			** PUBLIC DISCLOSURE COPY								
	0	00	Return of Organization Exempt Fror			OMB No. 1545-0047					
Forr	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		ations)	2021					
Depa	rtment o	of the Treasury	Do not enter social security numbers on this form as it n		Open to Public Inspection						
A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022											
_				,							
BC	heck if pplicab	le:	forganization	D Employer ide	ntificati	on number					
	Addre	Gold	en View Classical Academy								
	Name		usiness as	46-574	4055						
	Initial		and street (or P.O. box if mail is not delivered to street address) Room/								
	 Final return	601	Corporate Circle	720-59		00					
	termir ated	-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$		8,285,981.					
	Amen	GOID	en, CO 80401	H(a) Is this a gro	up retur	n					
	Applie tion		nd address of principal officer: Cortney Crouch	for subordir	ates?	Yes X No					
	pendi	same	as C above	H(b) Are all subordin	ates includ	ed? Yes No					
		empt status:		<u>527</u> If "No," atta	ch a list.	. See instructions					
			goldenviewclassical.org	H(c) Group exem	<u> </u>	,					
			X Corporation Trust Association Other L	Year of formation: 201	4 M St	ate of legal domicile: CO					
Pa	art I	Summary									
é	1	Briefly describ	e the organization's mission or most significant activities: See Sche								
anc			x if the organization discontinued its operations or disposed of								
Governance	2		assets	. 6							
g	4		Iumber of voting members of the governing body (Part VI, line 1a) 3 Iumber of independent voting members of the governing body (Part VI, line 1b) 4								
	5		of individuals employed in calendar year 2021 (Part V, line 2a)		5	<u> </u>					
Activities &	6			6	100						
cti∕			of volunteers (estimate if necessary) d business revenue from Part VIII, column (C), line 12		7a	0.					
Ā			business taxable income from Form 990-T, Part I, line 11		7b	0.					
				Prior Year		Current Year					
Ð	8	Contributions	and grants (Part VIII, line 1h)	956,36		904,535.					
nue	9	Program servi	ce revenue (Part VIII, line 2g)	6,392,03		7,305,075.					
Revenue	10	Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d)			3,956.					
ш.	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	107,71		72,415.					
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,462,01		8,285,981.					
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0. 0.	0.					
	14		to or for members (Part IX, column (A), line 4)	4,765,39		4,191,558.					
ses	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	<u>4,191,338.</u> 0.					
Expenses	10a		undraising fees (Part IX, column (A), line 11e)		••	0.					
Ă	17			8,958,03	9.	2,135,960.					
	18		es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,723,43		6,327,518.					
	19		expenses. Subtract line 18 from line 12	-6,261,42		1,958,463.					
or				Beginning of Current Y		End of Year					
t Assets or d Balances	20	Total assets (F	Part X, line 16)	19,959,91		7,131,887.					
Ass	21	-	(Part X, line 26)	25,037,57		10,177,045.					
FRei	22		fund balances. Subtract line 21 from line 20	-5,077,65	2.	-3,045,158.					
	nrt II	Signature									
			I declare that I have examined this return, including accompanying schedules and st		of my kno	owledge and belief, it is					
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.							
		Cignotium	a of officer	Data							
Sig	า		e of officer	Date							

Here	Cortney Crouch, Chief Type or print name and title	Financial Officer	
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	Thomas G. Sistare	Thomas G. Sistare	11/15/22 self-employed P00356968
Preparer	Firm's name 🕨 Hoelting & Compa	ny, Inc.	Firm's EIN ▶ 30-0514455
Use Only	Firm's address 💊 31 East Platte A	venue, Suite 300	
	Colorado Springs	, CO 80903	Phone no. (719) 630-1091
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No
132001 12-0	LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.	Form 990 (2021)

	990 (2021) Golden View	w Classical Academ	y 46-5	5744055 Page 2
Pa	t III Statement of Program Service	Accomplishments		
	Check if Schedule O contains a response	e or note to any line in this Part III		X
1	Briefly describe the organization's mission:			
	See Schedule O			
2	Did the organization undertake any significant	arearen eenvieee during the year wh	high word pat listed on the	
2				Yes X No
	If "Yes," describe these new services on Scheo			
3	Did the organization cease conducting, or make		ucts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule (
4	Describe the organization's program service ac	complishments for each of its three	largest program services, as measured	ל by expenses.
	Section 501(c)(3) and 501(c)(4) organizations ar	e required to report the amount of g	grants and allocations to others, the tot	al expenses, and
	revenue, if any, for each program service report	ted.		
4a	(Code:)(Expenses \$ 5,048 Provision of education t	,754. including grants of \$) (Revenue \$	7,377,490.)
	Provision of education t	o 726 students fro	om K to 12 in fiscal	vear
	2021-2022.			4
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	(cour:) (ponoco +) (tototado ‡	/
4c	(Code:) (Expenses \$	including grants of ¢)
	(Code) (Expenses \$) (nevenue \$)
14	Other program convisos (Deservibe on Schodule	0)		
4d	Other program services (Describe on Schedule	,)
	-	ng grants of \$ 5 , 048 , 754 .) (Revenue \$)
4e	Total program service expenses	J, U40, /J4.		000

000 (2021)	Go
990 (2021)	G

Form 990 (2021) Golden View Classical Academy
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
L	Part VI	<u>11a</u>	Λ	<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	x	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a		20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			- v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		X

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 Form 990 (2021)
 Golden View Classical Academy

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	25a		<u> </u>
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? If "Yes," complete			
	Schedule L, Part I	25b		X X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u>x</u>
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
05 -	Part V, line 1	34	~	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	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 poetion 512/b)(12)2. (Filling a final state of the D. D. (14) (Filling a	35b		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	350		<u> </u>
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	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	38	х	
Pa				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 17		Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a0		Yes	No

(gambling) winnings to prize winners?

