal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initia	ition fees			
	Discretionary spending account		Personal services (e g , maid, cha	uffeur, chef)		 	
b	If any of the boxes in line 1a are checked, did the org				<b>1</b> b		
:	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Exec				2		
	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all the used by a related organization to establish compensa	at apply	Do not check any boxes for metho	ods			
	Compensation committee	<b>✓</b>	Written employment contract				
	Independent compensation consultant		Compensation survey or study				
	Form 990 of other organizations	<b>✓</b>	Approval by the board or compens	ation committee	l I	 	
ļ	During the year, did any person listed on Form 990, For a related organization	Part V I I	I, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control p	aymen	t?		4a		Νo
b	Participate in, or receive payment from, a supplemen	Participate in, or receive payment from, a supplemental nonqualified retirement plan?					Νo
c							Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	e applicable amounts for each item	ın Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizati	ions mu	st complete lines 5-9.				
i	For persons listed on Form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	, did the organization pay or accrue	any			
a	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III						
i	For persons listed on Form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue	any			
а	The organization?				<b>6</b> a		Νo
b	Any related organization?				<b>6</b> b		Νo
	If "Yes," on line 6a or 6b, describe in Part III						
,	For persons listed on Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," de			on-fixed	7		Νo
3	Were any amounts reported on Form 990, Part VII, p subject to the initial contract exception described in In Part III				8		No
)	If "Yes" on line 8, did the organization also follow the	rebutta	able presumption procedure describ	ed in Regulations			

section 53 4958-6(c)?

Page 2

Schedule J (Form 990) 2015

	i i i i i i i i i i i i i i i i i i i	dar mast equal the tota	ramount of Form 550,	rait VII, Section 70, III	е та, аррисавте сота	mi (b) and (c) amount	5 for that marvidual
(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	` '	(E) Total of columns	• •	
	Base (i) componention	(ii) Bonus & incentive	(iii) Other reportable	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior

12,809

232,809

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
	Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) repor as deferred on p Form 990

Schedule J (Form 990) 2015

220.000

1 JOHN KENNEDY

HEAD OF SCHOOL

Schedule J (Form 990) 2015							
Part III 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							

Schedule J (Form 990) 2015

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. DLN: 93493046021987 OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

58-1077096

Internal Revenue Service Name of the organization

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Department of the Treasury

(Form 990)

GAINESVILLE INDEPENDENT SCHOOL INC

AKA LAKEVIEW ACADEMY

Part I Bond Issues (c) CUSIP # (a) Issuer name (b) Issuer EIN (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) O n (i) Pool behalf of financing issuer Yes No Yes No Yes No GAINESVILLE AND HALL 58-1501826 05-15-2012 3,757,034 REFINANCE DEBT Χ Χ COUNTY DEVELOPMENT AUTHORITY **Proceeds** Part II Α В С D A mount of bonds legally defeased . . . . . . . . . . . . . . . . . . 2 Total proceeds of issue 3 3,757,034

5 6

12 13 Were the bonds issued as part of a current refunding issue? . . . . 14

Were the bonds issued as part of an advance refunding issue? . . . .

Does the organization maintain adequate books and records to support the final 17 allocation of proceeds? . . . . . . . . . . . . . . . . . Part IIII Private Business Use

Was the organization a partner in a partnership, or a member of an LLC, which owned Are there any lease arrangements that may result in private business use of bond-

2012 Yes Χ

Α

Χ

Χ

Yes

No Х

33,496

Yes

Yes

No

No

В

Yes

C

No

Yes

No

Yes No Yes No

Nο

Х

Х

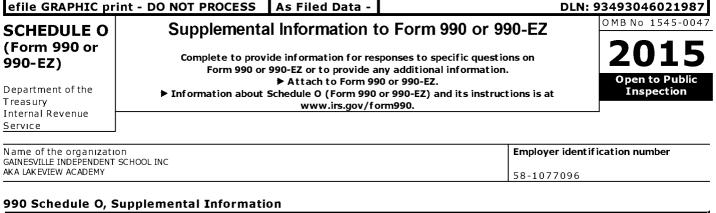
D

			Α		В		С			<b>D</b>
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?			×						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed									
prope	·									
С	A re there any research agreements that may result in private business use of bond-financed property?			Χ						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?									
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government									
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5									
7	Does the bond issue meet the private security or payment test?			Х						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?			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 sections 1 141-12 and 1 145-2?									
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?			Х						
Par	IV Arbitrage									
	<del></del>	Α			В		С		D	
		Yes	No Yes		No		Yes No		Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		×							
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?		Х							
b	Exception to rebate?		Х							
c	No rebate due?		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								
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was the hedge terminated?									

Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . . . . . Were any gross proceeds invested beyond an available temporary period? Has the organization established written procedures to monitor the requirements of section 148? . . . **Procedures To Undertake Corrective Action** Yes No No Yes No Yes 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?

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



990 Schedule O, Supplemental Information								
Return Reference	Explanation							
FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS REVIEWED AND APPROVED BY MANAGEMENT AND THE BOARD OF TRUSTEES							
FORM 990, PART VI, SECTION B, LINE 12C	THE A CADEMY MONITORS THE ANNUAL CONFLICT OF INTEREST DISCLOSURES REQUIRED BY THE OFFICERS AND KEY EMPLOYEES OF THE SCHOOL							

990 Schedule O, Supplemental Information

AVAILABLE UPON REQUEST

Return Reference

SECTION C. LINE 19

FORM 990, PART VI,	THE COMMITTEE OF TRUSTEES IS CHARGED WITH THE EVALUATION AND RECOMENDATION OF THE PERFORMANCE
SECTION B, LINE 15	AND COMPENSATION OF THE HEAD OF THE SCHOOL. THE COT MAKE RECOMENDATIONS TO THE BOARD FOR
	APPROVAL BY THE BOARD THE HEAD OF SCHOOL IS CHARGED WITH EVALUATION OF ALL OTHER EMPLOYEES

Explanation

FORM 990, PART VI, THE ACADEMY'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE