Extended to May 16, 2022

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

<u>A</u>	ror the	e 2020 calendar year, or tax year beginning 0011 1, 2020 and 0	enaing U	UN 30, 2021	
В	Check if applicable	c Name of organization		D Employer identifi	cation number
	Addre chang	Ss Lincoln			
	Name chang	e Doing business as		94-11565	01
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return	1266 14th Street		510-273-	4700
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	25,291,872.
	Amen return	Oakland, CA 94007		H(a) Is this a group r	eturn
	Application	F Name and address of principal officer: Allison Staulcup Be	ecwar	for subordinates	? Yes X No
	pendi	same as C above		H(b) Are all subordinates i	ncluded? Yes No
		empt status: X 501(c)(3) D 501(c) () D (insert no.) D 4947(a)(1) of	or 527	If "No," attach a	list. See instructions
		te:▶lincolnfamilies.org		H(c) Group exemption	
K	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 1883 N	A State of legal domicile: CA
P	art I	Summary			
9	1	Briefly describe the organization's mission or most significant activities: To d	isrupt	the cycle	of poverty
Activities & Governance		& trauma, empowering children & families	to bu	ild strong	futures.
ž	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net a	
8	3	Number of voting members of the governing body (Part VI, line 1a)		3	14
জ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	14
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	304
Ξ	6	Total number of volunteers (estimate if necessary)		6	50
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		2,462,132.	6,234,112.
	9	Program service revenue (Part VIII, line 2g)		20,132,789.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		533,318.	234,886.
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		17,416.	41,421.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		23,145,655.	23,517,881.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .		18,964,848.	18,261,421.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xbe	b	Professional fundraising fees (Part IX, column (A), line 11e)	87 .		
Ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,042,505.	3,721,244.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		23,007,353.	
	19	Revenue less expenses. Subtract line 18 from line 12		138,302.	1,535,216.
Net Assets or	3		Ве	ginning of Current Year	End of Year
Sets	20	Total assets (Part X, line 16)		21,696,665.	26,641,425.
t As	21	Total liabilities (Part X, line 26)		5,922,446.	6,478,014.
캺	22	Net assets or fund balances. Subtract line 21 from line 20		15,774,219.	20,163,411.
	art II	Signature Block			
	-	lities of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	e, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		Signature of officer		Doto	
Sign Here		, ,	!	Date	
		Epifania Estrada, Chief Financial Offi	ıcer		
		,	11	Date Check	PTIN
D-:	d	Print/Type preparer's name Preparer's signature	'	if	
Pai		Sean E. Cain, CPA		self-employ	ed P01612986 95-4557617
	parer	Firm's name Harrington Group, CPAs, LLP		Firm's EIN	30-400/01/
US	Only	Firm's address 2698 Mataro Street Pasadena, CA 91107		Di / 6	26) 403-6801
_	41			Phone no. (o	
Ma	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	Statement of Program Service Accomplishments	X
	Check if Schedule O contains a response or note to any line in this Part III	Δ
1	Briefly describe the organization's mission: Lincoln disrupts the cycle of poverty and trauma, empowering children	
	and families to build strong futures.	
	and lamifies to balla scrong factics.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$16 , 101 , 823 • including grants of \$) (Revenue \$15 , 837 , 355	
	Community and School Based Service - Lincoln's Community & School Base	ed_
	Services include:	
	* HOPE (Helping Open Pathways to Education) - early intervention menta	<u> 1</u>
	services so that students can thrive in their community school.	
	* Project Permanence - wraparound program focusing on supporting	
	permanently placed foster youth into stable family homes and youth on	
	probation back to their families with focus on avoiding continued involvement with the justice system.	
	* EXCEL - continuum of behavioral and mental services for students in	
	Special Ed in Alameda County & Contra Costa County.	
	* Multidimensional Family Therapy - evidence-based family therapy mode	<u>-1</u>
	that provides youth with substance abuse issues supports within the	<u>-</u>
4b	(Code:) (Expenses \$ 683,143 • including grants of \$) (Revenue \$ 755,508	8.
75	Kinship - provides kin caregivers and their children with case	_
	management, information and referrals, support groups, children's	
	activity group, respite care, tutoring and educational seminars.	
	40F 001	
4c	(Code:) (Expenses \$407,221 • including grants of \$) (Revenue \$414,599	<u> </u>
	Training - Lincoln Training Institute provides training to employees and other child-serving organizations through a Title IV-E training	
	contract. It also provides clinical, management and education-related	
	training that are fee-based.	
	eraring that are ree basea.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 2,096,128 • including grants of \$) (Revenue \$)	
40	Total program service expenses 19, 288, 315.	