1c

Form	990 (2021) Golden View Classical Academy	46-5744	055	Р	_{age} 5			
Par					5			
				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 116						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	S.						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
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 A	ccounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		Х			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th							
			6a		x			
b	If "Yes," did the organization include with every solicitation an express statement that such contributi							
	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 ser	vices provided to the payor?	7a		Х			
			7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	to file Form 8282?		7c		x			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g					
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained							
	sponsoring organization have excess business holdings at any time during the year?	,	8					
9	Sponsoring organizations maintaining donor advised funds.							
а			9a					
b			9b					
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
	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						
	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
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						
с	Enter the amount of reserves on hand	13c						
14a			14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner							
	excess parachute payment(s) during the year?		15		x			
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		x			
.0	If "Yes," complete Form 4720, Schedule O.	income?						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	•	17					
	If "Yes " complete Form 6069							

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X

Part VI 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

Sec	tion 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	6							
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b	6							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		x					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		X X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6									
- 7a									
	more members of the governing body?	7a		x					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14							
	persons other than the governing body?	7b		x					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
a	The governing body?	8a	x						
a b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
9		9		x					
Sec	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		21					
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No					
100	Did the exception have least charters, hyperbox, as effiliates?	10a	Tes	X					
	Did the organization have local chapters, branches, or affiliates?	10a		- 23					
D		104							
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х						
	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.	10-	x						
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10	х						
40	on Schedule O how this was done	12c		x					
13	Did the organization have a written whistleblower policy?	13	x						
14	Did the organization have a written document retention and destruction policy?	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?	4-	x						
	The organization's CEO, Executive Director, or top management official	15a	A X						
b	Other officers or key employees of the organization	15b							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v					
	taxable entity during the year?	16a		X					
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								
<u></u>	exempt status with respect to such arrangements?	16b							
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed None	· · ·							
18	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)	availal	ole					
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd finan	cial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	The Organization - 720-598-6700								
	601 Corporate Circle, Golden, CO 80401								

Part VII	Со	npensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Em	ployees, 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 the 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.

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more than one) than (ane	Reportable	Reportable	Estimated	
	hours per	box, unless pe			s person is both an a director/trustee)			compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual ti	itiona		nploy	st cor	-	1000 NEO)		organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizatione
(1) Dr. Robert Garrow	40.00		_	-						
Principal				x				133,665.	0.	25,591.
(2) Cortney Crouch	40.00									
Chief Financial Officer				X				99,490.	Ο.	22,798.
(3) Steve Pries	10.00									
Chairman		Х		Х				0.	0.	0.
(4) Matt Van Gieson	10.00									
Vice Chairman	2.00	Х		Х				0.	0.	0.
(5) Gina Schlosser	20.00									
Secreteary	2.00	Х		Х				0.	0.	0.
(6) Mark Ippolito	10.00									
Treasurer		Х		Х				0.	0.	0.
(7) Stacy Bowman	10.00									
Director		Х						0.	0.	0.
(8) Jimmy Golden	10.00									
Director		Х						0.	0.	0.
	1		L		L	L				000

Form 990 (2021) Golden Vi									46-57	7440	55	Pa	age 8	
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		, ,					
(A) Name and title			Average hours per Position (do not check more than one box, unless person is both an				than c s both	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	s	orga and	oensation the nizati relate nizatio	e on ed	
			_		×	1 0								
		-								\square				
										-+				
										\dashv				
										\rightarrow				
		-								+				
		-												
1b Subtotal c Total from continuation sheets to Part VI								233,155.		0.	48	3,38	39. 0.	
d Total (add lines 1b and 1c)								233,155.		0.	48	38		
2 Total number of individuals (including but n compensation from the organization ►							o re	eceived more than \$100,	000 of reportable	;		-	1	
												Yes	No	
3 Did the organization list any former officer,	,	,				,		, , ,	2		•		v	
line 1a? If "Yes," complete Schedule J for setFor any individual listed on line 1a, is the su										···· -	3		X	
and related organizations greater than \$150										- 1	4		Х	
5 Did any person listed on line 1a receive or a	ccrue compen	nsati	, on fr	rom	any	unre	late	ed organization or individ	lual for services					
rendered to the organization? If "Yes." com	plete Schedule	e J fe	or sı	ich i	oers	on .					5		Х	
Section B. Independent Contractors 1 Complete this table for your five highest contractors	npensated ind	lepe	nder	nt co	ontra	actor	s tł	hat received more than \$	100,000 of comp	ensati	on froi	m		
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	rith c	or wi	hin:		ear.		(0)			
(A) Name and business		ha						(B) Description of s	ervices	Co	(C) ompen		1	
Alerio Technology Group , Creek South Dr Suite 103,								Information '	Tech		123	62	20.	
G&G Consulting Group, LLC, 2696 S Colorado HR & Finance														
Blvd., Suite 380, Denver,	CO 802	22	-5	94	4			Services			111	.,73	35.	
2 Total number of independent contractors (ir \$100.000 of compensation from the organiz	•	ot lin	nitec	d to	thos 2		ted	above) who received mo	ore than					

