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,,	- 		EXTENDED TO						
Form	990-T	t	Exempt Orga					_	OMB No 1545-0387
•.	- ^		•	nd proxy tax und			1906	_ ا	2018
	,	For ca	lendar year 2018 or other tax ye				•	9	2010
Departr	nent of the Treasury Revenue Service		► Go to www Do not enter SSN numbe	•		ons and the latest information		ړو	pen to Public Inspection for 11(c)(3) Organizations Only
nternal	<u> </u>		Ţ <u>.</u>						er identification number
^ L	□ Check box if address changed		Name of organization (L	Glieck box ii haine c	Jilangeu	and see instructions.)		(Employ	/ees' trust, see
B Eve	empt under section	Print	LINCOLN INS	ו אר אייויידיי	. מוא ב	POLTCY		86	-6021106
	501(c)(3 03	or	Number, street, and room					E Unrelate	ed business activity code
	408(e) 220(e)	Type	11010 N. TA					(See ins	tructions)
_	408A 530(a)		City or town, state or pro						
=	529(a)		Phoenix, AZ					5311	.20
C Book	k value of all assets		F Group exemption num				· · · · · · · · · · · · · · · · · · ·		
at en	604,471,9	94.	G Check organization typ	e 🕨 🗶 501(c) cor	poration	501(c) trust	401(a)	trust	Other trust
H Ente	er the number of the	organiza	ition's unrelated trades or	businesses. 🕨	2	Describe (the only (or first) uni	elated	
trad	e or business here 🕨	► <u>DE</u> I	BT FINANCED	RENTAL REAL	ES	$\overline{ extbf{TATE}}$. If only one,	complete Parts I-V. I	f more ti	han one,
desc	cribe the first in the b	lank spa	ice at the end of the previo	us sentence, complete P	arts I an	id II, complete a Schedule	M for each addition	al trade o	or
	iness, then complete					·			
			poration a subsidiary in an		nt-subs	idiary controlled group?	▶ L	Yes	X No
			tifying number of the parer			DOL TOU		0000	24200
J The Par			LINCOLN INST de or Business Ind		TND	POLICY Telepho (A) Income	one number > 6 (B) Expenses		(C) Net
			e or business inc	Jonne	1	(A) ilicome	(b) Exhenses		(C) NET
	Gross receipts or sale			a Palanaa	1 .				
	ess returns and allow		A line 7)	c Balance	1c 2		<u> </u>		
	Cost of goods sold (S Gross profit. Subtract			/	3		·		
	Capital gain net incon			<i>F</i>]	4a	260,740.			260,740.
	· -	•	Part II, line 17) (attach Forn	n 4797)	4b	200,740.	· · · · · · · · · · · · · · · · · · ·		2007.100
	Capital loss deduction		• •		4c				
	•		ship or an S corporation (a	ttach statement)	5			,	
	Rent income (Schedu			······································	6				
	Jnrelated debt-financ	-	me (Schedule E)		7				
8 I	nterest, annuities, ro	yaltıes, a	and rents from a controlled	organization (Schedule F)	8				
9 1	nvestment income o	f a section	on 501(c)(7), (9), or (17) o	organization (Schedule G) 9				
10 E	Exploited exempt acti	vity inco	me (Schedule I)		10				
	Advertising income (S		•		11				20 514
	•		ns, attach schedule) St	atement 19	12	39,514.			39,514.
	Total. Combine lines			10	13	300,254.			300,254.
Par	(Except for	ons No	ot Taken Elsewhe utions, deductions mus	re (See instructions to the directly connecte	or limita	ations on deductions)	Tigotgell)	}	
						REC	FIAICO	14	
14		licers, a	rectors, and trustees (Sch	edule K)			No.	15	
15 16	Salaries and wages Repairs and mainter	ance				101 JUL	0 6 5050	16	
17	Bad debts	ianicc				101		17	
18	Interest (attach sche	edule) (s	ee instructions)			OGE	EN, UT	<u></u>	
19	Taxes and licenses	,00.0) (0				000	The state of the s	19	16,523.
20		ons (Se	e instructions for limitation	rules)				20	
21	Depreciation (attach			•		21			
			n Schedule A and elsewhe	re on return		22a		22b	
ᅏ	Depletion							23	
<u>a</u> gg4	Contributions to def	erred co	mpensation plans					24	
₹ 5	Employee benefit pr	-						25	
ACT AC STUDENT STEP	Excess exempt expe							26	
	Excess readership c							27	
28	Other deductions (a						20	28 29	16,523.
₩ ₂	Total deductions A				ء سالم	10 from line 40	H	30	283,731.
SEP 77			ncome before net operation					30	403,/31.
جغًا		-	loss arising in tax years be		ary 1, 2	o to (see instructions)	21	32	283,731.
3	Unrelated business	or Base	ncome Subtract line 31 fr rwork Reduction Act Notic	on init 30				- JE	Form 990-T (2018)
37 3701	1 01-09-19 LHA F	virape	WOIR REGUETION ACT NOTIC	e, 566 manuchuma.	1				G10