Form 990 (2020) Lincoln 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?	2	X	
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		Х
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
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
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
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?			l
	If "Yes," complete Schedule D, Part IV	9		Х
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	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? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		Х
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		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			\ _{3,7}
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2020) Lincoln Part IV Checklist of Required Schedules (continued)

22 bit 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 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 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 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 in a prior year, and that the transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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, controlled entity of rimply member of any of these persons? If "Yes," complete Schedule L, Part II 25b 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 30% controlled entity (including an employee thereof) or family member of any of these pers		•
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 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 25e 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization act as an "on behalf of" issuer for bonds outstanding 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? d 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d 24c b Is the organization act that the special on 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-E27 If "Yes," complete Schedule L, Part I 25b Did the organization export 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 25b Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part II 27 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part II 27 28 Was the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000		1
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J and 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 ine 25a 24b 24a 24b 25b 20d the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d dl dl the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d dl the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b		X
242 As 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 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Is the organization and disqualified person during the year? If "Yes," complete Schedule L, Part I 25b Is the organization has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 25c Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part II 25c Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part II 25c Did the organization organization endough the properties of any of these persons? If "Yes," complete Schedule L, Part II 25c Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part II 25c Did the organization organization endough the properties Schedule L, Part IV 25c Did the organization organization endough the		1
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b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 25b 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 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 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV) 28 Is a Current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28 Is A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b/If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 30 Did the organization liquidate, terminate, or dissolve and cease operation		1
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
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36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36		1
If "Yes," complete Schedule R, Part V, line 2		
		х
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization		
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		х
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note: All Form 990 filers are required to complete Schedule O	Х	
Part V Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response or note to any line in this Part V		
	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 65		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		
(gambling) winnings to prize winners?	Х	

020) Lincoln Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

		_		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 return2a	304							
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	y over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	(FBAR).							
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	ization solicit							
	any contributions that were not tax deductible as charitable contributions?		6a		X				
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?								
7									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services pro	· · · •	7a	<u> </u>					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	T	7b	Х					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requi	1			٠,,				
	to file Form 8282?		7с		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year		7e		Х				
е	3 7 7 7 1 7 1								
f	3 , 3 , 11 , 1 , , , , ,								
g									
_	 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 								
8		N/A	8						
0									
	 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A								
a h	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	37/3	9a 9b						
10	Section 501(c)(7) organizations. Enter:		30						
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders N/A 11a								
	Gross income from other sources (Do not net amounts due or paid to other sources against								
_	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N}{A}$ 12b								
	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	N/A	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								
	Enter the amount of reserves on hand				Х				
	la Did the organization receive any payments for indoor tanning services during the tax year?								
b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of	r							
	excess parachute payment(s) during the year?		15		X				
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income	e?	16		X				
	If "Yes," complete Form 4720, Schedule O.								

Lincoln Form 990 (2020)

94-1156501

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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.

Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year three three number of the governing body at the end of the tax year three three number of the governing body of the governing body delegated broad authority to an executive committee or similar committee, episin on Schedule 0. 1b Enter the number of voting members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, episin on Schedule 0. 1c Did any officer, director, trustee, or key employee? 2 Did any officer, director, trustees, or key employee? 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? 3 Did the organization become aware during the year of a significant changes to its governing documents since the prior Form 980 was filed? 4 Did the organization have members, stockholders? 5 Did the organization have members, stockholders? 6 Did the enginization have members, stockholders? 7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 Did the organization thave members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 Did the organization thave members, stockholders, or other persons who had the power to elect or appoint one or more members of the operations of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization thave with persons the persons of the organization or severning body? 9 Did the organization thave with persons the persons that the sev		Check if Schedule O contains a response or note to any line in this Part VI			X
tale the number of voling members of the governing body, at the ond of the tax year If there are anxiented differencies in poling rights among members of the governing body, and the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. be freit the number of voling members included on line 1a, above, who are independent Did any officer, director, trustees, or key employee? 2	Sec				
there are malerial differences in voting rights among members of the governing body, of it the governing body delegated broad authority to an executive committee or similar committee, septian on Schedule O. b Enfert the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees or a management company or other person? 3 Did the organization delegate control over management duries customarily performed by or under the direct supervision of officers, director, 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? 4 Did the organization have members and advantage to the governing documents since the prior Form 990 was filed? 5 Did the organization have members and advantage of the prior of the organizations assests? 6 Did the organization have members and self-indicated diversion of the organization assests? 7 Did the organization have members, shockholders? 8 Did the organization have members, shockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 Did the organization thave members, shockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 Did the organization thave decisions of the organization mesers of the organization thave with the power to elect or appoint one or more members of the governing body? 8 Did the organization thave underly to act on behalf of the governing body? 9 Did the organization thave underly to act on behalf of the governing body? 10 Did the organization thave underly to act on behalf of the governing body? 11 Section 8. Policies (This Section 8 requests information about policies not required by the Internal Revenue Code). 12 Section 8. Policies (This				Yes	No
be Either the number of worting members included on line 1a, above, who are independent. 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 have a family relationship or a business relationship with any other officers, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3	1a	Enter the number of voting members of the governing body at the end of the tax year	-		
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2					
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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? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X 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 financial 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 ▶ Quintina Barkus - Controller - (510) 410-9900					
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20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Quintina Barkus - Controller - (510) 410-9900	ı		ia iina	nciai	
Quintina Barkus - Controller - (510) 410-9900	200				
	20	Ouintina Barkus - Controller - (510) 410-9900			
		1266 14th Street, Oakland, CA 94607			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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.