Pa	rt VII	Statement of Rev	venue						
		Check if Schedule O o	contains a res	oonse o	or note to any lin				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
ν. v	1 a	Federated campaigns	1a						sections 512 - 514
unt	b		1b						
٦Ğ	c			-					
r A	d		10			1			
nia	а С	Government grants (contr			777,875.	1			
Sin	f	All other contributions, gifts,	,		,	1			
er ti		similar amounts not included			126,660.				
Gtib	g								
Contributions, Gifts, Grants and Other Similar Amounts	9 h	Total. Add lines 1a-1f				904,535.			
<u> </u>					Business Code				
¢	2 a	Per Pupil Rev	enue		611710	6,328,988.	6,328,988.		
, vic	b	District mill	levv		611710		643,064.		
Ser	c				611710	333,023.			
Ē	d								
Program Service Revenue	e								
Pro	f	All other program service	revenue						
	q	Total. Add lines 2a-2f				7,305,075.			
	3	Investment income (incluc							
		other similar amounts)				3,956.			3,956.
	4								
	5				►				
			(i) Re		(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	с	Rental income or (loss)	6c						
	d	Net rental income or (loss))		🕨				
	7 a	Gross amount from sales of	(i) Secu	rities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
ne		and sales expenses	7b						
Revenue	с	Gain or (loss)	7c						
Be	d	Net gain or (loss)		<u></u>	🕨				
her	8 a	Gross income from fundraising	ng events (not						
Ğŧ			of						
		contributions reported on	-						
		Part IV, line 18				4			
		Less: direct expenses		-					
		Net income or (loss) from	•		<u></u>				
	9 a	Gross income from gamin	-						
		Part IV, line 19				-			
		Less: direct expenses							
		Net income or (loss) from		ies	<u></u>				
	10 a	Gross sales of inventory, I							
		and allowances				4			
		Less: cost of goods sold							
	c	Net income or (loss) from	sales of inven	ory					
sr		Transfers			Business Code 611710	70,230.	70,230.		
Miscellaneous Revenue	11 a	Miscellaneous	Rovenu		611710	2,185.	2,185.		
llan /en	b		revenu	<u>e</u>		<u> </u>	<u> </u>		
Sce	C c								
Ϊ	d	All other revenue			└─── ─	72,415.			
		Total. Add lines 11a-11d				8,285,981.	7 377 /00	0.	3,956.
	12	Total revenue. See instruction	۲۰۰۰ آ		····· 🚩		,,,,,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · ·	· 5,550•

Form 990 (2021)

46-5744055

Page **9**

Form 990 (2021) Golden View Classical Academy
Part IX Statement of Functional Expenses

D-	Check if Schedule O contains a respons		his Part IX (B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	348,864.		348,864.	
6	trustees, and key employees Compensation not included above to disqualified	540,004.		540,004.	
0	persons (as defined under section 4958(f)(1)) and				
7	Other salaries and wages	3,890,523.	3,261,873.	628,650.	
8	Pension plan accruals and contributions (include	-,,0101			
-	section 401(k) and 403(b) employer contributions)	-472,581.	-401,694.	-70,887.	
9	Other employee benefits	333,323.	256,466.	76,857.	
0	Payroll taxes	91,429.	70,347.	21,082.	
1	Fees for services (nonemployees):				
а	Management	43,991.	39,592.	4,399.	
b	Legal	153,038.	137,734.	15,304.	
с	Accounting	95,393.	85,854.	9,539.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	38,747.		38,747.	
2	Advertising and promotion	37,581.	33,823.	3,758.	
3	Office expenses	27,452.	24,707.	2,745.	
4	Information technology	23,187.	20,868.	2,319.	
5	Royalties		F1F 000	EE 221	
6	Occupancy	573,314.	515,983.	57,331.	
7		46,519.	41,867.	4,652.	
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	3,596.	3,236.	360.	
0 1	Payments to affiliates	5,550•	5,250•	500.	
1 2	Depreciation, depletion, and amortization	51,348.		51,348.	
2 3	Insurance	60,644.	54,580.	6,064.	
3 4	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 0.)				
а	Purchased Services	358,614.	322,753.	35,861.	
b	Maintenance	242,006.	217,805.	24,201.	
с	Instructional Supplies	173,580.	173,580.		
d	Other Expenses	70,477.	63,429.	7,048.	
е	All other expenses	136,473.	125,951.	10,522.	
5	Total functional expenses. Add lines 1 through 24e	6,327,518.	5,048,754.	1,278,764.	0
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Golden	View	Classical	Academy

Fai		Dalance Sheet					
		Check if Schedule O contains a response or note	e to any	line in this Part X			······
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,841,112.	1	4,538,727.
	2	Savings and temporary cash investments			3,115,584.	2	
	3	Pledges and grants receivable, net	157,773.	3	151,949.		
	4	Accounts receivable, net	6,951.	4	69,017.		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9					9	10,191.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	513,272.			
	ь	Less: accumulated depreciation		513,272. 124,414.	10,877,551.	10c	388,858.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	3,960,948.	15	1,973,145.		
	16	Total assets. Add lines 1 through 15 (must equa			19,959,919.	16	7,131,887.
	17	Accounts payable and accrued expenses	460,679.	17	368,728.		
	18	Grants payable				18	
	19	Deferred revenue			19,490.	19	19,150.
	20	Tax-exempt bond liabilities			-,	20	
	21	Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa					
bili		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrelative			11,800,000.	23	58,121.
	24	Unsecured notes and loans payable to unrelated			, ,	24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D	,.		12,757,402.	25	9,731,046.
	26	T			25,037,571.	26	10,177,045.
		Organizations that follow FASB ASC 958, che			- / / -		
es		and complete lines 27, 28, 32, and 33.					
anc	27				-5,287,652.	27	-3,488,113.
Bala	28				210,000.	28	-3,488,113. 442,955.
Β		Organizations that do not follow FASB ASC 95					,
Τu		and complete lines 29 through 33.	,				
ç	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		r	-5,077,652.	32	-3,045,158.
z	33				19,959,919.	33	7,131,887.
	່ວວ	I UTAT HADHILLES AND HEL ASSELS/IUTU DAIATICES			• (+ (, (, (, (+ (, (, (, (, (,	<u>ა</u>	,, <u>,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Form **990** (2021)

