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.

vear beginning 07/01/21 and ending 06/30/22

OMB No. 1545-0047 2021 Open to Public Inspection

<u> </u>			calendar year, or		beginning	//01/2	⊥ , and ending	06/30/	722					
В	Check if a	applicable:	C Name of organization				_			D Employe	r identification numb	er		
	Address of	change		Addenbrooke Classical Academy Doing business as Number and street (or P.O. box if mail is not delivered to street address) 3940 S. Teller Street Room/suite 80-0719145 E Telephone number 303-989-1336										
	Name cha	ange												
	Initial retu	ŭ			Room/suite		e number 989-1336							
_	Final retu		City or town, state of				<u> </u>	303 1330						
	terminate		Lakewood	•		CO 8023				G Gross rece	oints 9.74	4,409		
	Amended	l return	F Name and address	of principal of		00 0020			<u> </u>	G 01033 1606	eipisa 57: 2			
	Applicatio	on pending	Christi	an Si	ımmers				H(a) Is this a gro	oup return for s	subordinates' Yes	X No		
			3940 S.			eet			H(b) Are all sub	ordinates incl	uded? Yes	No		
			Lakewoo	_			80235				See instructions			
_	Tay-ever	mpt status:	X 501(c)(3)	501(c) ((insert no.)	4947(a)(1) or	527						
	Website		ww.addenk		, , , .	· /		321	H(c) Group exe	motion numbe	er •			
		organization		Trust	Association	Other >	<u> </u>		Year of formation:		M State of legal dom	icile: CO		
	art I		immary	Hust	7100001011011	Other			rear or formation.		otate of legal dom	iolic. CC		
•			escribe the organi	zation's n	nission or mo	st significant	activities:							
ė	' '	See	Schedule O											
anc														
Governance														
Š	2 (Check th	is box ▶ if the	organiza	tion discontin	ued its oper	ations or dispose	d of more tha	an 25% of its net	assets				
დ ფ	3 1		of voting members	-			20.10			9	0			
Se			of independent vo					/ b)			0			
Ę	5 7	Total nur	mber of individuals	s employe	ed in calendar	vear 2021	(Part V line 2a)	~,		. 5	0			
Activities			nber of volunteers								0			
⋖							line 12					0		
	h N	7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11										0		
		tot unio	iatoa baomicoo tax	table inte	and nomin on	1,10	(1, 1110 11		Prior Yea	7b ır	Current Yea			
Ф	8 (Contribut	tions and grants (I	Part VIII,	line 1h)				349	637	560	,440		
ű			service revenue (8,492	2,790	8,631	,333		
Revenue		_	ent income (Part V	-		4, and 7d)			2	2,564	3	,117		
Ř			venue (Part VIII, c							5,263	549	,519		
			enue – add lines 8	-				12)	8,931		9,744	,409		
			nd similar amount						,	•	•	0		
			paid to or for men				*					0		
S			other compensat	-			lumn (A), lines 5-	-10)	4,258	3,902	3,641	,840		
Expenses			onal fundraising fe					/	,	,	,	0		
be			draising expenses	-	-			0						
Ж			penses (Part IX, c				e)		1,116	5,088	4,300	,272		
			enses. Add lines	-	•				5,374		7,942			
	19 F		less expenses. S				, , , , , , , , , , , , , , , , , , , ,		3,556		1,802			
Net Assets or	3		•						Beginning of Cur	rent Year	End of Yea	r		
sets	20 7	Total ass	ets (Part X, line 1	6)					32,858		30,780			
A P	21 7		oilities (Part X, line						42,284		38,403			
ž.	22 1		ts or fund balance		act line 21 fror	m line 20			-9,425	5,508	-7,623	<u>,211</u>		
P	art II	Si	gnature Block	(
			perjury, I declare th								my knowledge an	d belief, it		
tr	ue, corre	ect, and c	complete. Declaratio	n of prepa	rer (other than	officer) is bas	sed on all informatio	n of which pre	parer has any kno	wledge.				
		_												
Sig		S	ignature of officer							Date				
He	re	_	Christia		nmers			Pres	ident					
			ype or print name and t	itle					T	T				
		Print/Typ	e preparer's name			Preparer's sig	nature		Date	Check	if PTIN			
Pai -		John (Cutler						08/03	/23 self-em	· · · · · · · · · · · · · · · · · · ·			
	parer	Firm's na					ociates		Fi	irm's EIN ▶	20-2011	L689		
Use	e Only				h St S									
		Firm's ad		nver,		0202-5			Р	hone no.	303-634-	<u>-2259</u>		
Ma	y the IF	RS discu	ss this return with	the prepare	arer shown at	oove? See ii	nstructions				Yes	No		
For	Panery	vork Red	uction Act Notice.	see the s	eparate instru	ctions.					Form 9	90 (2021)		

					Classical		80-071914	5	Page 2
Pa	rt III				am Service Acc				47
						onse or note to	o any line in this Part III	<u> </u>	X
			the organiz	ation's n	nission:				
S	ee So	cneai	ule O						
	Did the c	raoniza	tion undort	aka any	significant program (onvious during th	e year which were not listed	on the	
		-	r 990-EZ?	ane ally	significant program s	ervices during th	e year which were not listed	on the	Yes X No
	•			v service	es on Schedule O.				
	-					int changes in ho	w it conducts, any program		
	services'				3,	3	, ,, ,		Yes X No
			e these cha	nges on	Schedule O.				🗀 🗀
				-		ments for each of	f its three largest program se	rvices, as measured by	у
							eport the amount of grants a		
	the total	expense	es, and rev	enue, if	any, for each prograr	n service reported	d.		
4a	(Code:) (Expense	es \$	3,670,215	including grants	s of\$.) (Revenue \$)
O ₁	perat	tion	of a	chai	rter school	. grades	K-12.		
							<u> </u>		
							,		
	(Code:) (Expense	ac ¢		including grants	s of\$) (Revenue \$	
	/ A								
	(
) (Expense	es \$		including grants	s of\$.) (Revenue \$)
N,	/A								
14	Other pr	ogram c	envices /Da	ecribe a	on Schedule O \				
	Otner pro (Expense		ervices (De	ssume C	on Schedule O.)	of\$) (Revenue \$		1
			ervice expe	nses 🕨	including grants 3 , 670 ,	215) (Izevellue \$		
	. July più	9.4 30	+100 OAPE		2,0,0,				

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Id the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization as esction 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical bar easement, including easements to preserve open space, the environment, historical areasures, or other similar assets? If "Yes," complete Schedule D, Part III 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 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, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 22 if resp. To provide credit counseling, debt management, credit repair,	Yes	No
2 Is the organization required to complete Schedule D. Schedule of Contributors (see instructions)? 2 Did the organization engage in offect or indirect political camping activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I and the Contributor of the Contrib	. ·	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offices? "Yes," complete Schedule C, Part II 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 5 election in effect during the tax year? "Yes," complete Schedule C, Part III 6 Is the organization a section 501(c)(4), 501(c)(5), 501(c)(6), 50	Х	Х
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7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 9 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization proper an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization in feet of following questions is "Yes, then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable. 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 13 Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes, complete Schedule D, Part VIII 11 Did the organization report an amount for investments—other ascential in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes, complete Schedule D, Part VIII 11 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 X 11 Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11 Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 111 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmak		
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in dono-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for land, buildings, and enuipment in Part X, line 10? If "Yes," complete Schedule D, Part VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments—other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for investments—or organized lated in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 12 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 X 11d 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 X 11d Did the organization report an amount for other assets in Part X, line 15, If "Yes," complete Schedule D, Part X 11d Did the organization orban separate, independent audited financial statements for the tax year?		
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Form 990 (2021) Addenbrooke Classical Academy 80-0719145 Page 4 **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 22 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 X employees? If "Yes." complete Schedule J 23 **24a** Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X 24a X **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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 X 25a 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? X If "Yes," complete Schedule L, Part I 25b 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% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 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 27 X persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If X "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes." complete Schedule L. Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 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 X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X related organization? If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Pa	rt \ /		
	Check if Schedule O contains a response of note to any line in this Fa	ILV.	 	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b		

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form 990 (2021) Addenbrooke Classical Academy

80-0719145

Page 5

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 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	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,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		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).			
а	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			
٦.	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
·	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
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 10b			
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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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 13b			
C	Enter the amount of reserves on hand Did the agranization reserves any payments for indeed tension continued to the tay year?	44-		v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		v
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		X
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10		<i>1</i> \
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		
	If "Yes," complete Form 6069.			

Form 990 (2021) Addenbrooke Classical Academy 80-0719145 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 1a 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 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with anv other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 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? 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? b 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? 8a **b** Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code., No X **10a** Did the organization have local chapters, branches, or affiliates? 10a **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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. X **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 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 organization's exempt status with respect to such arrangements? Section C. Disclosure 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. Own website Another's website **X** 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

Business Manager

Lakewood

financial statements available to the public during the tax year.

3940 S. Teller Street

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

CO 80235

Form 990 (2021) Addenbrooke Classical Academy

80-0719145

Page 7

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.

X 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 (list any hours for related organizations below	box	k, unle icer a	Pos check ess pe	rson	than of is both or/truster Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(VChaighian Garage	dotted line)	Istee	rustee		ě	pensated				
(1) Christian Summe	2.00 0.00	x		x	\			0	0	0
(2)Michael Edlen	2.00								<u> </u>	
Vice President (3) John Byrne	0.00	X		X				0	0	0
Secretary	2.00	X		x				0	0	0
(4) Patrick Cordova	2.00	>								
Treasurer (5) Daniel Krivonia	0.00 k	X		X				0	0	0
Trustee Director	2.00	X						0	0	0
(6) Sara Rodriguez	2.00									
Board Member (7) Gretchen Clance		X						0	0	0
Trustee Director	2.00 0.00	X						0	0	0
(8)										
(9)										
(10)										
(11)										

