John L Cutler & Associates 600 17th St S Ste 2800 Denver, CO 80202-5428

Lincoln Academy 7180 Oak Street Arvada, CO 80004

John L Cutler & Associates 600 17th St S Ste 2800 Denver, CO 80202-5428 303-634-2259

March 10, 2023

CONFIDENTIAL

Lincoln Academy 7180 Oak Street Arvada, CO 80004

Dear:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

John L Cutler & Associates

John L Cutler & Associates 600 17th St S Ste 2800 Denver, CO 80202-5428 303-634-2259

March 10, 2023

CONFIDENTIAL

Lincoln Academy 7180 Oak Street Arvada, CO 80004

For professional services rendered in connection with the preparation of the following tax forms for year ending 6/30/22.

Amount due

0.00

Filing Instructions

Lincoln Academy

Exempt Organization Tax Return

Taxable Year Ended June 30, 2022

Date Due:

AS SOON AS POSSIBLE

Remittance:

None is required. Your Form 990 for the tax year ended 6/30/22 shows no

balance due.

Mail To:

Department of the Treasury

Internal Revenue Service Center

Ogden, UT 84201-0027

If a private delivery service is used, mail to:

OSPC

1973 Rulon White Blvd. Ogden, UT 84201-1000

Signature:

The return should be signed and dated on Page 1 by an officer representing the

organization.

Lincoln Academy 7180 Oak Street Arvada, CO 80004

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Public Inspection

Α	For t	he 2021	calendar year, or tax year be	ginning07/01/21	, and ending	06/30/2	22					
В	Check if	f applicable:	C Name of organization					D Employe	r identification numbe	r		
	Address	s change	Line	coln Academy								
\Box	Name c	hange	Doing business as						578383			
H			Number and street (or P.O. box if ma	il is not delivered to street addr	ress)		Room/suite	E Telephon				
	Initial re		7180 Oak Street City or town, state or province, count	ny and ZID or foreign postal as	do			303-467-5363				
	Final ret terminat		100 100									
	Amende	ed return	Arvada	CO 80004	l			G Gross rec	eipts\$ 9,228	,548		
H			F Name and address of principal office				H(a) Is this a gro	oup return for s	subordinates Yes	X No		
	Applicat	tion pending	Stephanie Tro	wbridge			200000 2000		Ξ.,			
							H(b) Are all sub			No		
							If "No,"	' attach a list.	See instructions			
1_	Tax-ex	empt status:) \blacktriangleleft (insert no.)	4947(a)(1) or	527						
J	Websit	te: 🕨 😿	ww.lincolnacade	my.net	100 00 00 00 00 00 00 00 00 00 00 00 00	71 - 177 - 1	H(c) Group exe	mption numb	er 🕨			
K	Form of	f organization	n: X Corporation Trust	Association Other		L Y	ear of formation:		M State of legal domici	le: CO		
P	art I	Sı	ummary									
	1	Briefly de	escribe the organization's missi	ion or most significant a	ctivities:							
ce		Oper	ation of a Charter	School.								
lan		· · · · · · · · · · ·										
Governance	25											
0	2	Check th	nis box if the organization	discontinued its operat	ions or disposed	of more than	25% of its net	assets.				
9	1		of voting members of the gover		4 4			1 - 1	6			
S			of independent voting members						6			
ij	5	Total nur	mber of individuals employed in	calendar vear 2021 (P	art V line 2a)	" ······		. 5	0	-		
Activities &			mber of volunteers (estimate if						153			
V			related business revenue from						100	0		
	1									0		
	D	Net unre	lated business taxable income	from Form 990-1, Part	i, line 11		Prior Yea		Current Year			
_	R	Contribut	tions and grants (Part VIII, line	1h)		-		,304	420,	625		
Revenue	٥	Program	service revenue (Part VIII, line				7,384		8,703,			
Vel			ent income (Part VIII, column (A				1,503	,,,,,,	0,100,	0		
Re	11	Other rev	venue (Part VIII, column (A), lin	os 5 6d 9s 9s 10s s			10	,515	104,	505		
							7,746		9,228,			
_			renue – add lines 8 through 11				1,140	, 003	9,220,	740		
			nd similar amounts paid (Part I		5)							
100			paid to or for members (Part IX				2 (51	221	2 400	010		
xpenses	15	Salaries,	other compensation, employee	e benefits (Part IX, colu	mn (A), lines 5–	10) -	3,651	.,331	3,480,	<u>810</u>		
ens	16a	Profession	onal fundraising fees (Part IX, o	column (A), line 11e)				ntino manazara				
	10000		draising expenses (Part IX, col				000	202	0 001	170		
ш			penses (Part IX, column (A), lin					,293	2,991,			
			penses. Add lines 13-17 (must				3,933		6,471,			
- 97	19	Revenue	e less expenses. Subtract line 1	8 from line 12			3,813		2,756,	<u> </u>		
Net Assets or Fund Balances	20	Total ===	note (Port V. line 46)				Beginning of Cur		End of Year 21,861,	221		
Sse	20		1111 (D 1) (1 00)									
nd /	21						26,234		22,448,			
<u> </u>	- 22		ts or fund balances. Subtract li	ne 21 from line 20			-3,344	,320	-587,	101		
	art II		gnature Block						2 The 2 Section 1			
			perjury, I declare that I have exam complete. Declaration of preparer (my knowledge and b	elief, it is		
ut	ie, con	T & C	complete. Declaration of preparer (orier dian officer) is based	On all illionnation	or writer prepa	Tel lias ally kilos	wiedge.	100			
٠.		<u> </u>	Tillouis	white				13	13/23			
Sig		S	ignature of officer		0			Date!	1			
He	re	-	Stephanie Trown	oridge		Presid	dent					
		-	ype or print name and title									
		Print/Type	e preparer's name	Preparer's signat	ture		Date	Check	if PTIN			
Paid		John C					03/10/	23 self-emp				
	parer	Firm's nar		tler & Asso			Fi	rm's EIN	20-20116	89		
Use	Only		600 17th	St S Ste 28				.40				
		Firm's add	dress > Denver, C	0 80202-54	28		Ph	none no.	303-634-2	259		
May	the II	RS discus	ss this return with the preparer	shown above? See inst	ructions				X Yes	No		