Part X Balance Sheet

	<u>1990 (2021)</u> Golden View Classical Academy	46-5	744055	Paç	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,285		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,32		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,958		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-5,07	7,6	52.
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	74	4,0 3	<u>31.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	-3,045	5,1	58.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	L
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	L
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				L
				000	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name	lame of the organization Employer identification number								
		Gold	en View Cla	assical Acade	emy			4	6-5744055
Par	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The o	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only o	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2	Х	A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4 [A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
		city, and state:							
5 [An organization operated for		lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
г		section 170(b)(1)(A)(iv). (C							
6 [A federal, state, or local gov	-						
7 [An organization that norma	-	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	public described in
- [section 170(b)(1)(A)(vi). (C							
8 [A community trust describe							
9 [An agricultural research org				-		-	-
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
10 [university: An organization that norma		than 22 1/20/ of its supp	ort from o	ontribution	n momborob	in food and	d aroog regginte from
		activities related to its exem							
		income and unrelated busir		-					-
		See section 509(a)(2). (Cor				SCS acqui			
11 [An organization organized a		velv to test for public sat	etv. See	section 50)9(a)(4).		
12		An organization organized a	-	•	•			rrv out the	purposes of one or
-		more publicly supported or	-	-				•	
		lines 12a through 12d that	-						
а] Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted orga	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ring
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manao	ge the supp	ported
		organization(s). You mus	-						
С		Type III functionally inte	• • • •					ly integrate	d with,
		its supported organization		-					
d		J Type III non-functionally						-	
		that is not functionally int	v	c ,	•		•	an attentiv	reness
_		requirement (see instructi	,	•					
е		Check this box if the orga functionally integrated, or					турет, турет	п, туре п	
f	Ente	r the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0				
		vide the following information	•	d organization(s)					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Toto									
Total							1		1

	A (Form 990)	2021
Part II	Suppor	t Sc

(Form 990) 2021 Golden View Classical Academy 46-5744 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.)

	Se	ction A. Public Support						
membership fees received. (Do not include any 'unusual grants.') Image: Comparison of the organization's benefit and ether paid to or expended on its behalt 2 Tax revenues levided or the organization's benefit and ether paid to or expended on its behalt Image: Comparison of the organization's benefit and the organization's benefit and ether paid to or expended on its behalt 3 The value of services or facilities furnished by a governmental unit to the organization without charge Image: Comparison of the organization's behalt and the organization's behalt governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Sensitive shown on line 11, column (f) Image: Comparison of the organization's the organization's behalt and securities loans, enter, royaties, and income from similar sources Image: Comparison of the organization's the second the organization's the organ	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
include any "unusual grants.") 2 2 Tax revenues levied for the organization includes on expended on its behalf	1							
training banefit and either pair to or expended on its behalf								
or expended on its behalf	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge Image: the organization without charge 4 Total. Add lines 1 through 3 5 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (i) 6 6 Public support. Solvactime 5 tom line 4. 6 Section B. Total Support (a) 2017 Calledar year (or fiscal year beginning in) (a) 2017 7 Amounts from line 4 9 a Gross income from interest, dividends, paymetrs received on securities loans, rents, royalles, and income from similar sources 9 9 Net income from include gain or loads at the business activities, whether or not the business is regularly carried on or loads from the sale of capital assets (Explain in Part VI). 12 10 Other income. Do not include gain or loads from 900 is for the organization's first, second, third, fourth, or fift tax year as a section 501(c)(3) organization, check this box and stop here. > 9 Ato lise support percentage from 2020 Schedule A, Part II, line 14 14 15 19 Other income. Do not include gain or loads at the person 2020 Schedule A, Part II, line 14 15 15 19 First 5 years. If the Form 920 is for the organization of inct check the box on line 13, and line 14 is 31 13% or more, check this box and stop here. > <td></td> <td>ization's benefit and either paid to</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		ization's benefit and either paid to						
time organization without charge i 4 Total. Add lines 1 through 3 5 The portion of total contributions by each parson (other than a governmental unit or publicly supported organization) included i on line 1 that exceeds 2V of the amount shown on line 11, column (0) i 6 Public support. Dense the 5 from the 4 Section B. Total Support (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4. (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 8 Gross income from similar sources and the sources and the sources of the sources and income from similar sources and income from similar sources and the sources of the sources and the sources of the sources of the sources of the sources and the sources of the sources		or expended on its behalf						
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		more, and if the organization meets the	ne facts-and-circur	mstances test, che	eck this box and s	stop here. Explain	in Part VI how the	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		organization meets the facts-and-circu	umstances test. Th	he organization qu	alifies as a publicly	y supported organ	ization	
	18	Private foundation. If the organization	n did not check a	box on line 13, 16	8a, 16b, 17a, or 17	b, check this box a	and see instruction	ns ►

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Golden View Classical Academy Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 20	21 (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 per- formed, 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 bus- iness under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
-	· · · · · · · · · · · · · · · · · · ·								
Э	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
	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								
	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
	ction B. Total Support								
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 20	21 (f) Total		
	Amounts from line 6	(u) 2011		(0) 2010	(4) 2020				
	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								
c	Add lines 10a and 10b								
	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	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section \$	501(c)(3) org	anization,		
	check this box and stop here						>		
Sec	ction C. Computation of Public	: Support Per	rcentage						
15	Public support percentage for 2021 (lin	ne 8, column (f), c	livided by line 13, o	column (f))		15	%		
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%		
Sec	ction D. Computation of Inves	tment Income	e Percentage						
17	Investment income percentage for 20	21 (line 10c, colui	mn (f), divided by li	ne 13, column (f))		17	%		
18	Investment income percentage from 2					18	%		
19a	33 1/3% support tests - 2021. If the					33 1/3%, and	d line 17 is not		
	more than 33 1/3%, check this box an								
b	b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and								
	line 18 is not more than 33 1/3%, chec								
20	Private foundation. If the organization								
	¥		· · · · · · · · · · · · · · · · · · ·						

- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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.
- 7 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).
- 8 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).
- 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.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disgualified 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.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

Schedule A (Form 990) 2021

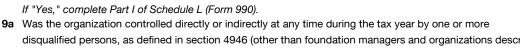
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

Section A. All Supporting Organizations

Part IV | Supporting Organizations

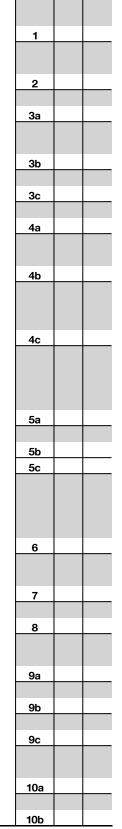
Schedule A (Form 990) 2021

- 1 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c 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.
- 4a 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.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **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).
- b 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?



Yes

No



Golden View Classical Academy

Schedule A	(Form 990)	2021	Golden	View	Classical	Academy
Part IV	Suppor	ting Org	ganizations (cont	tinued)		

1

2

No

			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		
с	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		
Sec	tion 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			

	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.
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,

upervised or controlled the supporting organization

		JUUI III YUUYAHIZAIIUH.	
Section C. Type	II Supporting	o Organizations	

Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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

Section D. All Type III Supporting Organizations	
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			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		

Section 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 ye	ear (see instructions)
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye	<i>far (</i> eee

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction of the second s	tion <u>s).</u>
2	Activities Test. Answer lines 2a and 2b below.	Yes

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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 have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

No

	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
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			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2021

132026 01-04-22

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 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Golden View Classical Academy

Schedule A (Form 990) 2021				
Part V	Type III Non-Function			

Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	anizations (continu	ed)	
Secti	on D - Distributions		1		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
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				
е	Excess from 2021				

Schedule A (Form 990) 2021

	(Form 000) 2021	Golden Vie	w Classical	Academy	46-5744055	
Part VI	line 1; Part IV, Section A, lines 1	mation. Provide th , 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3; Part IV	e explanations required , 6, 9a, 9b, 9c, 11a, 11 , Section E, lines 1c, 2a	d by Part II, line 10; Part II o, and 11c; Part IV, Sectio , 2b, 3a, and 3b; Part V, I	, line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Section ine 1; Part V, Section B, line 1e; Pa any additional information.	C,

123451 11-11-21

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

	Golden View Classical Academy	46-5744055		
Organization type (chee	ck one):			
Filers of:	Section:			
Form 990 or 990-EZ X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

6

	B (Form 990) (2021)		Pag
Name of or	rganization	Emple	oyer identification numbe
<u>Golder</u>	n View Classical Academy	46	6-5744055
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

5,000.

\$

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

X

	B (Form 990) (2021) organization	Empl	Pag oyer identification numbe
<u>Golde</u>	n View Classical Academy	4	6-5744055
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
<u> </u>	Name, address, and ZIP + 4	\$10,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution

(Complete Part II for

Person Payroll Noncash

\$

Page 2

Name of organization

Golden View Classical Academy

Dort II Noncash Pronarty (see instructions). Use duplicate conies of Part II if additional space is needed

(-)			
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I			
		\$	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

46 - 5744055

Page 3

Schedule B	(Form 990) (2021)			Page 4		
Name of org	anization			Employer identification number		
Golden	View Classical Academy	,		46-5744055		
Part III	Exclusively religious, charitable, etc., contribution	ons to organizations described in s				
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, completing Part III, enter the total of exclusively religious.	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. onc	e.) ► \$		
(a) No.	Use duplicate copies of Part III if additional s	space is needed.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
		(e) Transfer of git	t l			
-	Transferee's name, address, an	id ZIP + 4	Relationship of trai	nsferor to transferee		
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
			[
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of tra	nsferor to transferee		
		[
		[
(a) No. from	(h) Dumpers of sift	(c) Use of gift	(d) Deee	ription of how gift is held		
Part I	(b) Purpose of gift (c) Use o					
_						
		(e) Transfer of gif	t			
	Transferee's name, address, an	d ZIP + 4	Relationship of trai	nsferor to transferee		
		[
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
Part I						
F	(e) Transfer of gift					
F	Transferee's name, address, an	id ZIP + 4	Relationship of trai	nsferor to transferee		

Department of the Treasury

Internal Revenue Service

Part I

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 l **Open to Public** Inspection

Employer identification number

46-5744055

Name of the or	ganization
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Golden View Classical Academy 46-574405 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" on Form 990, Part IV, lin	ie 6.		
		(a) Donor advised funds	(b) Funds 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 that the assets held in donor advised	d funds	
	are the organization's property, subject to the organization's	exclusive legal control?	YesNo	
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose co	onferring	
	impermissible private benefit?		Yes No	
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education)	historically important land area	
	Protection of natural habitat	Preservation of a	certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of		
	day of the tax year.		Held at the End of the Tax Year	
а	Total number of conservation easements		2a	
b				
С	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired a)	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the o	rganization during the tax	
	year 🕨			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	rvation easements during the year	
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on easements during the year	
_	► \$			
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)		
-				
9	In Part XIII, describe how the organization reports conservation	•		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statemen	ts that describes the	
Par	organization's accounting for conservation easements. TIII Organizations Maintaining Collections of	Art Historical Treasures or Oth	or Similar Assots	
I UI	Complete if the organization answered "Yes" on Form			
19	If the organization elected, as permitted under FASB ASC 95		d balance sheet works	
Ia	of art, historical treasures, or other similar assets held for put			
	· · · ·	, ,	•	
h	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.			
D	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,			
	· · · · · · · · · · · · · · · · · · ·		rance of public service,	
	provide the following amounts relating to these items:		► ¢	
	(i) Revenue included on Form 990, Part VIII, line 1			
0	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tree	asuras, or other similar assots for financial o		
2	-		Jain, provide	
~	the following amounts required to be reported under FASB A	-	¢	
a b	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021	
LINA	i or i aper work neuroun Act Notice, see the instructions			

PartIIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization acquisition, accession, and other records, check any of the following that make significant use of its contaction terms (check all that apply): a Public exhibition d Contary research d Diministry research d d Diministry research d d Diministry research d d<th></th><th>dule D (Form 990) 2021 Golden</th><th>View Class</th><th>ical Acad</th><th>emy</th><th>-</th><th></th><th></th><th>44055</th><th>Page 2</th>		dule D (Form 990) 2021 Golden	View Class	ical Acad	emy	-			44055	Page 2
collection lame (check all that apply): Collection lame (check all that apply): Scholarly research Collection law collections and explain how they further the organization's exempt purpose in Part XIII. Provide a decipition of the organization solution or excitance or other similar assets Image: Collection of the organization and exempt purpose in Part XIII. Particle organization and excitation's collections and explain how they further the organization answered "Yes" on Form 990, Part X, Ime 32. Yes No Particle organization angent, trustee, custodial or other intermediaty for contributions or other assets not included on Form 990, Part X, Ime 32. Image: Collection and the organization answered "Yes" on Form 990, Part X, Ime 32. No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Collection 200, Part X, Ime 32. Amount Image: Collection 200, Part X, Ime 32. No b If "Yes," explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII. Image: Collection Part XIII. No Image: Collection Part XIII. Ima	Par	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, o	r Other	r Simila	r Assets	(continu	ed)
a Public exhibition b Coan or exchange program b Scholary research c Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization scollections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization scollection's drift, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization an agent of the organization answered 'Yes' on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization an agent of the intermediary for contributions or other assets not included on Form 990, Part X?	3	Using the organization's acquisition, accession	on, and other record	ls, check any of th	e following tha	t make si	gnificant ı	use of its		
b Scholary research e Other 2 Preservation for future generations 4 Provide a description of the organization solicit or receive donations of art, historical resaures, or other similar assets to be solid the organization solicit or receive donations of art, historical resaures, or other similar assets 1 Using the year, did the organization solicit or receive donations of art, historical resaures, or other similar assets Ves No Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 21. Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is is the organization include an amount on Form 990, Part X, line 21. Include and the organization answered "Yes" on Form 990, Part X, line 21. Include and the organization answered "Yes" on Form 990, Part X, line 21. 2 Did the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Yes No 3 If Yes" coglian the arrangement in Part XII. Check here if the explanation has been provided on Part XIII Part Yes" on Form 990, Part X, line 21. Part Yes" on Form 990, Part X, line 21. 4 Beginning of year balance (a) Current year on the prose		collection items (check all that apply):								
c Preservation for future generations 4 Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Excrement AC Motical A Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 91. Yes No 1a is the organization and anount on Form 990, Part X, line 21. 1a is the organization and anount on Form 990, Part X, line 21. 1a is the organization and anount on Form 990, Part X, line 21. 1a is the organization and apent, trustlee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a is the organization include an amount on Form 990, Part X, line 21. 2 Bot the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No 2 Bot the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No 2 Bot the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No 2 Bot the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No 2 Bot the organization include an amount on Form 990, Part X, line 10. Inter year Action accou	а	Public exhibition	(d 📃 Loan or e	xchange progra	am				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solice or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization anagent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization anagent, trustee, custodian or other intermediary for contributions or or custodial account liability? Is a list organization include an amount on Form 990, Part X, line 21. If the organization include an amount on Form 990, Part X, line 21. If the organization include an amount on Form 990, Part X, line 21. If the organization include an amount on Form 990, Part X, line 21. Part V Endowment Funds. Completer the organization naisered "Yes" on Form 990, Part XIII. Reginning of year balance Is domination include an amount on Form 990, Part X, line 21. Is down on the properties of the organization answered "Yes" on Form 990, Part XIII. Is a leginning of year balance Is contributine. Is a leginning of year balance Is contributine. Is contributine expenses Is a leginning of year balance Is contributine. Is a leginning of year balance Is contributine expenses	b	Scholarly research	(e 🗌 Other						
During the year, did the organization solicit or receive donations of art, historical ressures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part M Escrow and Oustodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part K, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, fustkee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X It als the organization angent, fustkee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X It als the organization angent, fustkee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X It als the organization angent, fustkee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X It als the organization angent in Part XIII. Check here if the explanation has been provided on Part XII additions during the year It als contributions (a) Current year (b) Prior year (c) Two years back (d) Ture years back (d) Fure year ye	с	Preservation for future generations								
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. In the organization and the part IV is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No D if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No D if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No D if the organization include an amount on Form 990, Part X, line 10. Image: the organization answered "Yes" on Form 990, Part X, line 10. Image: the organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Image: the organization answered "Yes" on Form 990, Part X, line 10. B ad drants or scholarships Image: the organization an	4	Provide a description of the organization's co	ellections and explai	n how they further	the organization	on's exen	npt purpo	se in Part	XIII.	
Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other infermediary for contributions or other assets not included on Form 990, Part X (III and complete the following table: Image: Complete III and complete the following table: b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete III and complete the following table: Image: Complete III and complete the following table: c Beginning balance Image: Complete III and complete the following table: Image: Complete IIII and complete the following table: Image: Complete III and Complete IIII and Complete IIII and Complete III and Complete III and Complete III and Complete III and Complete IIII and Complete III and Complete IIII and Complete IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	5	During the year, did the organization solicit or	r receive donations	of art, historical tre	easures, or othe	er similar	assets			
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Schedule D (Form 990) 2021