Pa	rt VII Section A. Officer	s, Directors, Ti	rust	ees,	Key	Em	ploy	yees	s, and Highest Compens	ated Employees (contin	ued)
	(A) (B) Name and title Average hours per week (list any hours for		off	x, unle	Pos check ess pe	erson lirecto	than is both or/trus	h an tee)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	mer	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
· · · · ·						1					
								-	Y		
	Subtotal	eets to Part VII	, Se	ctio	n A			* * *			
2	Total number of individuals (reportable compensation from	including but no m the organizati	t lim	ited ▶0	to th	ose	liste	d al	pove) who received more	than \$100,000 of	
3	Did the organization list any employee on line 1a? If "Yes For any individual listed on li organization and related organization and related organization."	s," complete Sch ne 1a, is the sui	<i>edu</i> m of	le J repo	<i>for s</i> ortab	<i>uch</i> ole c	<i>indi</i> v omp	<i>idu</i> ens	alation and other compensa	ation from the	Yes No
5	individual Did any person listed on line for services rendered to the	1a receive or a	 ccru	 e co	 mpe	nsa	tion 1	from	any unrelated organization		4 X
Sect 1	ion B. Independent Contrac Complete this table for your		non	coto	d in	dono	ndo	nt o	entractors that received m	oro than \$100,000 of	
	compensation from the organ	nization. Report	con	npen	satio	on fo	or the	e ca	lendar year ending with or	within the organization's	
	Name and	(A) d business address							Descrij	(B) otion of services	(C) Compensation
2	Total number of independent	t contractors (in	cludi	ing b	out n	ot lir	nited	d to	those listed above) who	0	

Pa	rt V	Check if Schedule O co	ntains	a resp	onse or no	te to any line in	this Part VIII		
				<u>. </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ants nts	1a	Federated campaigns	1a						
Gra	b	Membership dues	1b						
ß, Aπ	С	Fundraising events	1c						
ar	d	Related organizations	1d						
imi	е	Government grants (contributions)	1e		550,917				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	1f		9,523				
ğ	g	Noncash contributions included in lines 1a-1f	1g	¢					
Son	h	Total. Add lines 1a–1f	-			560,440			
) (i		Total. Add lines 1a-11			Business Code	300,110			
e)	2a	Per Pupil Revenue			611710	6,887,955	6,887,955		
Program Service Revenue	b				611710	1,386,687	1,386,687		
Se	c	Tuition and Fees			611710	356,691	356,691		
ame	d					550,552	000,000		
rog R	e								
- P	f	All other program service revenue							
		Total. Add lines 2a–2f				8,631,333			
	3	Investment income (including divide							
		other similar amounts)				3,117	3,117		
	4	Income from investment of tax-exer					·		
	5	Royalties	•						
		(i) Real			Personal				
	6a	Gross rents 6a				7			
	b	Less: rental expenses 6b							
	С	Rental inc. or (loss) 6c							
	_d	Net rental income or (loss)							
	/a	Gross amount from sales of assets (i) Securities	es	(ii)	Other				
		other than inventory 7a							
Other Revenue	b	Less: cost or other							
vel		basis and sales exps. 7b							
Re		Gain or (loss) 7c	4						
her		Net gain or (loss)	. <u></u>						
ŏ	8a	Gross income from fundraising events							
		(not including \$							
		of contributions reported on line							
	_	1c). See Part IV, line 18	8a						
		Less: direct expenses	8b						
		Net income or (loss) from fundraisin	g even	ts					
	9a	Gross income from gaming							
		activities. See Part IV, line 19	9a						
		Less: direct expenses	9b						
		Net income or (loss) from gaming a	ctivities	i	······ P				
	Tua	Gross sales of inventory, less	40-						
	L	returns and allowances	10a						
		Less: cost of goods sold	10b	<u> </u>					
"		Net income or (loss) from sales of in	ivenior	у	Business Code				
ا ک	11-	Comital Control Survey 5:			900099	469,764	469,764		
ane Tue	11a	· · · · · F · · · · · · · · · · · · · · · · · · ·	rict		900099	79,755	203,704		79,755
Miscellaneous Revenue	b	Miscellaneous Revenue			300033	13,133			19,133
isc Re	Q C	All other revenue							
≥		Total. Add lines 11a–11d				549,519			
		Total revenue. See instructions				9,744,409	9,104,214	0	79,755

