Form 990-T	(20,17)	LAKE FOREST ACADEMY	36-22	1616	7	Page 2
Fart II		Tax Computation				
35	Orgai	nizations Taxable as Corporations See instructions for tax computation				
	Contr	rolled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions and.				
a	Enter	your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order).				
	(1)	\$ (2) \\$ (3) \\$				
b	Enter	organization's share of: (1) Additional 5% tax (not more than \$11,750)				
	(2) A	Additional 3% tax (not more than \$100,000) \$				
C	Incon	me tax on the amount on line 34	•	► 35c		0.
36	Trust	ts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 fro	m;		s a	
		Tax rate schedule or Schedule D (Form 1041)	•	▶ 36	ļ	
37	Proxy	y tax See instructions	•	<b>3</b> 7	<u> </u>	
38	Alterr	native minimum tax		38		
39	Tax o	on Non-Compliant Facility Income See Instructions		39	<u> </u>	
40	Total	Add lines 37, 38 and 39 to line 35c or 36, whichever applies		åÖ,		0.
Part I	<b>/</b>	Tax and Payments				
41a	Forei	gn tax credit (corporations attach Form 1118; trusts attach Form 1116)				
b	Other	r credits (see instructions)				
C	Gene	eral business credit Attach Form 3800				
d	Credi	it for prior year minimum tax (attach Form 8801 or 8827)		,	1	
е	Total	I credits Add lines 41a through 41d		416	<u> </u>	
42	Subtr	ract line 41e from line 40		42	<u> </u>	0.
43	Other	r taxes Check if from. 🔲 Form 4255 🔲 Form 8611 🔲 Form 8697 🔲 Form 8866 🤙 Ott	16f (attach schedule			
44	Total	I tax Add lines 42 and 43		144	<u> </u>	<u> </u>
45 a	Paym	nents: A 2016 overpayment credited to 2017				
b	2017	estimated tax payments				
C	Tax d	deposited with Form 8868			3	
d	Foreig	gn organizations: Tax paid or withheld at source (see instructions)				
е	Back	up withholding (see instructions)				
f	Credi	it for small employer health insurance premiums (Attach Form 8941)				
		r credits and payments. Form 2439			í	
		Form 4136 Other Total ▶ 45g				
46	Total	I payments. Add lines 45a through 45g		46		
47	Estim	nated tax penalty (see instructions) Check if Form 2220 is attached 🕨 🗌		47		
48	Tax d	due. If line 46 is less than the total of lines 44 and 47, enter amount owed	•	▶ /48_		0.
49	Over	payment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	<b>=</b>	> 49		0.
50	Enter	r the amount of line 49 you want: Credited to 2018 estimated tax	Refunded	▶ \ 50		
Part V	4	Statements Regarding Certain Activities and Other Information (see ins	tructions)	- V		
51	At an	ly time during the 2017 calendar year, did the organization have an interest in or a signature or other auth	ority			Yes No
	over	a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to	file			
	FinCE	EN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign count	ry			22
	here	<b>&gt;</b>				X
52	Durin	ng the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	a foreign trust?			X
	If YES	S, see instructions for other forms the organization may have to file				
53	Enter	r the amount of tax-exempt interest received or accrued during the tax year 🕨 💺				
	Ur	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to prrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any know	the best of my know	wledge and	belief, it is tru	18
Sign	١٠٠	CHIEF FINANCI	ľaľ <sub>l</sub>	May the IS	RS discuss the	s return with
Here		$\frac{2/2}{4}$ OFFICER			er shown belo	
		Signature of officer Date Title		instruction	ns)? X Y	es No
		Print/Type preparer's name Preparer's signature Date	Check	ıf PT	IN	
Paid		KIMBERLY A.	self- employ	ed		
Prepa	rer	KIMBERLY A. HAUMANN HAUMANN 02/20/19	9		00546	
Use O		Firm's name ▶ PLANTE & MORAN, PLLC	Firm's EIN	<b>▶</b> _ 3	8-135	7951
	,	10 S. RIVERSIDE PLAZA, 9TH FLOOR		<del></del>		<del></del>
		Firm's address CHICAGO, IL 60606	Phone no.	(312	) 207	<u>-1040</u>