Form 990-		<u>86-6021106</u>	Page 2
Part	II Total Unrelated Business Taxable Income		· · · · · · · · · · · · · · · · · · ·
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	993,631.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	993,631.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	38 37	1,000.
			1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,	39] .	002 621
<u> </u>	enter the smaller of zero or line 36	<u> </u>	992,631.
Part I		- NO 1-1	200 452
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	₩ O 39	208,453.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		
	Tax rate schedule or Schedule D (Form 1041)	▶ 40	············
41	Proxy tax. See instructions	► <u>41</u>	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income See instructions	43	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	45 44	208,453.
Part \			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
b	Other credits (see instructions)		
	· /		
C			
d	, , , , , , , , , , , , , , , , , , , ,		
	Total credits Add lines 45a through 45d	45e	200 452
46	Subtract line 45e from line 44	46	208,453.
47	Other taxes. Check if from. Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	222 452
48	Total tax Add lines 46 and 47 (see instructions)	41 48	208,453
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0,
50 a	Payments: A 2017 overpayment credited to 2018	12,038.	
b	2018 estimated tax payments	42,000.	
c	Tax deposited with Form 8868 50c 1	25,000.	
	Foreign organizations: Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions) 50e		
	Credit for small employer health insurance premiums (attach Form 8941) 50f		
	Other credits, adjustments, and payments: Form 2439		
¥	Form 4136 Other Total > 50g		
64		51	279,038
51	Total payments. Add lines 50a through 50g	52	217,000
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	 	· · · · · · · · · · · · · · · · · · ·
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	► 53 F 4 15 1	70 505
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	5 54	70,585
V 55		funded 🕨 55	0
Part '			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authori		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	•	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	reign trust?	X
	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		
	Under penalties of persury, I declare that I have examined this return, including accompanying schedules and statements, and to	the best of my knowledge and	belief, it is true,
Sign	correct, and correlede Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled	ige	
Here	17/9/20 PRESIDENT & CE		discuss this return with
	Engnature of officer Date Title	instructions)?	hown below (see
			TAL TOO NO
	Print/Type preparer's name Preparer's signature Date	Check if PTIN	
Paid	// // // // // // // // // // // // //	self- employed	0706145
Prep	arer Kevin Sunkel		0706145
Use	Only Firm's name ▶ Owen J Flanagan & Co	Firm's EIN ► 13	<u>-2060851</u>
	60 East 42nd Street		
	Firm's address ► New York, NY 10165	Phone no. 212-6	
823711 0			Form 990-T (2018

Schedule A - Cost of Good	s Sold. Enter	method of inver	itory v	aluation > N/A				
1 .Inventory at beginning of year	1		6	Inventory at end of year	ar		6_	
2 Purchases	2		7	Cost of goods sold. St	ubtract l	ine 6		
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,		
4 a Additional section 263A costs		<u> </u>	line 2 8 Do the rules of section 263A (with respect to					
(attach schedule)	4a							Yes No
b Other costs (attach schedule) 4b property produced or a						l for resale) apply to		
5 Total. Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Pe	rsonal Property	Leas	ed With Real Pro	per	ty)
1 Description of property								
(1)				_				
(2)								
(3)								
(4)				-				
	2 Rent receive	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	` of rent for p	persona	sonal property (if the percent I property exceeds 50% or if sed on profit or income)	age	3(a) Deductions directly columns 2(a) ai	y conn nd 2(b)	ected with the income in (attach schedule)
(1)								
(2)			"					
(3)								
(4)								
Total	0.	Total		<u> </u>	0.]		
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	_	0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstru	ictions)			_	
			,	Gross income from		 Deductions directly cor to debt-finance 		
1 Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)	· · · · · ·							
(2)								
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis llocable to nced property i schedule)		Golumn 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)				%		<u> </u>		
(2)				%				
(3)				%				
(4)				%_				
						inter 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		0.
Total dividends-received deductions if	ncluded in column	. 8		•		<u> </u>	•	0.
		·						Form 000-T /2018