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all

Seci	Check if Schedule O contains a res			t complete column (A).	
Do r	not include amounts reported on lines 6b, 7	·	(B)	(C)	(D)
	bb, and 10b of Part VIII.	b, (A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		ехрепзез	general expenses	ехрепзез
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
	· F				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	4 400 100	2 020 670	1 200 501	
7	Other salaries and wages	4,429,199	3,030,678	1,398,521	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	707 252	100 500	250 505	
9	Other employee benefits	-787,359	-428,562	-358,797	
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management	7.65		7.65	
	Legal	765		765	
С	Accounting				
d	Lobbying		7		
е	Professional fundraising services. See Part IV, line 1	7			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	07 750		05 550	
	(A) amount, list line 11g expenses on Schedule O.)	87,752		87,752	
	Advertising and promotion	11,402		11,402	
13	Office expenses	20,000		20.000	
14	Information technology	39,903		39,903	
15	Royalties	,			
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expense	S			
	for any federal, state, or local public officials	1 040		1 040	
19	Conferences, conventions, and meetings	1,942		1,942	
20	Interest	1,137,000		1,137,000	
21	Payments to affiliates	005 006		005 006	
22	Depreciation, depletion, and amortization	995,226		995,226	
23	Insurance	106,639		106,639	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.) Purchased Services	026 607	006 607		
a	· · · · · · · · · · · · · · · · · · ·	926,687	926,687	400 703	
b	Contracted Services	429,783	1 4 1 4 1 0	429,783	
C	Supplies and Materials Utilities	311,851	141,412	170,439	
d	*	219,086		219,086	
	All other expenses	32,236 7,942,112	3,670,215	32,236 4,271,897	0
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	1,342,112	3,010,215	4,211,091	U
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				

		Balance Sheet					
		Check if Schedule O contains a response or no	ote to any	line in this Part X		<u> </u>	
					(A)		(B)
					Beginning of year		End of year
		Cash—non-interest-bearing			2,228,506	1	1,751,622
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			21,569	4	20,963
	5	Loans and other receivables from any current or form					
		trustee, key employee, creator or founder, substantia		itor, or 35%			
		controlled entity or family member of any of these pe				5	
	6	Loans and other receivables from other disqualified p					
ets		under section 4958(f)(1)), and persons described in			6		
Assets		Notes and loans receivable, net		7			
⋖		Inventories for sale or use				8	
						9	
	10a	Land, buildings, and equipment: cost or other		00 000 400			
		basis. Complete Part VI of Schedule D	10a	28,069,439	05 660 550		05 510 000
	b	Less: accumulated depreciation	10b	2,557,140	25,668,752	10c	25,512,299
	11					11	
	12					12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets	4 040 040	14	0 405 440		
					4,940,010	15	3,495,449
	16	Total assets. Add lines 1 through 15 (must equal lin			32,858,837	16	30,780,333
		Accounts payable and accrued expenses			94,716	17	113,010
	18	Grants payable				18	
	19	Deferred revenue			05 005 000	19	04 045 000
	20	Tax-exempt bond liabilities	25,285,000	20	24,845,000		
		Escrow or custodial account liability. Complete Part		10000		21	
ties	22	Loans and other payables to any current or former o					
Liabilities		trustee, key employee, creator or founder, substantia		itor, or 35%			
<u>=</u>		controlled entity or family member of any of these pe				22	
		Secured mortgages and notes payable to unrelated	-	es		23	
		Unsecured notes and loans payable to unrelated thir	-	to all their all		24	
	25	Other liabilities (including federal income tax, payable					
		parties, and other liabilities not included on lines 17-2 of Schedule D			16 004 620	0.5	12 //5 52/
	26	Total liabilities. Add lines 17 through 25			16,904,629 42,284,345		38,445,534 38,403,544
	20	Organizations that follow FASB ASC 958, check			72,207,373	20	30,303,333
Ses		and complete lines 27, 28, 32, and 33.	ilei e				
and	27	ALC COLORS				27	
Bal						28	
p	20	Organizations that do not follow FASB ASC 958,	chack he	ara NX		20	
∄│		and complete lines 29 through 33.	CHECK HE	ile PIA			
ō	29	Capital stock or trust principal, or current funds			29		
ets		Paid-in or capital surplus, or land, building, or equipm				30	
SS	30 31	Retained earnings, endowment, accumulated income		- £l -	-9,425,508		-7,623,211
		T () () () ()	r runds	-9,425,508	32	-7,623,211	
7	32						

Form **990** (2021)

Pa	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,	74	4,4	109
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u> 112</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				<u> 297</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-9,	<u>42</u>	5,5	<u> 803</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	-7,	62	3,2	<u> 211</u>
Pa	art XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		
				,	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	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?		2	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					
С	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?		2	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?		3	la		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		3	Bb		

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Addenbrooke Classical Academy