Phone no. (312) 207-1040 Form **990-T** (2017)

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory va	aluation N/A			
1 Inventory at beginning of year	1	0.		Inventory at end of year			6 0.
2 Purchases	2		7	Cost of goods sold Su	btract I	ine 6	
3 Cost of labor	3			from line 5 Enter here a	and in F	Part I,	
4a Additional section 263A costs				line 2			7 1,563,716.
(attach schedule)	_4a		8	Do the rules of section	263A (v	with respect to	Yes No
<ul> <li>Other costs (attach schedule)</li> </ul>		,563,716.		property produced or a	cquired	for resale) apply to	
5 Total Add lines 1 through 4b		,563,716.		the organization?			X
Schedule C - Rent Income ( (see instructions)	From Real	Property and	Pers	sonal Property Lo	ease	d With Real Prop	erty) 
1 Description of property							
(1)							
(2)							
(3)							
(4)				<u> </u>		<del></del>	
		ved or accrued				2/a) Daductions dispatitu	accounted with the income in
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	centage of than	of rent for pe	rsonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)		columns 2(a) ar	connected with the income in and 2(b) (attach schedule)
(1)							- <u></u> -
(2)							
(3)							
(4)							
Total	<u> </u>	Total			0.	ļ	
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	(A)	<b></b>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>D</b> 0.
Schedule E - Unrelated Deb	t-Financed	Income (see	nstru	ctions)			
			,	Gross income from		3 Deductions directly con to debt-finance	
Description of debt-financed property			as allocable to dobt		(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)							<del></del>
(2)	<del></del>					<del></del>	
(3)							
(4)						<del></del>	
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	e adjusted basis allocable to anced property th schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%			
(2)				%			
(3)				%			
(4)				%			
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7 column (B)
Totals				▶		0	
Total dividends-received deductions in	icluded in colum	n 8					0.
				<del>_</del>			Form <b>990-T</b> (2017)