	2021) Lincoln		8	34-1578383	Page 2
Part III	Statement of	Program Service	Accomplishments		
	Check if Sche	edule O contains a r	esponse or note to any line	e in this Part III	X
1 Briefly	describe the organiz	zation's mission:			
Opera	ation of a	Charter Sch	ool.		
2 Did the	e organization under	take any significant prog	ram services during the year which	h were not listed on the	
prior F	orm 990 or 990-EZ?			•••••	Yes X No
If "Yes	," describe these nev	w services on Schedule	O.		103 22 110
			nificant changes in how it conduc	ts. any program	
service	es?				Yes X No
If "Yes,	," describe these cha	anges on Schedule O.		***************************************	les A No
			plishments for each of its three la	rgest program services, as measured b	
expens	ses. Section 501(c)(3	3) and 501(c)(4) organiza	ations are required to report the ar	mount of grants and allocations to other	у
the tota	al expenses, and rev	enue, if any, for each pro	naram service reported	nount of grants and allocations to other	rs,
	and to t	ondo, ir diry, for oddir pri	ogram service reported.		
4a (Code:) (Expense	es\$ 3 632 5	49 including grants of) (Revenue \$	189
Opera	tion of a	Charter Sch	nicluding grants or\$) (Revenue \$)
OP-C-	.c.ion or a	Charter Sch	301.) (Veseure 2	
4b (Code:) (Expense	es\$	including grants of\$) (Revenue \$	1
N/A				······ , (······ , ····· , ····· , ······ , ······	
				••••••	
				***************************************	*********
			• • • • • • • • • • • • • • • • • • • •	***************************************	• • • • • • • • • • • • • • • • • • • •
* * * * * * * *					
• • • • • • • • • •					
4c (Code:	\	o.¢			
N/A) (Expense	s 🌣	including grants of\$) (Revenue \$)
14 (15					
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •				

				••••••	
				***************************************	***************************************
d Other pro	ogram services (Des	cribe on Schedule O.)			
(Expense		including grases ▶ 3,632	ento of¢) (Revenue \$	
(EXPONS)	es p	including dra	11112 012	I trevenue a	1

Form 990 (2021) Lincoln Academy
Part 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,"		Х	
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	Λ	
3	condidates for public office 2.15 "Voc." complete Schoolule C. Bort I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		22
~	1 () (() () () () () () () ()	4		Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Λ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		х
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		Λ
6				
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			х
_	"Yes," complete Schedule D, Part I	6		Λ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	_	Λ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
	complete Schedule D, Part III	8		X
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			v
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	v	
	complete Schedule D, Part VI	11a	Х	
D	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	446		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	11-		Х
4	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11a	X	-
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	-	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		22
124	Schedule D, Parts XI and XII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	110		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
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		X
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		X
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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		X
		_	000	