Employer identification number

				Classical Acad			80-071	
Pa	art I	Reas	on for Public Charity	y Status. (All organizati	ons mus	t comp	<u>lete this part.) See instr</u>	ructions.
he	orga	nization is no	t a private foundation beca	use it is: (For lines 1 through	12, check	only one	box.)	
1		A church, co	nvention of churches, or as	ssociation of churches descri	oed in sec	tion 170	(b)(1)(A)(i).	
2	X	A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990)	.)		
3	П			vice organization described in	-	-	(A)(iii).	
4	П			=			ction 170(b)(1)(A)(iii). Enter	the hospital's name.
	ш	city, and stat	=	, ,				,
5				t of a college or university ow	ned or one	erated by	a governmental unit describe	ed in
Ŭ	ш		(b)(1)(A)(iv). (Complete Pa		nou or op	orated by	a governmental and accomb	,
6				governmental unit described	in sectio	170(h)(1)(A)(v)	
7	H		=	=			ntal unit or from the general ہ	nublic
•		•	section 170(b)(1)(A)(vi). (nt nom a g	jovernine	intal unit of hom the general p	Jublic
8				170(b)(1)(A)(vi). (Complete	Part II)			
9	Н	-			-	erated in	conjunction with a land-grant	college
			or a non-land-grant college				e, city, and state of the colleg	
10			tion that normally receives ((1) more than 33 1/3% of its			outions, membership fees, an	
							d (2) no more than 331/3% of	
							ction 511 tax) from businesse	S
			=	30, 1975. See section 509 (•	•	
11	Н	•	•	d exclusively to test for public	-		, , , ,	•
12							nctions of, or to carry out the	
							509(a)(2). See section 509(complete lines 12e, 12f, and	
	_							
	а			perated, supervised, or contr ower to regularly appoint or e			ed organization(s), typically b	y giving
				complete Part IV, Sections		only of the	e directors or trustees or the	
	b					ith ite eu	pported organization(s), by h	avina
	D			The state of the s			hat control or manage the su	=
				te Part IV, Sections A and C		Jersons ti	nat control of manage the sup	oponed
	С		• •			nnection	with, and functionally integra	ted with
	·	its suppo	orted organization(s) (see in	nstructions). You must comp	lete Part	V, Section	ons A, D, and E.	tod with,
	d						ction with its supported organ	nization(s)
							ion requirement and an atten	
		requirem	ent (see instructions). You	must complete Part IV, Se	ctions A a	nd D, an	d Part V.	
	е						it is a Type I, Type II, Type I	II
				on-functionally integrated sup	porting or	ganizatio	n.	
	f		mber of supported organiza					
	g		ollowing information about	the supported organization(s	<u> </u>	1		
(i)		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o		(v) Amount of monetary	(vi) Amount of
	org	anization		(described on lines 1–10 above (see instructions))		ir governing ment?	support (see instructions)	other support (see instructions)
					Yes	No		mon donone)
(A)								
(~)								
(B)					-			
(0)								
(C)								
(C)								
(D)								
(D)								
<u>/=:</u>					1			
(E)								

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (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 (e) 2021 (c) 2019 (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 13 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 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 b 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 b 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 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990) 2021

Part III	Support Schedule for	Organizations	Described in Se	ction 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. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	<u></u>					
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						
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						
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from			7			
	line 6.)						
	tion B. Total Support			1		T	
	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 or organization, check this box and stop her					(/ (/	
Sec	tion C. Computation of Public S						
15	Public support percentage for 2021 (line 8			olumn (f))		15	%
16	Public support percentage for 2021 (line of Public support percentage from 2020 Sch						
	tion D. Computation of Investme			<u></u>		10	
<u> </u>	Investment income percentage for 2021 (e 13. column (f))		17	%
	envestment income percentage for 2021 (40	
	33 1/3% support tests—2021. If the orga				 15 is more than 3		70
. vu	17 is not more than 33 1/3%, check this b						▶ □
b	33 1/3% support tests—2020. If the orga	anization did not	check a box on li	ne 14 or line 19a,	and line 16 is mo	re than 33 1/3%, a	
	line 18 is not more than 33 1/3%, check the	=	=			=	
20	Private foundation. If the organization di	d not check a bo	x on line 14 19a	or 19b, check thi	s box and see ins	structions	>

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 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 3a lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b 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 b 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)
- 5a 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? С
- 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 9a 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 disgualified 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.
- 10a 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	No
1		
2		
3a		
Ja		
3b		
3с		
4a		
4b		
40		
4c		
5a		
5b		
5c		
36		
6		
7		
	_	
8		
_		
90		
9a		
9b		
9c		
10a		
10b		
10b chedule A	(Form 9	90) 2021

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Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	y		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the lax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
<u>Sect</u>	ion D. All Type III Supporting Organizations	-		•
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	ınstruc		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2-		
L	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			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	0 L		
_	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
L	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		
	or no supported organizations: it into, describe in it art ville fole played by the Organization in this regard.	33		

Sched	ule A (Form 990) 2021 Addenbrooke Classical Acade	emy	80-0719	145 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on	Nov.	20, 1970 (<i>explain in Part</i>	VI). See
-	instructions. All other Type III non-functionally integrated supporting organizations	must c	complete Sections A thro	ugh E.
Sect	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	: Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	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		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	
Sect	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	rposes		
2	Amounts paid to perform activity that directly furthers exempt purpo	ses of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su	ipported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide	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 organ	nization 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			
b	From 2017			
c	From 2018			
d	From 2019			
	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)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	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			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020 Excess from 2021			
е	LAUG33 IIUIII ZUZ I			