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	rsoni	than is bot	h 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 employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Allison Staulcup Becwar	40.00	-		,,				170 072	0	22 240
CPO/Pres. & CEO	40.00			Х				170,073.	0.	33,348.
(2) Ellen Kinoy	40.00	-				7.7		144 050	0	20 067
Clinical Director	40.00					Х		144,852.	0.	29,867.
(3) Epifania Estrada CFO	40.00			х				128,771.	0.	28,848.
(4) Kirsten T. Melton	40.00									
Chief Devel. & Marketing						Х		138,247.	0.	6,969.
(5) Crystal Smiley	40.00									
Dir. of Human Resources						Х		116,450.	0.	21,555.
(6) Dynell Garron	40.00									
Program Director						Х		115,838.	0.	18,794.
(7) Jessica Rojas	40.00								_	
SBS Prog. Dir. CCC						Х		114,807.	0.	18,323.
(8) David de Figueiredo	3.00	l		l						
Board Chair	2 00	Х		Х				0.	0.	0.
(9) Kevin Asher	3.00								0	•
Vice Chair	2 00	Х		Х				0.	0.	0.
(10) Autumn McDonald	3.00								0	•
Vice Chair	2 00	Х		Х				0.	0.	0.
(11) Dante Robinson	3.00	,,		,,					0	0
Treasurer	2 00	Х		Х				0.	0.	0.
(12) Louis Knox	3.00	. ,		\ \					0	0
Secretary	2 00	Х		Х				0.	0.	0.
(13) Ivan Fujihara	3.00	X						0.	0.	0.
Board Member	3.00	Δ						0.	0.	<u> </u>
(14) Terry Jones Board Member	3.00	X						0.	0.	0.
(15) Tom Meier	3.00	^						0.	0.	<u> </u>
Board Member	3.00	X						0.	0.	0.
(16) Nate Moncrief	3.00							0.	0.	
Board Member	3.00	X						0.	0.	0.
(17) Alice Myerhoff	3.00	 ``		<u> </u>		\vdash	 		0.	
Board Member	3.00	x						0.	0.	0.
02007 10 02 00	<u> </u>			_					•	Form 990 (2020)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, and	d Hi	ighe	st (Compensated Employe	es (continued)				
(A)	(B)			(C	C)			(D)	(E)			(F)	
Name and title	Average hours per week	box	not c , unle	ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	on	an	timate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI	าร	com fr org and	pensa om th anizat d relat	e ion ed
(18) Sheetal Patel	3.00	.								_			0
Board Member (19) Pallavi Sharma	3.00	Х						0.		0.			0.
Board Member	3.00	X						0.		0.			0.
(20) Cynthia Prince	3.00												
Board Member Emeritus			Х					0.		0.			0.
(21) Wendall Mitchell	3.00		٠,,										^
Board Member Emeritus			X					0.		0.			0.
di Ostani								929,038.		0.	15	7 7	04.
1b Subtotal 929,038 0 0 c Total from continuation sheets to Part VII, Section A								13	1,1	04.			
d Total (add lines 1b and 1c)								929,038.		0.	157,704		_
Total number of individuals (including but n								received more than \$100	0,000 of reportab	ole		-	
compensation from the organization													13
										ļ		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	•		•	•	•	-	•		•		3		Х
								ther compensation from			,		
 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 									4	Х			
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services													
rendered to the organization? If "Yes," com	plete Schedul	e J i	for st	uch _I	pers	son .					5		X
Section B. Independent Contractors								H1	\$100,000 - \$		-41 4		
 Complete this table for your five highest co the organization. Report compensation for 	-	-								npens	ation i	rom	
(A)	trie caleridar y	cai	enui	ng v	VILII	OI W	11111	(B)	year.		(0	:)	
Name and business								Description of s	ervices	С	ompe		n
Tenisi Tech, 3460 Marron	Road,	St	• 1	L 0 3	3,								
Oceanside, CA 92056								IT services		<u> </u>	19	7,7	36.
Nola Brantley 329 Kinkross Drive, Walnu	ı+ C~~~1	_	C	, ,	ו / נ	5 Q Q	,	Training ses	giong	1	1 0	0,8	0.0
329 KINKIOSS DIIVE, WAIII	r creei	`,	C.F) '	J 5 (ر	rrarning ses	PIOIIR		Τ0	0,0	00.
										4			

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

94-1156501 Form 990 (2020) Lincoln Page 9 Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 65,159. c Fundraising events 1c d Related organizations 1d 4,974,195. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1,194,758 1f g Noncash contributions included in lines 1a-1f 1g |\$ h Total. Add lines 1a-1f 6,234,112. **Business Code** 2 a Community based services Program Service Revenue 624100 16,251,954. 16,251,954 b Kinship Program 624100 755,508 755,508 С f All other program service revenue g Total. Add lines 2a-2f 17,007,462. Investment income (including dividends, interest, and 175,338 175,338. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 1,826,441 assets other than inventory 7a **b** Less: cost or other basis Other Revenue 1,766,893 and sales expenses 7b c Gain or (loss) 59,548. 59,548. 59,548. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 65,159. of contributions reported on line 1c). See Part IV, line 18 7,098 **b** Less: direct expenses _____ 7,098. c Net income or (loss) from fundraising events 0 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a Other 900099 41,421 41,421. b

41,421

17,007,462

23,517,881,

276,307.