Form 990 (2021) Lincoln Academy

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	X
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			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	X	+
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No." go to line 25a	24-		v
b		24a	1	X
С		240	+	+-
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	1	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
26	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	_	X
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes " complete Schedule I Part III	27		v
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	27		X
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	100000000	50000000	3800000
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
20	"Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X_
50	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30	_	<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		X
	complete Schodule N. Dort II	22		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	"		
	or IV, and Part V, line 1	34		X
35a	bid the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If Yes to line 35a, did the organization receive any payment from or engage in any transaction with a			
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
30	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		- 1	
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u>X</u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		1	v
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37	-+	<u>X</u>
	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Pa	Statements Regarding Other IRS Filings and Tax Compliance	30	1	
	Check if Schedule O contains a response or note to any line in this Part V			
4.			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable In the number of Forms W 30 in the day of the second of the seco			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
)AA	reportable gaming (gambling) winnings to prize winners?	1c		

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
122	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
h	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4a	Materia	X
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the apparient on a party to a park its a park interest of the standard of	5a	Marie Co	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Deck Plant
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	SECTION AND ADDRESS OF	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	HSI SA		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
100	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13 a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
4	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	_		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	000000	
DA ^	If "Yes," complete Form 6069.	_	900	1055
DAA		Form	220	(2021)

Form 990 (2021) Lincoln Academy 84-1578383 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 6 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 on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 6 1b 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 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 X 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

Section C. Disclosure	***************************************
organization's exempt status with respect to such arrangements?	

- List the states with which a copy of this Form 990 is required to be filed ▶ None
 - Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website Upon request Other (explain on Schedule O)

- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records > The School

Arvada

7180 Oak Street

303-467-5363

CO 80004

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

K Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week	box	k, unle	Pos check ess pe	(C) osition ck more than one person is both an a director/trustee)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Stephanie Trowb	ridge	\vdash	-		_	e e		0.1		
President	2.00	x		x				0	0	0
(2) Micha Gibreath										
Vice President	2.00 0.00	x		x				0	0	0
(3) Amanda Corrion	0.00									
Treasurer	2.00 0.00	X		х				0	0	0
(4) Lacy Cleveland										
Secretary	2.00	x		x				0	0	0
(5) Doug Neely										
Member	2.00 0.00	x						0	0	0
(6) Sarah Wasinger	0.00	A						V		
Member	2.00	x						0	0	0
(7) David Schoenhal										
Executive Director	40.00					х		150,400	0	31,434
(8) Janelle Johnson						^	\dashv	130,400		31,434
	40.00								000	
Elementary Principal	0.00					X	4	120,322	0	25,147
(9) Lindsey Abrams-	40.00 0.00					x		102,512	0	21,425
(10)	0.00			\vdash		Λ	\dashv	102,512	0	21,425
(11)				\vdash	\dashv		+			
								.		
	L									000

rai Section A. Office	is, Directors, I	rusi	lees,	, ne	y En	npio	yees	s, and Highest Compens	sated Employees (contin	nued)
(A) Name and title	Average box, unles officer an per week			Position (do not check more than one box, unless person is both an officer and a director/trustee) New York			th an stee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)	or director	Institutional trustee		Key employee	employee	1	1099-NEC)	1099-NEC)	related organizations
to Total from continuation she	este to Part VII							373,234		78,006
d Total (add lines 1b and 1c) Total number of individuals (i reportable compensation from	ncluding but not	limi	ted to				abo	373,234 ove) who received more the	han \$100,000 of	78,006
 Did the organization list any f employee on line 1a? If "Yes, For any individual listed on line 	" complete Sche	edule n of r	e <i>J fo</i> repoi	or su	ich ii e co	<i>ndivi</i> mpe	dual nsat	ion and other compensati	ion from the	Yes No
organization and related organization and related organization. 5 Did any person listed on line for services rendered to the organization.	nizations greate1 1a receive or ac	r tha	an \$1	150,0	000? 	? <i>If "</i> on fr	Yes, om a	" complete Schedule J for any unrelated organization	r such	4 X
Section B. Independent Contract	ors									5 X
1 Complete this table for your fi compensation from the organ	ve highest comp ization. Report o	ens	ated	inde atior	eper	iden the	t cor	tractors that received mondar year ending with or v	ore than \$100,000 of	ax vear
Name and	(A) business address							Descripti	(B) on of services	(C) Compensation
						1		7		
						+				
2 Total number of independent received more than \$100,000	contractors (incli	uding	g bu	t not	limi	ted t	o the	ose listed above) who	0	

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (C) Unrelated (B) Related or exempt (D) Revenue excluded Total revenue function revenue business revenue from tax under sections 512-514 1a Federated campaigns **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 406,379 1e f All other contributions, gifts, grants, 1f 14,246 and similar amounts not included above Noncash contributions included in 1g \$ lines 1a-1f h Total. Add lines 1a-1f 420,625 Business Code 611710 6,319,305 6,319,305 2a PPR Revenue 1,353,585 611710 1,353,585 b Mill Levy Override 611710 1,030,438 1,030,438 C Tuition and Fees f All other program service revenue 8,703,328 g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 6a Gross rents 6a **b** Less: rental expenses 6b c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities sales of assets other than inventory 7a b Less: cost or other 7b basis and sales exps. 7c c Gain or (loss) d Net gain or (loss) D 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** 611710 99,102 99,102 State Aid 611710 5,493 5,493 Other Revenue d All other revenue 104,595 e Total. Add lines 11a-11d 12 Total revenue. See instructions 9,228,548 8,807,923 0 0 Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete at