Form **990-T** (2018)

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0

0

0.

Form 990-T (2018)

Totals (carry to Part II, line (5))

Form 990-T (2018) LINCOLN INSTITUTE OF LAND POLICY 86-60211

Part II 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	-	▶	0.	0.				0.
			Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			•	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		>	<u>^</u>

Form 990-T (2018)

Form 990-T	Other Income	Statement 3
Description		Amount
MORGAN CREEK III MORGAN CREEK IV MORGAN CREEK V		10,823 13,93 14,75
Total to Form 990-T, Page 1, lin	ne 12	39,51

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0887

Entity 1

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019 ► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Name	of the organization LINCOLN INSTITUTE OF LA	· · · ·	Employer identification number 86-6021106		
			POLICI_	00-60211	.00
	· · · · · · · · · · · · · · · · · · ·		VESTMENT PART	NERS II	
	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales	Ţ			
ь	Less returns and allowances c Balance	1c			ļ
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) Statement 20	5	709,900.		709,900.
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10_	<u> </u>		
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	709,900.		709,900.
Pai	t II Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the				for contributions,
14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16_	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)		1.1	20	<u> </u>
21	Depreciation (attach Form 4562)		21		
22	Less depreciation claimed on Schedule A and elsewhere on return	1			
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	·
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	
29	Total deductions. Add lines 14 through 28		Outstand have control	29	709,900.
30	Unrelated business taxable income before net operating loss dedu			13 30	109,300.
31	Deduction for net operating loss arising in tax years beginning on	or atte	r January 1, 2018 (see		
00	Instructions)			31	709,900.
32	Unrelated business taxable income Subtract line 31 from line 30				le M (Form 990-T) 2018
LHA	For Paperwork Reduction Act Notice, see instructions.			Scriedu	··· ··· (1 OI III 330-1) 20 10

		•	
(Loss) fro	om Partnerships	Statement	20
		Net Incomor (Loss	
I - Ordina	ary Business	709,	900.
art I, lin	ne 5	709,	900.
	I - Ordina	(Loss) from Partnerships I - Ordinary Business art I, line 5	Net Incomor (Loss I - Ordinary Business 709,

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 18

Name

Employer identification number

LINCOLN INSTITUTE				<u>86-</u>	6021106
Part I Short-Term Capital Ga	ins and Losses (See i	nstructions.)			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gai or loss from Form(s) 894	n .o	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g)	combine the result with column (g)
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					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	•		4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	ation)			_6_	()
7 Net short-term capital gain or (loss) Combine	e lines 1a through 6 in column	h		7	<u></u>
Part II Long-Term Capital Gai	ns and Losses (See I	nstructions.)			
See instructions for how to figure the amounts to enter on the lines below	(d)	(e)	(g) Adjustments to gar	n	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	(e) Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (s	19,	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			<u> </u>		
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked				_	
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					0.60 7.40
11 Enter gain from Form 4797, line 7 or 9				11	260,740.
12 Long-term capital gain from installment sales		7		12	
13 Long-term capital gain or (loss) from like-kin-	d exchanges from Form 8824			13	
14 Capital gain distributions				14	260 740
Part III Summary of Parts I and		n h		15	260,740.
16 Enter excess of net short-term capital gain (lii		Lloss (line 15)		16	
17 Net capital gain Enter excess of net long-term			e 7)	17	260,740.
18 Add lines 16 and 17. Enter here and on Form			· · •	18	260,740.
Note: If losses exceed gains, see Capital loss		ep - mie en emen ierminer			
			 		

For Paperwork Reduction Act Notice, see the Instructions for Form 1120. JWA

Schedule D (Form 1120) 2018