d All other revenue

Total revenue. See instructions

e Total. Add lines 11a-11d

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respor	nse or note to anv line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			g	
-	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,				
•	trustees, and key employees	381,325.	338,400.	32,447.	10,478.
6	Compensation not included above to disqualified	,	, ,	- ,	
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	14,291,905.	12,683,084.	1,216,107.	392,714.
8	Pension plan accruals and contributions (include	, , ,	, , , , , , ,		,
-	section 401(k) and 403(b) employer contributions)	578,161.	563,302.	1,313.	13,546.
9	Other employee benefits	1,937,680.		9,353.	45,641.
10	Payroll taxes	1,072,350.	1,040,382.	6,638.	25,330.
11	Fees for services (nonemployees):	-	-	-	
а	Management				
b	Legal	36,455.	25,436.	10,098.	921.
С	Accounting	45,924.	32,043.	12,721.	1,160.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	51,744.		51,744.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	1,233,301.	865,468.	343,594.	24,239. 12.
12	Advertising and promotion	253.	187.	54.	12.
13	Office expenses	361,771.	267,137.	77,318.	17,316.
14	Information technology	272,653.	201,218.	58,348.	13,087.
15	Royalties				
16	Occupancy	677,481.	568,950.	96,662.	11,869.
17	Travel	9,644.	6,126.	3,372.	146.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	70,096.	37,090.	31,630.	1,376.
20	Interest	7,098.	5,238.	1,519.	341.
21	Payments to affiliates	200 042	200 101	66 388	
22	Depreciation, depletion, and amortization	397,710.	322,191.	66,377.	9,142.
23	Insurance	121,030.	105,644.	13,344.	2,042.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Client-related expense	309,464.	270,943.	1,813.	36,708.
b	Staff development	65,424.	34,618.	29,522.	1,284.
С	Dues and subscriptions	51,724.	38,172.	11,069.	2,483.
d	Other	9,472.		6,520.	2,952.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	21,982,665.	19,288,315.	2,081,563.	612,787.
26	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)				
00001	n 12-23-20				Form 990 (2020)

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	4,369,141.	1	5,567,729
	2	Savings and temporary cash investments	1,954,856.	2	913,639
	3	Pledges and grants receivable, net	15,000.	3	187,500
	4	Accounts receivable, net	5,001,774.	4	5,814,464
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
t2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	156,229.	9	224,587
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 4,041,125.			
	b	Less: accumulated depreciation 10b 3,055,793.	1,350,323.	10c	985,332
	11	Investments - publicly traded securities	6,929,195.	11	10,833,100
	12	Investments - other securities. See Part IV, line 11	1,681,948.	12	1,909,594
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	238,199.	15	205,480
	16	Total assets. Add lines 1 through 15 (must equal line 33)	21,696,665.	16	26,641,425
	17	Accounts payable and accrued expenses	2,225,043.	17	2,169,100
	18	Grants payable		18	
	19	Deferred revenue	299,900.	19	2,308,914
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ap		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	3,397,503.	24	2,000,000
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	5 000 446	25	6 450 044
	26	Total liabilities. Add lines 17 through 25	5,922,446.	26	6,478,014
S		Organizations that follow FASB ASC 958, check here ▶ X			
ဥ		and complete lines 27, 28, 32, and 33.	10 000 000		10 051 006
aa	27	Net assets without donor restrictions	10,020,975.	27	12,871,306
ĕ	28	Net assets with donor restrictions	5,753,244.	28	7,292,105
Š		Organizations that do not follow FASB ASC 958, check here			
Ĕ		and complete lines 29 through 33.			
ţ	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ϋ́	31	Retained earnings, endowment, accumulated income, or other funds	15 554 040	31	00 160 161
Net Assets or Fund Balances	32	Total net assets or fund balances	15,774,219.	32	20,163,411
	33	Total liabilities and net assets/fund balances	21,696,665.	33	26,641,425

Form **990** (2020)