	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C)	(D)
	o, and 10b of Part VIII.	rotal expenses	expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
- 8	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
ا	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and		and the state of t		
1	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
	Compensation of current officers, directors,				
	rustees, and key employees				
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
p	persons described in section 4958(c)(3)(B)			77	
7 (Other salaries and wages	4,682,741	3,496,973	1,185,768	
8 P	Pension plan accruals and contributions (include				
S	ection 401(k) and 403(b) employer contributions)				
9 (Other employee benefits	-1,201,931	-815,134	-386,797	
10 F	Payroll taxes				
	ees for services (nonemployees):				
a N	Management				
	egal	4,365		4,365	
c A	Accounting			3,000	
d L	obbying				
e P	rofessional fundraising services. See Part IV, line 7	× ×			
f Ir	nvestment management fees				
g 0	ther. (If line 11g amount exceeds 10% of line 25, column				
	amount, list line 11g expenses on Schedule O.)				
12 A	dvertising and promotion				
13 O	Office expenses	25,210		25,210	
14 In	nformation technology	59,053		59,053	
15 R	oyalties	337333		33,033	
16 0	occupancy				
17 T	ravel				
	ayments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	onferences, conventions, and meetings	5,859		5,859	
	terest	477,873		477,873	
	ayments to affiliates	277,013		4/1,0/3	
22 D	epreciation, depletion, and amortization	667,192		667 100	
	surance	100,159		667,192	
24 Ot	ther expenses. Itemize expenses not covered	100,133		100,159	
	pove (List miscellaneous expenses on line 24e. If				
	e 24e amount exceeds 10% of line 25, column				
) amount, list line 24e expenses on Schedule O.)				
	District Purchased Svcs	707 010	707 010		
	Supplies & Materials	787,010	787,010	06.00=	
	Non Capitalized Property	259,707	163,700	96,007	
	Contracted Services	244,964		244,964	
		150,884		150,884	
	l other expenses	208,903	2 600 -11	208,903	
	tal functional expenses. Add lines 1 through 24e int costs. Complete this line only if the	6,471,989	3,632,549	2,839,440	0
org	ganization reported in column (B) joint costs				
fro	m a combined educational campaign and				
tun	ndraising solicitation. Check here if owing SOP 98-2 (ASC 958-720)				
	DWING OUT 70-7 IAGU MON-1711	1	1		

Part X	Balance	Shoot
Falla	Dalalice	Sileer

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			2,991,190	1	3,695,465
	2	Savings and temporary cash investments		2,667,603		2,759,640	
	3	Pledges and grants receivable, net			3	27.00701	
	4	A CANADA CONTRACTOR AND A CONTRACTOR AND				4	
	5	Loans and other receivables from any current or form					
		trustee, key employee, creator or founder, substantia	100				
		controlled entity or family member of any of these pe		NOW RECONDENSESSED AND ARCHITECTED ASSESSED.	5		
	6	Loans and other receivables from other disqualified					
2		under section 4958(f)(1)), and persons described in			COUNTRY OF WASHINGTON	6	
CIDCCH	7	Notes and loans receivable, net				7	
2	8	Inventories for sale or use		8			
	9	Prepaid expenses and deferred charges		·····	24,291	9	17,725
	10a	Land, buildings, and equipment: cost or other	7				
			10a	15,540,714			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	3,149,530	12,890,578	10c	12,391,184
1		Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11			13	No.	
	14	Intangible assets		714,379	14	699,098	
	15	Other assets. See Part IV, line 11	3,601,914	15	2,298,109		
	16	Total assets. Add lines 1 through 15 (must equal lin		22,889,955	16	21,861,221	
	17	Accounts payable and accrued expenses		68,815	17	202,246	
	18	Grants payable		18			
	19	Deferred revenue		21,525	19	28,706	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part				21	
20	22	Loans and other payables to any current or former of		100			
LIADIIIIES		trustee, key employee, creator or founder, substantia					
2		controlled entity or family member of any of these pe	rsons			22	
1		Secured mortgages and notes payable to unrelated			8,835,000	23	8,843,499
1		Unsecured notes and loans payable to unrelated thir				24	
	25	Other liabilities (including federal income tax, payable		1			
-		parties, and other liabilities not included on lines 17-2	24). Com	plete Part X	17 200 025		10 074 501
	-				17,308,935		13,374,531
+	26	Total liabilities. Add lines 17 through 25			26,234,275	26	22,448,982
and Dalances		Organizations that follow FASB ASC 958, check I	iere				
	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions				27	
5		Not an ata with dames and intime				28	Control in the State of State
3	20	Organizations that do not follow FASB ASC 958,		20			
3		and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current funds		29	· · · · · · · · · · · · · · · · · · ·		
3	30	Paid-in or capital surplus, or land, building, or equipm			30		
ווכן שפנט חווי	31	Retained earnings, endowment, accumulated income	r funds	-3,344,320	31	-587,761	
1	32	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		rando	-3,344,320	32	-587,761
5	JZ						