1. Ream of controlled organization  2. Enables residually and a second recording organization  3. Add second recording organization  7. Tanable horses  8. Not unaded enorme flower (the enabled recording organization)  9. Total of specific programmin  10. Per lat calcium 9 and in exception or exception o	Schedule F - Interest, A	nnuities, Royal	<del></del>	Controlled O			lions	(see inst	ructions	)
Comparison   Controlled Organizations   S. Interviewed recover blood   9 Total of apparent dispersion of the controlled Organizations   The controlled Or	Name of controlled organization	identifi	ployer 3 Net un cation (loss) (se	nrelated income	4 To:	tal of specified	included	d in the contro	iling	connected with income
Nonexempt Controlled Organizations   S. Not present storms (bots)   S. Total of secondary parameters   10 per to down 8 hours invaded with income in column 10	(1)									
Mone semptic Controlled Organizations	(2)									
Totals income   S. Neurosaded coores bowl   S. Neurosaded coores   S. Neurosaded   S. Neurosaded coores   S. Neurosaded   S.	(3)				<u></u>					
Totals income   S. Neurosaded coores bowl   S. Neurosaded coores   S. Neurosaded   S. Neurosaded coores   S. Neurosaded   S.	(4)									
(1) (2) (3) (4) (4) (5) (6) (6) (7) (9), or (17) Organization (6) (6) (1) (2) (3) (4) (4) (5) (6) (6) (6) (6) (7) (9), or (17) Organization (6) (6) (7) (9), or (17) Organization (7) (6) (8) (8) (9) (9) (1) (9) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (7) (7) (8) (8) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		zations								
(d)  (e)  (d)  Add column 6 and 1)  Critis here and on page 1, Perl 1, Irins 8, column (d)  (e)  (e)  (e)  (e)  (e)  (e)  (e)	7. Taxable Income				ments	in the controllii	ng organiz	s included eation's		
(d)  (e)  (d)  Add column 6 and 1)  Critis here and on page 1, Perl 1, Irins 8, column (d)  (e)  (e)  (e)  (e)  (e)  (e)  (e)	(1)									
Add columns 5 and 10 Enter here and on page 1, Part 1, line 9, column (6)  (2)  (3)  (4)  Schedule 1 - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  (a)  1. Description of receive and on page 1, Part 1, line 9, column (7)  (a)  (b)  Schedule 1 - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  (a)  1. Description of receive and on page 1, Part 1, line 9, column (7)  (b)  Schedule 2 - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  (see instructions)  (see instructions)  (see instructions)  1. Description of receive and on page 1, Part 1, line 9, column (7)  (see instructions)  (see instructions)  (see instructions)  1. Description of receive and on page 1, Part 1, line 9, column (8)  (see instructions)  (see instructions)  (see instructions)  1. Description of receive and on page 1, Part 1, line 9, column (8)  (see instructions)  (see instructions)  (see instructions)  1. Description of receive and on page 1, Part 1, line 9, column (8)  (see instructions)  (see instructions)  (see instructions)  1. Description of receive and on page 1, Part 1, line 9, column (8)  (see instructions)  (see instructions)  (see instructions)  1. Description of receive and on page 1, Part 1, line 9, column (8)  (see instructions)  (see instructions)  (see instructions)  1. Description of receive and on page 1, Part 1, line 9, column (8)  (see instructions)  (see instructions)  (see instructions)  1. Description of receive and on page 1, Part 1, line 9, column (8)  (see instructions)  (see instructions)  (see instructions)  (see instructions)  (see instructions)  1. Description of receive and on page 1, Part 1, line 9, column (8)  (see instructions)  (see instructions)						<del></del>				
Add columns 5 and 10 Cinter here and on page 1. Pert 1, true 8, column (6)										
Totals    Add column (a page 1) Pert     Inter R column (b)		-								
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  (see instructions)  1. Description of income  2. Amount of income (inlight schindolds) (1) (2) (3) (4)  Enter here and on page 1, Part 1, inse 9, column (8)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  2. Conse urvelated business income from track or business income (1) (2) (3) (4)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  4. Nat income (loss) (see instructions)  5. Gross income (see instructions)  7. Excess exempt in organization (a) (a) (b) (c) (c) (c) (d)  Enter here and on page 1, Part 1, inse 9, column (9) (rought 7)  5. Gross income (see instructions)  7. Excess exempt in organization (a) (d) (e) (e) (f) (f) (f) (g) (g) (g) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h			<u> </u>			Enter here and	on page 1	i, Pert i,	Enter he	re and on page 1 Part I,
(see instructions)  1. Description of income 2 Amount of income 3 Deductions directly connected (settlech schedulid) (1) (2) (3) (4)  Enter here and on page 1 Part I, line 9, column (A) (5) (5) (6) (7) (8)  1. Description of applications and page 1 Part I, line 9, column (A) (6) (7) (8) (8) (9) (9) (1) (1) (1) (2) (3) (4)  1. Description of applications are and on page 1, Part I, line 9, column (B) (6) (7) (8) (8) (9) (9) (1) (1) (1) (2) (3) (4)  Enter here and on page 1, Part I, line 9, column (B) (6) (7) (8) (9) (9) (1) (9) (1) (1) (2) (3) (4)  Enter here and on page 1, Part I, line 9, column (B) (6) (7) (8) (9) (9) (9) (1) (9) (1) (1) (1) (2) (3) (4)  Enter here and on page 1, Part I, line 9, column (B) (6) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4)  Enter here and on page 1, Part I, line 10, col (B) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Totals				▶			0.		0.
1. Description of income 2 Amount of income (directly connected (attach schedulig) (cell 3 plus col 4) (2) (3) (4)  Enter here and on page 1 Pert I, line 9, column (A)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  4. Not connected the exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  (i) (ii) (iii) (iii			Section 501(c)(	7), (9), or (	17) Org	ganization				
(2) (3) (4)  Enter here and on page. 1 Pert 1, line 9, column (A)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  1. Description of exploited discenses income from tadd or business income  (1) (2) (3) (4)  Enter here and on page. 1 A Not income (loss) for income (loss)	1. Descr	ription of income		2 Amount of	Income	directly conne	cted			and set-asides
(2) (3) (4)  Enter here and on page. 1 Pert 1, line 9, column (A)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  1. Description of exploited discenses income from tadd or business income  (1) (2) (3) (4)  Enter here and on page. 1 A Not income (loss) for income (loss)	(1)			1						