Form 990 (2020) Lincoln 94-1156501 Page **12**

Pa	Tt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,51					
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,98					
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 15							
5	Net unrealized gains (losses) on investments	5	2,36	6,6	20.			
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	48	7,3	56.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	20,16	3,4	11.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			Ш			
				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 in Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a							
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,							
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		3a	X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			Х				
			Form	990	(2020)			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization Lincoln 94-1156501 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support												
Calendar year (or fiscal year beginning in) ► (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total												
1	Gifts, grants, contributions, and						_					
	membership fees received. (Do not											
	include any "unusual grants.")											
2	2 Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge											
4	Total. Add lines 1 through 3											
5	The portion of total contributions											
	by each person (other than a											
	governmental unit or publicly											
	supported organization) included											
	on line 1 that exceeds 2% of the											
	amount shown on line 11,											
	column (f)											
6	Public support. Subtract line 5 from line 4.											
_	Section B. Total Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total					
	Amounts from line 4	, ,	` '			. ,						
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources											
9	Net income from unrelated business											
_	activities, whether or not the											
	business is regularly carried on											
10	Other income. Do not include gain											
	or loss from the sale of capital											
	assets (Explain in Part VI.)											
11	Total support. Add lines 7 through 10											
12	Gross receipts from related activities,	etc. (see instructi	ons)			12						
13	First 5 years. If the Form 990 is for the					501(c)(3)						
	organization, check this box and stop	here										
Section C. Computation of Public Support Percentage												
14	4 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14											
15	5 Public support percentage from 2019 Schedule A, Part II, line 14											
16a	16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and											
	stop here. The organization qualifies as a publicly supported organization											
b	33 1/3% support test - 2019. If the o	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box					
	and stop here. The organization qual											
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,					
	and if the organization meets the fact	s-and-circumstand	es test, check this	s box and stop he	re. Explain in Part	VI how the organiz	ation					
	meets the facts-and-circumstances to	-			•							
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or					
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	eck this box and st	t op here. Explain ir	n Part VI how the						
	organization meets the facts-and-circ	umstances test. Ti	ne organization qu	alifies as a publicl	y supported organ	ization	▶∐					
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	ınd see instruction	s ▶∟					

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.)

<u></u>	qualify under the tests listed b	elow, please comp	olete Part II.)				
	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,513,344.	2,422,535.	2,828,407.	2,462,132.	6,234,112.	15,460,530.
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	18,521,259.	19,147,148.	18,035,210.	20,132,789.	17,007,462.	92,843,868.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
1	Tax revenues levied for the organ-						
4	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	20,034,603.	21,569,683.	20,863,617.	22,594,921.	23,241,574.	108,304,398.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
k	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						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						108,304,398.
	ction B. Total Support						, ,
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	20,034,603.	21,569,683.	20,863,617.	22,594,921.	23,241,574.	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			197,018.			
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	256,030.	192,654.	197,018.	175,473.	175,338.	996,513.
	Net income from unrelated business activities not included in 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.)	53,858.	10,929.	143,966.	22,205.	41,421.	272,379.
13	Total support. (Add lines 9, 10c, 11, and 12.)	20,344,491.	21,773,266.	21,204,601.	22,792,599.	23,458,333.	109,573,290.
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizat	ion,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				_
15	Public support percentage for 2020 (line 8, column (f), d	livided by line 13,	column (f))		15	98.84 %
16	Public support percentage from 2019					16	98.20 %
	ction D. Computation of Inves						,,
17				ne 13 column (f))		17	.91 %
	Investment income percentage from 2					18	1.43 %
	33 1/3% support tests - 2020. If the						
.56	more than 33 1/3%, check this box a						► X
t	33 1/3% support tests - 2019. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	00x on line 14, 19	a. or 19b. check th	iis pox and see ins	structions	▶∟

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in 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 disqualified person (as defined in 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.)