Form **990** (2021)

P	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	rotal revenue (must equal Part VIII, column (A), line 12)	1	9.2	228.	548
2	rotal expenses (must equal Part IX, column (A), line 25)	2			989
3	Revenue less expenses. Subtract line 2 from line 1	3	2,	756,	559
4	Net assets of fulld balances at beginning of year (must equal Part X, line 32, column (A))	4	-3,3	344,	320
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	investifient expenses	7			
8	Prior period adjustments	8		1 100	
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
a salah ya	32, column (B))	10	-5	87,	761
Pa	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
					No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
100	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		X
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 on Schedule O and describe any steps taken to undergo such audits		. 3b		

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Lincoln Academy

Lincoln Academy

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

	air	i iveas	on for a upile charit	y otatus. (All organization	nio iliu.	or comp	note this part. Jude hist	uctions.
Γhe	orga	anization is no	ot a private foundation beca	use it is: (For lines 1 through 1	12, check	only one	e box.)	
1		A church, co	onvention of churches, or a	ssociation of churches describ	ed in sec	tion 170	(b)(1)(A)(i).	
2	X	A school de	scribed in section 170(b)(1	I)(A)(ii). (Attach Schedule E (F	orm 990).)		
3		A hospital o	r a cooperative hospital ser	vice organization described in	section	170(b)(1)(A)(iii).	
4	П			ted in conjunction with a hospi				the hospital's name,
		city, and sta	ite:					
5		An organiza		t of a college or university own	ned or op	erated by	a governmental unit describ	ed in
6				governmental unit described i	n sectio	n 170(b)	(1)(A)(v).	
7		An organiza		a substantial part of its suppor				public
8				170(b)(1)(A)(vi). (Complete F	Part II)			
9	H			escribed in section 170(b)(1)(erated in	conjunction with a land-grant	college
				e of agriculture (see instruction				
10		An organiza receipts from	n activities related to its exe	(1) more than 33 1/3% of its su empt functions, subject to certa	in excep	tions; an	d (2) no more than 331/3% of	its
		acquired by	the organization after June	and unrelated business taxable 30, 1975. See section 509(a)	(2). (Cor	nplete Pa	art III.)	S
11	Щ			d exclusively to test for public	•			
12				d exclusively for the benefit of, ations described in section 50				
		the box on li	nes 12a through 12d that d	escribes the type of supporting	g organiz	ation and	complete lines 12e, 12f, and	12g.
	а	the supp	orted organization(s) the po	perated, supervised, or contro ower to regularly appoint or ele	ect a maj			y giving
				complete Part IV, Sections A				
	b			supervised or controlled in con				
				orting organization vested in the Part IV, Sections A and C.		persons t	nat control or manage the su	оропеа
	С	Type III	functionally integrated. A	supporting organization opera	ated in co			ted with,
				nstructions). You must comple				· / · ·
	d			ed. A supporting organization on the organization generally must				
				must complete Part IV, Sect			102.0	liveriess
	е	Check th	nis box if the organization re	eceived a written determination on-functionally integrated supp	from the	IRS that	t it is a Type I, Type II, Type I	I
	f		mber of supported organiza		orang or	garnzano		
	g			the supported organization(s).				
(i		e of supported	(ii) EIN	(iii) Type of organization	1 30 March 20	rganization	(v) Amount of monetary	(vi) Amount of
		ganization		(described on lines 1-10		r governing		other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)							1	
(E)								
ota	1							

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (d) 2020 (c) 2019 (e) 2021 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14 14 Public support percentage from 2020 Schedule A, Part II, line 14 15 15 16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 33 1/3% support test-2020. 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—2021. 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 organization 10%-facts-and-circumstances test—2020. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2021 Lincoln Academy

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

(Complete only if you checked the	box on line 10 of Part I or if the organization	failed to qualify under Part II.
	inder the tests listed below, please complete F	

Sec	ction A. Public Support						****
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
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	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	-				11	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						150
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the o		t, second, third, for	urth, or fifth tax ye	ear as a section 5	01(c)(3)	
0	organization, check this box and stop he						▶ □
	tion C. Computation of Public S			(0)			
15	Public support percentage for 2021 (line	8, column (f), divi	ded by line 13, co	iumn (†))		15	%
16 Sec	Public support percentage from 2020 Sci tion D. Computation of Investm				· · · · · · · · · · · · · · · · · · ·	16	<u>%</u>
17	Investment income percentage for 2021			13 column (f))		17	%
	estment income percentage for 2021		III line 47			140	
	33 1/3% support tests—2021. If the org				15 is more than 33		70
	17 is not more than 33 1/3%, check this b						• [
b	33 1/3% support tests—2020. If the org					_	ıd
	line 18 is not more than 33 1/3%, check t						
20	Private foundation. If the organization d			1/2/			
							(Form 990) 2021

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status 2 under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - 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.)