Schedule A (Form 990) 2021

Schedule A (Fo	rm 990) 2021	Ad	<u>denbrook</u>	<u>e Clas</u>	<u>sical</u>	<u>Academy</u>		30-071914 <u>:</u>		Page 8
Part VI	Suppleme	ntal Informa	tion. Provide	the expla	nations re	auired by Pa	art II. line	10; Part II, line	17a or	17b: Part
								11b, and 11c;		
								art IV, Section		
	3a, and 3b	; Part V, line	1; Part V, Se	ction B, lin	ne 1e; Par	t V, Section	D, lines 5	, 6, and 8; and	Part V,	Section E
	lines 2, 5,	and 6. Also c	omplete this	part for an	y addition	al information	on. (See ii	nstructions.)		
			•		•		,	,		
						*				
				y						

DAA Schedule A (Form 990) 2021

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 Open to Public Inspection

Name of the organization Employer identification number

A	ddenbrooke Classical Academy		80-0719145
	rrt I Organizations Maintaining Donor Advised F	unds or Other Similar Funds	or Accounts
	Complete if the organization answered "Yes" o	n Form 990 Part IV line 6	or Accounter
	Complete in the organization anomored in the	(a) Donor advised funds	(b) Funds and other accounts
	Total country of and of con-	(a) Donor advised funds	(b) I unus and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing		
	funds are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	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 d	onor advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (che		
	Preservation of land for public use (for example, recreation or ed		important land area
	Protection of natural habitat	Preservation of a certified hi	·
	Preservation of open space	1 Tooth alon of a serunea in	Storio di dotaro
2	Complete lines 2a through 2d if the organization held a qualified cor	eservation contribution in the form of a c	onservation
_	easement on the last day of the tax year.	iservation contribution in the form of a c	Held at the End of the Tax Year
	T () ()		0-
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure i		2c
d	Number of conservation easements included in (c) acquired after 7/2	25/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the orga	nization during the
	tax year ▶		
4	Number of states where property subject to conservation easement	is located ▶	
5	Does the organization have a written policy regarding the periodic m	onitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	,	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handlin	g of violations, and enforcing conservati	on easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservation e	asements during the year
	▶ \$	•	
8	Does each conservation easement reported on line 2(d) above satis	fv the requirements of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation ease	ements in its revenue and expense state	
•	balance sheet, and include, if applicable, the text of the footnote to t	•	
	organization's accounting for conservation easements.		
Pa	ort III Organizations Maintaining Collections of A	t. Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" o		
12	If the organization elected, as permitted under FASB ASC 958, not to		alance sheet works
ıa	of art, historical treasures, or other similar assets held for public exh	•	
	service, provide in Part XIII the text of the footnote to its financial sta		arice of public
L			as about works of
D	If the organization elected, as permitted under FASB ASC 958, to re		
	art, historical treasures, or other similar assets held for public exhibit	uon, education, or research in furtherand	ce or public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			> \$
2	If the organization received or held works of art, historical treasures,	or other similar assets for financial gair	n, provide the
	following amounts required to be reported under FASB ASC 958 relationships amounts required to be reported under FASB ASC 958 relationships amounts required to be reported under FASB ASC 958 relationships are required to be reported under FASB ASC 958 relationships are required to be reported under FASB ASC 958 relationships are required to be reported under FASB ASC 958 relationships are required to be reported under FASB ASC 958 relationships are required to be reported under FASB ASC 958 relationships are required to be reported under FASB ASC 958 relationships are required to be reported under FASB ASC 958 relationships are required to be reported under FASB ASC 958 relationships are required to be reported under FASB ASC 958 relationships are required to be reported under FASB ASC 958 relationships are required to be reported under FASB ASC 958 relationships are required to be reported under FASB ASC 958 relationships are required to be reported under FASB ASC 958 relationships are required to be required to be required to be reported as a second process of the results are required to be reported as a second process of the results are required to be reported as a second process of the results are required to be reported as a second process of the results are required to be reported as a second process of the results are required to be reported as a second process of the results are required to be reported as a second process of the results are required to be reported as a second process of the results are required to be reported as a second process of the results are required to be reported as a second process of the results are required to be reported as a second process of the results are required to be reported as a second process of the results are required to be reported as a second process of the results are results at the results are required to be reported as a second process of the results are required to be reported as a second process of the results are required to be reported as a second proces	ating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990. Part X		> \$