(a) Description of security or category inclusing name of security (b) Book value (c) Method of valuation: Cost or end of year market value (d) Financial developmentations (d) (d) (d) (d) (e) (d) (d) (e) (d) (d) (e) (d)	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
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(4) Net OPEB Liabilities 311,854. (5) (6) (6) (7) (8) (9)				
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(6) (7) (7) (8) (8) (9)	(4) Net OPEB Liabilities			311,854.
(7) (8) (9) (9)	(5)			
(8) (9)	(6)			
(9)	(7)			
	(8)			
	(9)			
		e 25.)	►	9,731,046.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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Golden View Classical Academy Schedule D (Form 990) 2021

Part VII	Investments - Other Securities

Sche	dule D (Form 990) 2021 Golden View Classical Acad	emy		46-	5744055	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Wit	h Revenue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total revenue, gains, and other support per audited financial statements			1	8,783	,149.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	497,168.			
е	Add lines 2a through 2d			2e		<u>,168.</u>
3	Subtract line 2e from line 1			3	8,285	<u>,981.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,285	<u>,981.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses per I	Returi	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total expenses and losses per audited financial statements			1	7,560	<u>,820.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	. 2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)		1,233,302.			
е	Add lines 2a through 2d			2e	1,233	<u>,302.</u>
3	Subtract line 2e from line 1			3	6,327	<u>,518.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,327	,518.
Pa	rt 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.

Part XI, Line 2d - Other Adjustments:	
Building Corporation rental income	566,334.
Building Corporation investment income	1,064.
Building corporation transfers	-70,230.
Total to Schedule D, Part XI, Line 2d	497,168.
Part XII, Line 2d - Other Adjustments:	
Building Corporation bank fees	223.
Building Coporation interest expense	617,068.
Building Corporation purchases services	207,804.
Building Corporation equipment	419,486.
132054 10-28-21	Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 Golden View Classical Academy Part XIII Supplemental Information (continued)	46-5744055 Page 5
Building Corporation amortization of premium	-11,279.
Total to Schedule D, Part XII, Line 2d	1,233,302.

SC	HEDULE E	Schools	1	OMB No.	1545-004	47
	m 990)	Complete if the organization answered "Yes" on Form 990,			1	
(Part IV, line 13, or Form 990-EZ, Part VI, line 48.		ZU	Z	
Departi	ment of the Treasury	► Attach to Form 990 or Form 990-EZ.		Open to	Publ	ic
Internal	Revenue Service	Go to www.irs.gov/Form990 for the latest information.		Inspect	ion	
Name	e of the organizatio		Employer i			
		Golden View Classical Academy	46	5-5744	055	
Pa	rtl				1	
					YES	NO
1	•	tion have a racially nondiscriminatory policy toward students by statement in its charter,				
		erning instrument, or in a resolution of its governing body?		1	Х	<u> </u>
2		tion include a statement of its racially nondiscriminatory policy toward students in all its broc			v	
•	•	ther written communications with the public dealing with student admissions, programs, and	scholarship	s? 2	X	<u> </u>
3	0	on publicized its racially nondiscriminatory policy on its primary publicly accessible Internet				
		mes during its taxable year in a manner reasonably expected to be noticed by visitors to the ugh newspaper or broadcast media during the period of solicitation for students, or during the	20			
		if it has no solicitation program, in a way that makes the policy known to all parts of the gene				
	U	es? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	Jiai	3	х	
	See Part		on the			
		ion's website, in the contracts, and in the fam		-		
	handbook.			—		
				_		
				_		
4	Does the organiza	tion maintain the following?				
а	Records indicating	the racial composition of the student body, faculty, and administrative staff?		4a	Х	
b	Records documer	ting that scholarships and other financial assistance are awarded on a racially nondiscrimina	tory basis?	4b	Х	
с	Copies of all catal	ogues, brochures, announcements, and other written communications to the public dealing				
	with student admi	ssions, programs, and scholarships?		4c	Х	<u> </u>
d	Copies of all mate	rial used by the organization or on its behalf to solicit contributions?		4d	х	<u> </u>
	If you answered "I	lo" to any of the above, please explain. If you need more space, use Part II.				
				_		
				_		
_				_		
5		tion discriminate by race in any way with respect to:		5.		x
		privileges?		<u>5a</u>		37
	Admissions policie					X
		culty or administrative staff?				X
		her financial assistance?				X
		25?				X
		?				X
		lar activities?				X
		/es" to any of the above, please explain. If you need more space, use Part II.				
	,,					
				_		
6a	Does the organiza	tion receive any financial aid or assistance from a governmental agency?		6a	Х	
b	Has the organizati	on's right to such aid ever been revoked or suspended?				X
		/es" on either line 6a or line 6b, explain on Part II.				
7		tion 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	<u></u>	7	Х	
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Sch	hedule E (Fo	rm 990) 2021

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.

Line 6 - Explanation of Government Financial Aid:

The School receives funding from the State Department of Education.