	Yes	ı	10
1			VO N
2			
3a			
3b			
3с			
4a	Salama		
4b		E E	
40			
			Section 1
4c			Milbio
5a			
5b			
5c			
6			
7			
8			
9a			
9b			
9c			
10a			
10b	(Form 99		

Sched	dule A (Form 990) 2021 Lincoln Academy	84-1578383	Page \$
Pa	rt IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а		and	
	11c below, the governing body of a supported organization?	11a	
b		11b	
С		A CONTRACTOR OF THE PARTY OF TH	
	provide detail in Part VI .	11c	
Sect	tion B. Type I Supporting Organizations		
	71 11 9 9	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or mem	F 778	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organizations		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported orga		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more to		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allo		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax		
2	Did the organization operate for the benefit of any supported organization other than the supported	. you	
~	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	Part	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.	2	
Sect	tion C. Type II Supporting Organizations		
0000	and or Type it 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 during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors of the di		
'	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how continuous		
	or management of the supporting organization was vested in the same persons that controlled or management		
	the supported organization(s).	1	
Sect	tion D. All Type III Supporting Organizations		
0000	ion B. All Type in Supporting Significations	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		140
'	organization's tax year, (i) a written notice describing the type and amount of support provided during the		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies		
	organization's governing documents in effect on the date of notification, to the extent not previously prov	Charles Section	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the suppo		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part		
	the organization maintained a close and continuous working relationship with the supported organization		
2	By reason of the relationship described on line 2, above, did the organization's supported organizations		
3	a significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.	3	
Sect	tion 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 y	year (see instructions)	
1	The organization satisfied the Activities Test. Complete line 2 below.	real (see msu ucuons).	
a b	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 is the parent of each of its supported organizations. Complete line's below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	montal antity (see instructions)	
c	Activities Test. Answer lines 2a and 2b below.		No
2		Yes	INO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purpose		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identification		
	those supported organizations and explain how these activities directly furthered their exempt purpose		
	how the organization was responsive to those supported organizations, and how the organization determ		
ř.	that these activities constituted substantially all of its activities.	2a	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	16	
	involvement, one or more of the organization's supported organization(s) would have been engaged in?		
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) wo		
	have engaged in these activities but for the organization's involvement.	2b	

3a

Parent of Supported Organizations. Answer lines 3a and 3b below.

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

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.

trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	1 49.
1	Check here if the organization satisfied the Integral Part Test as a qualifying tr	ust on Nov. 2	0 1970 (explain in Par	t V/) See
	instructions. All other Type III non-functionally integrated supporting organization	ations must co	omplete Sections A thro	ugh F
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(optional)
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			<u> </u>
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		.40
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte	egrated Type	III supporting organizat	on.

Schedule A (Form 990) 2021

(see instructions).

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)
Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt	purposes		
2	Amounts paid to perform activity that directly furthers exempt pu	rposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of	f supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provi	de details in Part VI)		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the or	rganization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required–explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016	22469888888		
b	From 2017			
С	From 2018			The same of the sa
d	From 2019			TATO CONTRACTOR OF THE CONTRACTOR OF T
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from	**************************************		
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			L. U.L.
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			117 , 2011
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			N. C.
8	Breakdown of line 7:			9087 000000000 085999
а	Excess from 2017	CONTROL DESCRIPTION		
	Excess from 2018			
С	Excess from 2019			
	Excess from 2020			
0	Excess from 2021			

Schedule A (F		ly	84-1578	3383 Page 8
Part VI	Supplemental Information. Provide the ex III, line 12; Part IV, Section A, lines 1, 2, 3b B, lines 1 and 2; Part IV, Section C, line 1; 3a, and 3b; Part V, line 1; Part V, Section E	, 3c, 4b, 4c, 5a, 6, 9 Part IV, Section D. I	by Part II, line 10; Part II a, 9b, 9c, 11a, 11b, and ines 2 and 3: Part IV. Sec	l, line 17a or 17b; Part 11c; Part IV, Section ction F. lines 1c, 2a, 2b
	lines 2, 5, and 6. Also complete this part for	any additional info	mation. (See instructions	and Fart V, Section E,