(3) (4)  Enter here and on page 1. Part I, line 9. column (A)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  1. Description of exploited exempt Activity Income, Other Than Advertising Income  2. Gress unrelated humaness of urrelated management from trade or business moreine from trade or business moreine Income (see instructions)  (1) (2) (3) (4)  Enter here and on page 1. Part I, line 9. column (B) Superisses discolumn advertising Income  Enter here and on page 1. Part I, line 10 col (A) Income From Periodical Reported on a Consolidated Basis  1. Name of periodical  2. Cross advertising Income (see instructions)  Part II line 10.  2. Cross advertising Income (see instructions)  Part II line 0.  3. Expenses discolumn in must column in a distributible to col										
Company   Comp							$\neg \neg$			
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)   1. Description of exploited activity   1. Description   1. Description of exploited activity   1. Description of				1						<u> </u>
(see instructions)  1. Description of exploited activity  2 Gross unrelated business income from trade or business (column size in column all page 1, Part II line 10 col (A)  1. Description of exploited activity  2 Gross unrelated business income business (column size in column all page 1, Part II line 10 col (A)  3 (3)  (4)  Enter have and on page 1, Part II line 10 col (A)  Schedule J - Advertising Income (see instructions)  Part II Income From Periodicals Reported on a Consolidated Basis  1 Name of periodical  2. Gross advertising costs advertising costs advertising costs advertising costs advertising costs advertising costs (column 5)  (1)  (2)  (3)  (4)  5 Gross income from activity that is not urrelated business income attributable to column 4)  Enter have and on page 1, Part II line 10 col (A)  D. O.	Totals				olumn (A)					Enter here and on page 1, Part I, line 9, column (B)
1. Description of exploited activity urdelated business unrelated business recome brade or business services and on page 1, Part I. Intel 10 cot (8)  1. Description of exploited activity urdelated business income brade or	<del>-</del>	•	Income, Othe	r Than Ad	vertisir	g Income				
(2) (3) (4)  Enter here and on page 1, Part I, line 10 col (A)  Totals  O. O. O.  Schedule J - Advertising Income (see instructions)  Part II line 26  Totals  1 Name of periodical  2. Gross advertising and or (loss) (col 2 minus column 5, but not more than column 4)  (1) (2) (3) (4)  Totals (carry to Part II, line (5))  D. O. O.  O. O.  Totals (carry to Part II, line (5))  O. O.  O. O	1. Description of	2 Gross unrelated business income from	directly connected with production of unrelated	from unrelate business (ci minus colum gain, comput	a trade or olumn 2 in 3) If a le cols 5	from activity to	hat ed	attribute	ble to	expenses (column 6 minus column 5, but not more than
(3) (4)  Enter here and on page 1, Part I, Inne 10 col (A)  Totals  O.  Consolidated Basis  1 Name of periodical  1 Name of periodical  2. Gross advertising costs advertising costs income  (1) (2) (3) (4)  Totals (carry to Part II, Inne (5))  O.  O.  Consolidated Basis  4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute costs 5 through 7  (1) (2) (3) (4)  Totals (carry to Part II, Inne (5))  O.  O.  Consolidated Basis  7 Excess readership costs (column 6 minus column 4)  Totals (carry to Part II, Inne (5))  O.  O.  O.  O.  O.  O.  O.  O.  O.	(1)									
(3) (4)  Enter here and on page 1, Part I, Inne 10 col (A)  Totals  O.  Consolidated Basis  1 Name of periodical  1 Name of periodical  2. Gross advertising costs advertising costs income  (1) (2) (3) (4)  Totals (carry to Part II, Inne (5))  O.  O.  Consolidated Basis  4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute costs 5 through 7  (1) (2) (3) (4)  Totals (carry to Part II, Inne (5))  O.  O.  Consolidated Basis  7 Excess readership costs (column 6 minus column 4)  Totals (carry to Part II, Inne (5))  O.  O.  O.  O.  O.  O.  O.  O.  O.	<del>-`-</del>		<del>-</del>				$\neg \uparrow$			1
(4)  Enter here and on page 1, Part I, Inne 10 col (A)  Totals  O.  O.  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1 Name of periodical  2. Gross advertising income  1 Name of periodical  2. Gross advertising costs advertising costs advertising costs (col 2 minus col 3) If a gain, compute col 3) If a gain, compute col 5 through 7  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5))  D.  O.  Enter here and on page 1, Part II, line (and page 1)  Enter here and on page 1, Part II, line (b) and page 1, Part II line 26  O.  O.  O.  O.  O.  O.  Totals (carry to Part II, line (5))  O.  O.  O.  O.  O.  O.  O.  O.  O.							$\neg \neg$			
Enter here and on page 1, Part 1, Inne 10 col (A)  Totals  O.  O.  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1 Name of periodical  2. Gross advertising income Income  3 Direct advertising costs  1 Name of periodical  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5))  D.  Enter here and on page 1, Part I, Inne (5))  A Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7  Enter here and on page 1, Part II line 26  O.  Trotals (carry to Part II, line (5))  O.  O.  Totals (carry to Part II, line (5))  O.  O.  O.  O.  O.  O.  O.  O.  O.				+						<del>                                     </del>
Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1 Name of periodical 2. Gross advertising advertising costs advertising costs (advertising costs through 7 costs (column 5, but not more than column 4)  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5)) ▶ 0. 0. 0. 0		page 1, Part I, line 10 col (A)	page 1, Part I, line 10, col (B)							on page 1, Part II line 26
Part   Income From Periodicals Reported on a Consolidated Basis    1   Name of periodical   2. Gross advertising advertising costs   3   Direct advertising costs   3   In a gain, compute cols 5   It rough 7							us. Piri	9.87 (18.20)		0.
1 Name of periodical 2. Gross advertising advertising costs advert				nsolidated	Basis					
(2) (3) (4)  Totals (carry to Part II, line (5))   0. 0. 0	1 Name of periodical	advertising		or (loss) (o s col 3) If a g	col 2 minus gain, comput					costs (column 6 minus column 5, but not more
Totals (carry to Part II, line (5)) ▶ 0. 0.	(2)									
<del></del>			0 /	n ( )			-			<i></i>
	Totals (carry to Part II, line (5))		<u> </u>	J •						Form <b>990-T</b> (2017