		Yes	No
	1		
	•		
	2		
	3a		
	3b		
	3с		
	4a		
	44		
	4b		
	4c		
	_		
	5a		
	5b		
	5c		,
	6		
	_		
	7		
	8		
	9a		
	Ja		
	9b		
	9с		
	10a		
	10b		
m 9	90 or 99	0-F7	2020

Pa	rt IV Supporting Organizations (continued)			ago o
	Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	140
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
u	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1.15		
·	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		103	140
•	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	·		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	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		
Sec	tion D. All Type III Supporting Organizations			
	aon 217 an 1940 an Cupper ang Cigamination		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	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			
2	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 in line 2, above, did the organization's supported organizations have a			
Ü	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			l
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions			
a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			110
_	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.	2a		
b	Did the activities described in 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
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.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orga	anizations	ĭ			
1	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.						
Sect	ion 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	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
c	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	ion 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-functional	lly integra	ated Type III supporting org	anization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ıed)				
Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exe		1					
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	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	he organization is responsiv	е					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2020 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-2020	าร	(iii) Distributable Amount for 2020			
1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2020							
а	From 2015							
b	From 2016							
С	From 2017							
d	From 2018							
е	From 2019							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2020 distributable amount							
i	Carryover from 2015 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2020 distributable amount							
С	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2021. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2016							
b	Excess from 2017							
С	Excess from 2018							
d	Excess from 2019							
е	Excess from 2020							

Schedule A (Form 990 or 990-EZ) 2020

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	_
<u> </u>	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Lincoln

Employer identification number 94-1156501

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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 advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?	······································	Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a 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 quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year >		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	•	
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statement	ents that describes the
Da	organization's accounting for conservation easements.	4 Aut Historical Tracerryce au O	they Circilay Accets
Pa	rt III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
та	If the organization elected, as permitted under FASB ASC 95	· ·	
	of art, historical treasures, or other similar assets held for pu		•
	service, provide in Part XIII the text of the footnote to its fina		
D	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		▶ •
	(i) Revenue included on Form 990, Part VIII, line 1		
•			
2	If the organization received or held works of art, historical tre		ı gam, provide
_	the following amounts required to be reported under FASB A		. σ
a	Revenue included on Form 990, Part VIII, line 1		