	***************************************	• • • • • • • • • • • • • • • • • • • •		
		• • • • • • • • • • • • • • • • • • • •		

		•••••		

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

■ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

Lincoln Academy

Organization type (check one):

Employer identification number

84-1578383

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	covered by the General Rule or a Special Rule.), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a ributions.
Special Rules	
regulations under sect 16b, and that received (2) 2% of the amount of For an organization decontributor, during the literary, or educational	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or I from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. Rescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, I purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering stead of the contributor name and address), II, and III.
For an organization de contributor, during the contributions totaled m during the year for an General Rule applies	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such nore than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contributions e during the year
must answer "No" on Part IV,	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line it the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Lincoln Academy

Employer identification number 84-1578383

Part I	Contributors (see instructions). Use duplicate copies of	f Part I if additional space	is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	Lincoln Academy PTO 7180 Oak Street Arvada CO 80004	\$ 7,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
• • • • • • • • • • • • • • • • • • • •		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Name of the organization Employer identification number 84-1578383 Lincoln Academy Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X ...

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment) (other) depreciation 1a Land 2,440,489 2,440,489 **b** Buildings 12,988,964 3,051,122 9,937,842 c Leasehold improvements d Equipment 111,261 98,408 12,853 e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 12,391,184

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 Lincoln Academy		84-15/8383	Page
Part VII Investments – Other Securities. Complete if the organization answered "Yes	s" on Form 990, Part l	V, line 11b. See Form 99	0, Part X, line 12.
(a) Description of security or category	(b) Book value	(c) Method of va	
(including name of security)		Cost or end-of-year	market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			- No
(A)			
(B)			
(C)			
(D)			
(E)			
(F)		was with a second secon	
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		
Part VIII Investments – Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of va	
and the state of t		Cost or end-of-year r	narket value
_(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	<u> </u>		
Part IX Other Assets.	" - F 000 D-+1	V 15 44-1 O F 000	0 Dt V II 45
Complete if the organization answered "Yes	on Form 990, Part I	v, line 11a. See Form 990	
(a) Description			(b) Book value
(1) Related to Pensions			2,258,094
(2) Related to OPEB			40,015
(3)			
(4)	100000	1440	
(5)			
(6)			
(7)	202		•
(8)			
(9)			2 200 100
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		▶	2,298,109
Part X Other Liabilities.	" on Form 000 Port I	V line 11e or 11f See Fo	rm 000 Port V
Complete if the organization answered "Yes	on Form 990, Parti	v, line The of Th. See Fo	illi 990, Palt A,
line 25.			(h) Book velve
1. (a) Description of liability	144		(b) Book value
(1) Federal income taxes			0 007 261
(2) Net Pension Liability			8,097,261
(3) Deferred Inflows Related to Pension			4,252,856
(4) Accrued Salaries and Benefits			406,407
(5) Net OPEB Liability			391,750
(6) Deferred Inflows Related to OPEB			146,501
(7) Accrued Interest Payable			79,756
(8)			
(9)			10 004 504
			13,374,531
2. Liability for uncertain tax positions. In Part XIII, provide the text of the			
organization's liability for uncertain tax positions under FASB ASC 740). Check here if the text of t	he footnote has been provided i	n Part XIII

Pa	Reconciliation of Revenue per Audited Financia Complete if the organization answered "Yes" on Fo	Statements With Reverse 990 Part IV line 12	/enue per Retu	rn.
1	Total revenue, gains, and other support per audited financial statements	1111 000, 1 011 17, 1110 12	1	9,228,548
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			9,228,548
а		2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	your granto	20		
e	(= 100 m / cm / (m)	2d		
3			2e	
4	Subtract line 2e from line 1		3	9,228,548
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	The state of the s	4a		
b	(=	4b		
-	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	9,228,548
Pa	rt XII Reconciliation of Expenses per Audited Financia	I Statements With Ex	penses per Re	turn.
	Complete if the organization answered "Yes" on For	m 990, Part IV, line 12	a.	
1	Total expenses and losses per audited financial statements		1	6,471,989
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
D	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	6,471,989
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			0,4/1,303
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	(======================================	40		
C	Add lines 4a and 4b			
C	Add lines 4a and 4b		4c	C 471 000
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		4c 5	6,471,989
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.	18.)	5	
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) d 4; Part IV, lines 1b and 2b:	Part V. line 4: Part	
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part in XI, lines 2d and 4b.	18.) d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V. line 4: Part	
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V. line 4: Part	
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part in XI, lines 2d and 4b.	18.) d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V. line 4: Part	
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part in XI, lines 2d and 4b.	18.) d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V. line 4: Part	
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part in XI, lines 2d and 4b.	18.) d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V. line 4: Part	
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part in XI, lines 2d and 4b.	18.) d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V. line 4: Part	
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part in XI, lines 2d and 4b.	18.) d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V. line 4: Part	
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part in XI, lines 2d and 4b.	18.) d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V. line 4: Part	
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part in XI, lines 2d and 4b.	18.) d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V. line 4: Part	
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part in XI, lines 2d and 4b.	18.) d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V. line 4: Part	
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5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part in XI, lines 2d and 4b.	18.) d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V. line 4: Part	
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part in XI, lines 2d and 4b.	18.) d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V. line 4: Part	
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part in XI, lines 2d and 4b.	18.) d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V. line 4: Part	
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part in XI, lines 2d and 4b.	18.) d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V. line 4: Part	
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part in XI, lines 2d and 4b.	18.) d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V. line 4: Part	
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part in XI, lines 2d and 4b.	18.) d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V. line 4: Part	
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part in XI, lines 2d and 4b.	18.) d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V. line 4: Part	
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part in XI, lines 2d and 4b.	18.) d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V. line 4: Part	
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part in XI, lines 2d and 4b.	18.) d 4; Part IV, lines 1b and 2b; to provide any additional info	Part V. line 4: Part	