# Form 990-T (2017) LAKE FOREST ACADEMY Part III Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	<b>•</b>	0.	0.	7,5			0
		Enter here and on page 1, Part I line 11 cot (A)	Enter here and on page 1, Part I, line 11, col (B)		200000000000000000000000000000000000000		Enter here and on page 1 Part II line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2. Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2017)

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/08	25,308.	25,308.	0.	0.
06/30/09	132,961.	3,588.	129,373.	129,373.
06/30/10	150,028.	0.	150,028.	150,028.
06/30/11	174,649.	0.	174,649.	174,649.
06/30/12	59,586.	0.	59,586.	59,586.
06/30/13	3,192.	0.	3,192.	3,192.
06/30/14	13,958.	0.	13,958.	13,958.
06/30/17	72,179.	0.	72,179.	72,179.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	602,965.	602,965.

INCOME	DEDUCTIONS	NET INCOME
		OR (LOSS)
723.	3.	720.
-1,039.	-21.	-1,018.
1,422.	-121.	1,543.
-4,158.	2,335.	-6,493.
374.	719.	-345.
-2,678.	2,915.	-5,593.
	-1,039. 1,422. -4,158. 374.	-1,03921. 1,422121. -4,158. 2,335. 374. 719.

FORM 990-T	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 3
DESCRIPTION		AMOUNT
OTHER COSTS		1,563,716.
TOTAL TO FORM 990	-T, SCHEDULE A, LINE 4B	1,563,716.

#### SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www irs gov/Form1120 for instructions and the latest information

OMB No 1545-0123

Name

Employer identification number

LAKE FOREST ACADEMY	Z.			3·6 -	2216167
Part   Short-Term Capital Gai		ets Held One Year	r or Less		
See instructions for how to figure the amounts to enter on the lines below  This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gair or loss from Form(s) 894 Pert I, line 2, column (g)	9,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
round off cents to whole dollars.  1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b		/			
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked			<del></del>		
2 Totals for all transactions reported on					C40
Form(s) 8949 with Box B checked					648.
3 Totals for all transactions reported on					۰,
Form(s) 8949 with Box C checked			<del></del>		89.
4 Short-term capital gain from installment sales	·			4_	
5 Short-term capital gain or (loss) from like-kind		1		5	
6 Unused capital loss carryover (attach computa	•	./		6 7	737.
7 Net short-term capital gain or (loss) Combine Part II Long-Term Capital Gain	ne and Losses - Asse	ets Held More Tha	n One Year	-	
See instructions for how to figure the amounts	4				<u> </u>
to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part II, line 2, column (g	n 9, I)	(ħ) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on	/				
Form(s) 8949 with Box D checked			<del></del>		
9 Totals for all transactions reported on	<i> </i>		İ		4,568.
Form(s) 8949 with Box E checked  10 Totals for all transactions reported on	<del>- /</del>				4,300.
Form(s) 8949 with <b>Box F</b> checked	/ /		İ		3,629.
11 Enter gain from Form 4797, line 7 or 9				11	3,025.
12 Long-term capital gain from installment sales	from/Form 6252, line 26 or 37	,		12	
13 Long-term capital gain or (loss) from like-kind	, · · · · · · · · · · · · · · · · · · ·			13	-
14 Capital gain distributions	1			14_	
15 Net long-term capital gain or (loss) Combine	<u>lines 8a through 14 in column</u>	n h		15	8,197.
Part III Summary of Parts I and	1/11				
16 Enter excess of net short-term capital gain (lig				16	737.
17 Net capital gain Enter excess of net long-term				17	8,197.
18 Add lines 16 and 17 Enter here and on Form		per line on other returns	If the corporation		
has qualified timber gain, also complete Part i				18	8,934.
Note: If losses exceed gains, see Capital loss	es in the instructions				
IN/A For Benevie de Boduction And Marine	and the Instructions for F	1100	<del></del>		Nahadula B (Fares 4400) 0047
JWA For Paperwork Reduction Act Notice,	see the instructions for FORM	1120			Schedule D (Form 1120) 2017

Part IV Alternative Tax for Corporations with Qualified T	imber Gain. Complete Pa	art IV only if the corporation has
qualified timber gain under section 1201(b) Skip this part if you are filing	ig Form 1120-RIC See instructi	ons
19 Enter qualified timber gain (as defined in section 1201(b)(2))	19	
20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line	1 1	
of your tax return	20	
21 Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or		
(c) the amount on Part III, line 17	21	
22 Multiply line 21 by 23.8% (0 238)		22
23 Subtract line 17 from line 20 If zero or less, enter -0-	23	
24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate)	appropriate for	
the return with which Schedule D (Form 1120) is being filed		24
25 Add lines 21 and 23	25	
	1 1	
26 Subtract line 25 from line 20. If zero or less, enter -0-	26	
27 Multiply line 26 by 35% (0 35)		27
28 Add lines 22, 24, and 27		28
29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate)	appropriate for the	
return with which Schedule D (Form 1120) is being filed		29
30 Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedu	le J, line 2, or the	
applicable line of your tax return		30
		Schedule D (Form 1120) 2017

# Form **8949**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

## Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D

OMB No 1545-0074

2017 Attachment 12A

Social security number or taxpayer identification no.

xpayer identification 36-2216167

#### LAKE FOREST ACADEMY

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2

Note: You may aggregate all short term transactions reported on Form(s) 1099 B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) X (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (h) (a) (b) (e) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in column (f) See instructions (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr) disposed of from column (d) & Note below and (Mo, day, yr) (f) (g) Amount of combine the result see Column (e) ın Code(s) the instructions with column (g) adjustment FROM COMMONFUND CAPITAL PARTNERS 648. IV LP FROM COMMONFUND CAPITAL PARTNERS <2.: III LP FROM COMMONFUND CAPITAL PARTNERS 2000, LP 2. Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 648. above is checked), or line 3 (if Box C above is checked)

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

723011 11-02-17 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Department of the Treasury Internal Revenue Service

## **Sales and Other Dispositions of Capital Assets**

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D OMB No 1545-0074

Attachment Sequence No 12A

Name(s) shown on return

Social security number or taxpayer identification no.