3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other re	ecords, ch	eck any of the	following that	at make signific	ant use	of its			
а	Public exhibition	d [Loan or	exchange pro	ogram						
b	Scholarly research	e									
C	Preservation for future generations		_								
	Provide a description of the organization's c	ollections and e	xnlain how	they further t	the organizat	ion's exempt or	rnose i	n Part			
•	XIII.		Apiaiii iioii	andy randing	aro organizat	ion o oxompt pe	ipooo i	iii ait			
5	During the year, did the organization solicit of	or receive donat	ions of art	historical tre	asures or of	her similar					
•	assets to be sold to raise funds rather than t									Yes	No
Pa	ert IV Escrow and Custodial Arr			nio organiza	tion o concoti					.00	
	Complete if the organization 990, Part X, line 21.			Form 990,	Part IV, li	ne 9, or repo	rted a	n amo	ount (on Fo	rm
12	Is the organization an agent, trustee, custod	lian or other inte	rmediary f	or contribution	ne or other a	ssets not					
ıa	included on Forms OOO Dort VO		•							Yes	No
h	If "Yes," explain the arrangement in Part XIII	and complete t							Ш	163	
b	ii res, explain the arrangement ii r art XIII	and complete t	ile iollowii	ig table.					Amo	unt	
_	Reginning halance						1c		7 11110		
	Additions during the year						1d				
u	Additions during the year						1e				
	Distributions during the year						1f				
1 22	Ending balance	Form 000 Port V		or occrew or		ount liability?				Yes	No
	If "Yes," explain the arrangement in Part XIII									162	
	irt V Endowment Funds.	i. Official ficial in	пс схрап	ation has bee	in provided o	111 alt XIII					
	Complete if the organization	n answered "	Yes" on	Form 990	Part IV lin	ne 10					
	gampias is and organization	(a) Current year		Prior year	(c) Two yea		ree year	s back	(e) F	our year	s back
1a	Beginning of year balance				.,,						
	Contributions			7				-			
	Net investment earnings, gains, and			*					 		
	losses								l		
d	Grants or scholarships							-			
	Other expenditures for facilities and		,						 		
	programs								l		
f	Administrative expenses	7						-			
	End of year balance							-			
	Provide the estimated percentage of the cur	rent year end ba	alance (line	e 1g, column	(a)) held as:	l .					
	Board designated or quasi-endowment	%	•	3,	(//						
	Permanent endowment ▶ %										
	Term endowment ▶ %										
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%	, D.								
За	Are there endowment funds not in the posse			that are held a	and administe	ered for the					
	organization by:	O								Yes	No
	(i) Unvaleted eventions								3a(i)	
	(::) Polated argenizations								3a(i		
b	If "Yes" on line 3a(ii), are the related organiz								3b		
	Describe in Part XIII the intended uses of the										
	rt VI Land, Buildings, and Equi										
	Complete if the organization	•	Yes" on	Form 990.	Part IV, lir	ne 11a. See	Form	990. F	art)	Χ, line	10.
	Description of property	(a) Cost or oth		(b) Cost or o		(c) Accumula		T		ook value	_
		(investme	ent)	(othe	er)	depreciatio	า				
4.	Land			5 51	53 000				5 6	553	$\overline{\Omega}$

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,553,000		5,553,000
b Buildings		22,340,311	2,526,349	19,813,962
c Leasehold improvements				
d Equipment		176,128	30,791	145,337
e Other				
Total. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X,	column (B), line 10c.)	▶	25,512,299

Schedule D (Form 990) 2021

Schedule D (F	Form 990) 2021 Addenbrooke Classical	l Academy	80-0719145	Page 3
Part VII	Investments - Other Securities.			
-	Complete if the organization answered "Yes" of	n Form 990, Part IV	, line 11b. See Form 99	90, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)		Cost or end-of-year	r market value
(1) Financial				
	eld equity interests			
(3) Other				
(B)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV	, line 11c. See Form 99	00, Part X, line 13.
-	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-year	r market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	- (h) ((5 000 - Fr - (1) / ((1 1) / (0 - 1) / (0 - 1)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	on Form OOO Dort IV	line 11d Coe Form Of	On Dort V line 15
	Complete if the organization answered "Yes" of	on Form 990, Part iv	, line 11a. See Form 98	
	(a) Description	i an a /ODED		(b) Book value
(1)	Deferred Outflow: Pens			2,267,455
(2)	Restricted Cash and In	vestments		1,227,994
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 15.)			3,495,449
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV	', line 11e or 11f. See F	orm 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal	income taxes			
	Pension/OPEB Liability			8,584,993
	red Inflow: Pensions/OPEB			4,449,100
	ned Salaries			364,857
	ned Interest Payable			46,584
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990 Part X col (B) line 25)		L	13,445,534

Schedule D (Form 990) 2021 Addenbrooke Classical Academy 80-0719145 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 9,744,409 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 9,744,409 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 9,744,409 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 7,942,112 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 7,942,112 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Add lines **4a** and **4b**Total expenses. Add lines **3** and **4c**. (This must equal Form 990, Part I, line 18.) 7,942,112 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (F	orm 990) 2021 Addenor	cooke Classica	II Academy	80-0/19145	Page 5
Part XIII	Supplemental Information	tion (continued)			
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• • • • • • • • • • • • • • • • • • • •					
		Y			
					
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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 2021

Open to Public Inspection

Addenbrooke Classical Academy

80-0719145

Employer identification number

Pa	art I		I	T
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		YES	NO
ı	bylaws, other governing instrument, or in a resolution of its governing body?	1	X	
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	X	
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	3	Х	
	All documents are available upon request.	J	22	
4	Does the organization maintain the following?			
+ a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4b	X	<u> </u>
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
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
-				
С	Employment of faculty or administrative staff?	5c		X
				3 2
а	Scholarships or other financial assistance?	5d		X
е	Educational policies?	5e		х
f	Use of facilities?	5f		X
a	Athletic programs?	5g		х
9	Athletic programs?	Ug		 -
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
_	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." explain on Part II	7	Y	