Schedule D	(Form 990) 202	1 Lincoln A	Academy		84-157838	33	Page 5
Part XIII	Supplem	1 Lincoln A ental Informatio	n (continued)				
		-			 		
					 	×.	
				**********	 		**********

SCHEDULE E

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public

Lincoln Academy

Employer identification number 84-1578383

F	Part I			
			VE	S NC
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	X	5 NC
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II These policies are available upon request at the School office	3	X	

4	Does the ergonization maintain the fall with 0			
a	Does the organization maintain the following?			
b	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially	4a	X	-
	nondiscriminatory basis?	4b	х	
С	with student admissions, programs, and scholarships?	4c	х	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d	Х	
_				
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		х
		_ JD		Λ
С	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		х
		-		
е	Educational policies?	5e		X
f	Use of facilities?	5f		х
g	Athletic programs?			v
	Athletic programs?	5g		<u>X</u>
h	Other extracurricular activities?	5h	- 1	х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	311		A
62	Door the executation and for the second seco			
6a b	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	
D	rias the diganization's right to such aid ever been revoked or suspended?	6b		X
7	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
	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	7	v	

SCHEDULE J (Form 990)

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.

Attach to Form 990.

▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Lincoln Academy

Employer identification number 84-1578383

F	Part I Questions Regarding Compensation	, ,	_	
			Yes	No
1	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form		100	, ito
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	, , , , , , , , , , , , , , , , , , , ,			
1	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to		The Real Property lies	
	explain	1b		
		10		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	12/1/20/02/02		
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
		2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance nayment or change of control normant?	75556		
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4a		X
С		4b		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	4c		X
	and any or allow of the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а				
		5a	-	X
-	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b		X
	in 199 on mile od or ob, describe mir dit m.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the net earnings of:			
а				
		6a		X
-	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b		X
	Tes of the ball ob, describe in Part III.			
7	For persons listed on Form 000, Port VIII Section A. Line 4. List III			
•	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
8	payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 900. Best VIII poid on payments in the second of	7		X_
0	visite any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			
	in Part III	8		<u>X_</u>
9				
3	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

84-1578383

Lincoln Academy Schedule J (Form 990) 2021

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

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

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

	(a)		01400	cianouddh in court	(1) pup (2)		dividad.
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive (iii) Other compensation reportable	(iii) Other reportable	other deferred	(b) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior
			compensation				Form 990
	(1) 150,400	0	0	31,434	0	181,834	0
1 Executive Director (ii	0		0	0		0	
2 (ii)	(II)						
	(11)						
	(ii)						
	(1)						
	(ii)						
	(H)						
9	(II) (0)						
9)	(H) (0)						
	(ii)						
(6)	(ii)						
(i)	(ii)						
13 (fi	(ii)						
(i)	(ii)						
(i)	(ii)						
16 (ii)	(ii)						
						Sch	Schedule J (Form 990) 2021

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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.

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

Inspection

Employer identification number

Lincoln Academy	84-1578383
Form 990, Part III, Line 4d - All Other Accomplish	ments
Operation of a Charter School	
Form 990, Part VI, Line 11b - Organization's Proce	
The 990 will be reviewed and approved by the Board	before filing.
Form 990, Part VI, Line 12c - Enforcement of Confl	icts Policy
The Board reveiews these policies annually.	
Form 990, Part VI, Line 15a - Compensation Process	for Top Official
The Board determines the salary for the Principal	cased on annual
performance and District salary scales.	
Form 990, Part VI, Line 19 - Governing Documents D	isclosure Explanation
The financial statements are available on the School	ol's website.
·	