LAKE FOREST AC							216167
Before you check Box A, B, or C bel statement will have the same informa broker and may even tell you which	atıon as Form 109	you received any 99-B Either will s	Form(s) 1099-B show whether you	or substitute staterr ir basis (usually you	nent(s) from r cost) was	your broker A su reported to the IF	bstitute SS by your
Part I Short-Term. Transact Note: You may aggregate al	ctions involving ca Il short-term transac	tions reported on F	form(s) 1099-B shov	ving basis was reporte	ed to the IRS	and for which no ac	ljustments or
codes are required Enter the						<del> </del>	<del></del>
You must check Box A, B, or C below.	Il fit on this page for on	e or more of the boxes	, complete as many for	ms with the same box che	icked as you ne	eed	each applicable box
(A) Short-term transactions re	•	•	•	•	Note abo	ove)	
(B) Short-term transactions re		•	•	eported to the IRS			
X (C) Short-term transactions no	1			Т	Adiustman	t, if any, to gain or	<del></del>
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss If yo	ou enter an amount	(h) Gain or (loss).
(Example 100 sh XYZ Co)	(Mo, day, yr)	disposed of	(sales price)	basis See the	In column	(g), enter a code in See instructions	Subtract column (e)
(Example 100 dir X12 00)	(1110 ; ddy; yi )	(Mo , day, yr )		Note below and	(f)	(g)	from column (d) &
				see Column (e) in the instructions	Code(s)	Amount of	combine the result with column (g)
FROM PRIVATE	<del> </del>			1.70		adjustment	(g)
EQUITY CORE FUND				<del> </del>		<del></del>	
VI LP			-	<del> </del>	<del></del>	<del></del>	89.
<u>лт пъ</u>				<del> </del>			09.
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2 Totals. Add the amounts in colu	Imps (d) (a) (a) a	and (h) (subtract		<del>                                     </del>			
negative amounts) Enter each t							!
Schedule D, line 1b (If Box A at		,		1			
above is checked), or line 3 (if	-	,		1			89.
	<u></u>			<u> </u>	<ul> <li>x5.4000000000000000000000000000000000000</li></ul>		

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

723011 11-02-17 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

#### LAKE FOREST ACADEMY

36-2216167 Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your proker and may even tell you which box to check Partill Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1 Note: You may aggregate all long term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box D, E, or F below. Check only one box If more than one box applies for your long-term transactions, complete a separate Form 8949 page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (d) (e) (h) loss If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or ın column (g), enter a code ın (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) disposed of (Mo, day, yr) column (f) See instructions Note below and from column (d) & (Mo, day, yr) (g) Amount of combine the result see Column (e) In Code(s) the instructions with column (g) adjustment FROM COMMONFUND CAPITAL PARTNERS 3,276. IV LP FROM COMMONFUND CAPITAL PARTNERS 1,292 III LP Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E 4,568. above is checked), or line 10 (if Box F above is checked)

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

723012 11-02-17

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

#### LAKE FOREST ACADEMY

36-2216167

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute
statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your
broker and may even tell you which box to check
Partill Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1
Note: You may aggregate all long term transactions reported on Form(s) 1099 B showing basis was reported to the IRS and for which no adjustments or
codes are required Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2 for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (F) Long-term transactions no	t reported to you	on Form 1099-B					
Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr )	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See instructions		Gain or (loss). Subtract column (e) from column (d) &
		(IVIO, day, yr)		see Column (e) In the instructions	(f) Code(s)	( <b>g)</b> Amount of adjustment	combine the result with column (g)
FROM PRIVATE							
EQUITY CORE FUND							
VI LP							3,629.
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				<del>                                     </del>	<del></del>		
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	1						
						<u> </u>	
2 Totals. Add the amounts in colu	umns (d), (e), (g) a	ınd (h) (subtract			73.5%		
negative amounts) Enter each t		•		]		1	
Schedule D, line 8b (if Box D at							
above is checked), or line 10 (if	Box F above is o	checked)		1			3,629.

above is checked), or line 10 (if Box F above is checked)

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

723012 11-02-17