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest	F	20	71	
-	-	Compensated Employees		20		i i
Dopo	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organization		Employer i			nber
		Golden View Classical Academy	46-5	574405	5	
Ра	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
	Discretionary s	pending account Personal services (such as maid, chauffer	ir, cnet)			
Ŀ	If any of the barre	on line to are checked, did the presidentian follow a written relieve recentling requests				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or		41-		
2				1b		
2	e e	require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2		
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?				
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's				
U		ctor. Check all that apply. Do not check any boxes for methods used by a related organization s				
		tion of the CEO/Executive Director, but explain in Part III.	51110			
	Compensation					
	·	ompensation consultant				
		ther organizations X Approval by the board or compensation c	ommittee			
			ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re					
а	-	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?				X
с		eive payment from an equity-based compensation arrangement?				X
	-	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the r	evenues of:				
а	The organization?			5a		X
		ation?				X
		r 5b, describe in Part III.				
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the n	et earnings of:				
а	The organization?			6a		X
b	Any related organiz	ation?		6b		X
	If "Yes" on line 6a o	r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		es 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ie			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in				
	Regulations section			9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	ו 990)	2021

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(i)							
(ii)							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

(FOITH 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



Golden View Classical Academy

Form 990, Part I, Line 1, Description of Organization Mission: Golden View Classical Academy was established to develop within its students the intellectual and personal habits and skills upon which responsible, independent and productive lives are built, in the firm belief that such lives are the basis of a free and just society. This is achieved by always working to train the minds and improve the hearts of young people thorugh a classical, content-rich education in the liberal arts and sciences, with instruction in the principles of moral character and civic virtue in an orderly and disciplined environment.

Form 990, Part III, LIne 1, Description of Organization Mission: Golden View Classical Academy was established to develop within its students the intellectual and personal habits and skills upon which responsible, independent and productive lives are built, in the firm belief that such lives are the basis of a free and just society. This is achieved by always working to train the minds and improve the hearts of young people thorugh a classical, content-rich education in the liberal arts and sciences, with instruction in the principles of moral character and civic virtue in an orderly and disciplined environment.

Form 990, Part VI, Section B, line 11b:

Form 990 is presented to the Board annually prior to submission.

Form 990, Part VI, Section B, Line 12c:

To monitor compliance with the conflict of interest policy, periodic

 reviews shall be conducted. The periodic reviews shall at minimum include

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

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 Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization Golden View Classical Academy	Employer identification number 46-5744055
the following subjects: the reasonableness of compensation	arrangements and
benefits, competent survey information, the result of arm'	s length
bargaining, the conformity of partnerships, joint ventures	, and
arrangements with management organizations to the organiza	tion's written
policies, the proper recording of those arrangements, the	reasonableness of
investments or payments for goods and services, further ch	aritable
purposes, and the evaluation of the arrangement's impact o	n inurement,
impermissible private benefit or an excess benefit transac	tion.
Form 990, Part VI, Section B, Line 15:	
The annual process for determining a compensation package	is as follows:
the nonprofit, through a committe consisting of either the	full Board or an
executive committee approved by the Board, shall annually	evaluate any
highly paid employees or contractors on performance. The a	ppropriate

committe will obtain research and information to make a recommendation to

the full Board for the compensation of such employees or consultants based

on a review of comparibility data, and to approve the compensation for

highly compensated employees and consultants. The Board must document how it reached its decisions, including the information on which it based such decisions.

Form 990, Part VI, Section C, Line 19: Golden View Classical Academy makes its governing documents and conflict of interest policy available to the public upon request. The financial statements are available on Golden View Classical Academy's website at the following address:

https://www.goldenviewclassical.org/financialtransparency

Iame of the organization Golden View Classical Academy	Employer identification numl
orm 990, Part XI, line 9, Changes in Net Assets:	
o remove Building Corporation net assets	74,031
orm 990, Part XII, Line 2c:	
he process of a committee overseeing the audit and ass	suming
responsibility has not changed from the prior year.	
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Page **2**

Schedule O (Form 990) 2021

SCH	EDULE	R
	1	

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number

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Department of the Treasury Internal Revenue Service

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

Name of the organization

Golden View Classical Academy

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled :ity?
				501(c)(3))		Yes	No
The Sentinel Foundation - 84-1793889							
2205 East Street							
Golden, CO 80401	Supporting Foundation	Colorado	501(c)(3)	Line 7			Х

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

Schedule R (Form 990) 2021

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		-	6.0		(-)	<i>(</i>)			63			6.5
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)		j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI amount in box 20 of Schedule	Gene	eral or	Percentage ownership
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	alloca	itions?	amount in box	part	aging ner?	ownership
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes		
	-											
	-											
										_		
										+		
	-											
	-											
	1											
	1											
	4											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(i contr	i) b)(13) rolled tity?
		country)						Yes	No
Golden View Classical Academy Building	Lease Equipment and		Golden View						
Corporation - 47-2212749, 601 Corporate	property to Golden		Classical						
Circle, Golden, CO 80401	View Classical	CO	Academy	C CORP	497,168.	11,993,680.	100%	X	
	-								

Schedule R (Form 990) 2021 Golden View Classical Academy

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		X
	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
Golden View Classical Academy Building			
(1) Corporation	K	566,334.	Fair Market Value
Golden View Classical Academy Building			
(2) Corporation	S	70,230.	Cash
(3) The Sentinel Foundation	С	60,000.	Cash
(4)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2021 Golden View Classical Academy

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(i org Yes	rs sec. c)(3) s.?	(f) Share of total income	(g) Share of end-of-year assets	Dispi tioi alloca	opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General (managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2021

Part IV, Identification of Related Organizations Taxable as Corp or Trust:
Name of Related Organization:
Golden View Classical Academy Building Corporation
Primary Activity: Lease Equipment and property to Golden View Classical
Academy

Provide additional information for responses to questions on Schedule R. See instructions.

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Schedule R (Form 990) 2021 Gold Part VII Supplemental Information