Schedule	е E (F	Form 990) 2	2021		Adde	nbro	oke C	lassi	cal A	Acade	my	80	-0719	145	Page 2
Part I		Suppler	nental Inf le. Also pr		n. Provid	de the ex	planatior	ns require	d by Pa	ırt I, lines	3, 4d, 5h	ı, 6b, and	7, as		
Sch	E	- Fin	ancia	L Aid	or (Gover	nment	. Assi	stan	ce Ex	plana	tion			
The	Ac	cademy	rece	ives	grant	ts an	d PPR	from	the	Stat	e Dep	artme	nt of	Educ	ation
• • • • • • • • • • • • • • • • • • • •															
									,						
• • • • • • • • • • • • • • • • • • • •															
•															

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Addenbrooke	Classical 2	Academy								dentifi 914		n numk	oer
Part I Bond Issues													
(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue	price	(f) Description	of purpose	(g) De	efeased	beh	On alf of suer	(i) Po finan	
								Yes	No	Yes	No	Yes	No
A CECFA 2020 Bonds		19645RZ38	05/07/20	25,28	5,000	See Part	VI		X		Х		X
В											ļ		
<u>C</u>											ļ		
_													
D Drawn and a											<u> </u>		
Part II Proceeds													
A American of heards making d		1	A			В		С			D		
			\										
0 T 1 1 1 1:			25 29	5,000									
				7,994									
Gross proceeds in reserve funds Conitalized interest from proceeds			1,22	1,994									
5 Capitalized interest from proceeds 6 Proceeds in refunding escrows													
			61	4,566					-				
8 Credit enhancement from proceeds			01	4,300					-				
Working capital expenditures from proceeds													
10 Capital expenditures from proceeds													
11 Other spent proceeds													
12 Other unspent proceeds													
13 Year of substantial completion											-		
			Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a refunding iss	ue of tax-exempt bonds	s (or,											
if issued prior to 2018, a current refunding issue)				X									
15 Were the bonds issued as part of a refunding iss													
issued prior to 2018, an advance refunding issue				X									
16 Has the final allocation of proceeds been made?				X									
17 Does the organization maintain adequate books	and records to support	the											
final allocation of proceeds?				X									

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2021

		A		В	-	С		D
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		X						
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of								
bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities								
other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a		A A						
result of unrelated trade or business activity carried on by your organization,	•							
another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		Х						
8a Has there been a sale or disposition of any of the bond-financed property to a								
nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	7	X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or	V	•		•				•
disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1.141-12 and 1.145-2?								
Has the organization established written procedures to ensure that all								
nonqualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-2?		X						
Part IV Arbitrage								
		A		В		С		<u> </u>
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		Х						
c No rebate due?		Х						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?		Х						

Schedule K (Form 990) 2021

Part IV Arbitrage (continued)									
		A		В С		D			
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No	
hedge with respect to the bond issue?		х							
b Name of provider		•		•					
c Term of hedge									
d Was the hedge superintegrated?									
e Was the hedge terminated?									
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х							
b Name of provider		•							
c Term of GIC									
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
6 Were any gross proceeds invested beyond an available temporary period?		X							
7 Has the organization established written procedures to monitor the									
requirements of section 148?		X							
Part V Procedures To Undertake Corrective Action									
		A		В		C)	
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No	
of federal tax requirements are timely identified and corrected through the									
voluntary closing agreement program if self-remediation isn't available under									
applicable regulations?		x							
Part VI Supplemental Information. Provide additional inform	nation for re	esponses to	questions o	n Schedule	K. See instr	uctions			
Schedule K - Purpose of Issue Descript		1	•						
CECFA 2020 Bonds									
Currentley refund 2017 bonds and provide	de mone	y for ca	apital p	ourchase	s.				

Schedule K (Form 990) 2021 🛛 🗛	<u>ddenbrooke Classical</u>	Academy 8	0-0719145		Page 4
Part VI Suppleme	ntal Information Provide addition	nal information for respons	0-0719145 Inses to questions on Schedule K. Se	e instructions (continued)	
			4	(00///////////////////////////////	
					<u> </u>
		-			

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.

OMB No. 1545-0047
2021

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization 80-0719145 Addenbrooke Classical Academy Form 990 - Organization's Mission Addenbrooke Classical Academy (ACA) is a tuition-free, public K-12 charter school located in Lakewood, Colorado. ACA utilizes an integrated model of tradition and innovation to develop free and independent thinkers through classical instructional strategies. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The Contract CFO will conduct a review of the 990 prior to being filed. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy The Academy monitors this policy on a case-by-case basis. They screen each employee and contractor prior to hiring to ensure compliance. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Documents are made available upon request.