Schedule D Form 990 2020											
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection tems (check all that apply): a Power of the Collection tems (check all that apply): b Scholarly research c Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections 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?			(*								age 2
collection items (check all that apply): a Public exhibition d Loan or exchange program b Scholarly research Preview a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization scolict or receive donations of art, historical treasures, or other similar assets Yes No Part IV Excrew 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 intermediary for contributions or other assets not included Yes No No If "Yes," explain the arrangement in Part XIII and complete the following table: Enginning balance 1 1 1 1										nued)	
a Public exhibition d	3	-	-	on, and other records	, check any of the	following that mal	ke significar	nt use of its			
b Scholarly research e Other Preservation for future generations 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 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 answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is Is the organization an angent, fursisee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is Is the organization and part, fursisee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is If "Yes," explain the arrangement in Part XIII and complete the following table: Beginning balance Is Ending balance Distributions during the year Ending balance Distributions during the year Distributions during the year Ending balance Distributions Distribution					<u> </u>						
c	а			_		nange program					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization solicit or receive donations of art, historical reasures, 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 IV, line 9, or provided an amount on Form 990, Part XIII. Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or provided an amount on Form 990, Part XIII. Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or provided an amount on Form 990, Part XIII. Secrow and Custodial Arrangement in Part XIII and complete the following table: Complete Part IV Secrow and Part XIII and complete the following table: Complete Part IV Secrow and Part XIII Part XIII Part IV Pest Part	b		•	е	U Other						
During the year, did 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 answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Table Secrow 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. Table Secrow 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. Table Secrow and Custodial Arrangement in Part XIII and complete the following table: Table Secrow and Amount Table			_								
To be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No								oose in Par	t XIII.		
Secrow 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? Ves	5								٦		٦
Teported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves	<u> </u>							L			<u> No</u>
1	Par	τιν		-	e if the organization	n answered "Yes"	on Form 99	90, Part IV,	line 9, o	r	
No Form 990, Part X? Yes No No No Fir Yes,* explain the arrangement in Part XIII and complete the following table: Amount 1c Amount 1c Id Id Id Id Id Id Id I											
Manual	1a								٦		٦
C Beginning balance 1c 1c 1d 1c 1d 1d 1d 1d									」Yes		J No
C Beginning balance 1c 1d 1d 1d 1d 1d 1d 1d	b	If "Yes	s," explain the arrangement in Part XIII a	and complete the follo	owing table:			1			
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part V Endowment Funds not in the possession of the organization. If Administrative expenses							<u> </u>		Amoun	t	
e Distributions during the year f Ending balance 11		_	-								
f Ending balance											
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nob If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organizations answered "Yes" on Form 990, Part IV, line 10. A Comment Funds. Complete if the organization in Part XIII. Check here if the explanation has been provided on Part XIII. Complete if the organization in Part XIII. Check here if the explanation has been provided on Part XIII. Complete if the organization in Part XIII. Check here if the explanation has been provided on Part XIII. Complete if the organization in Part XIII. Check here if the explanation has been provided on Part XIII. Complete if the organization in Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation in Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation in Part XIII. Check here if the explanation in Part XIII. Check here if the explanation in Part XIII. Check here if the explanation in Part XIII. Check here if the explanation in Part XIII. Check here if the explanation in Part XIII. Check here if the explanation in Part XIII. Check here if the organization in Part XIII. Check here if the organization in Part XIII. Check here if the explanation in Part XIII. It is intended uses of the organization's endowment funds. Part VI											
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (a) Three years back (b) Four years back (c) Two years back (d) Three years back (e) Four years back (a) Contributions (b) Contributions (c) Net investment earnings, gains, and losses (e) P82,363, 125,684, 266,994, 222,217, 350,924, (e) Grants or scholarships (e) Contributions (f) Grants or scholarships (e) Contributions (f) Administrative expenses (f) Administrative expenses (f) Four years back (f) Prior year (f) Page (f) Prior year (f) Prior									T.,		Τ
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part IV Include 10 Includ			_				•		」Yes	H	」No □
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e)											
1a Beginning of year balance 3,971,583. 3,941,285. 3,822,972. 3,749,458. 3,546,074. b Contributions c Net investment earnings, gains, and losses 982,363. 125,684. 266,994. 222,217. 350,924. d Grants or scholarships e Other expenditures for facilities and programs 57,604. 95,386. 148,681. 148,703. 147,540. f Administrative expenses 9 End of year balance 4,896,342. 3,971,583. 3,941,285. 3,822,972. 3,749,458. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ► 57.4000 % b Permanent endowment ► 42.6000 % Trem endowment ► 42.6000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: 3a(i) X (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(i) X 3a(ii) Related organizations 3a(ii) X 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	rai	LV	Endowment Funds. Complete in	<u> </u>				oro book	(-) Fou	rucero	hool:
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 57,604. 95,386. 148,681. 148,703. 147,540. f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 57.4000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment tunds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations by If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	4	Dania									
c Net investment earnings, gains, and losses d Grants or scholarships				3,971,303.	3,941,203.	5,022,37	2. 3,	749,450.		, 540	,074.
d Grants or scholarships e Other expenditures for facilities and programs 57,604. 95,386. 148,681. 148,703. 147,540. f Administrative expenses g End of year balance 4,896,342. 3,971,583. 3,941,285. 3,822,972. 3,749,458. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment				982 363	125 684	266 99	1	222 217		350	924
e Other expenditures for facilities and programs 57,604. 95,386. 148,681. 148,703. 147,540. f Administrative expenses g End of year balance 4,896,342. 3,971,583. 3,941,285. 3,822,972. 3,749,458. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶				902,303.	125,004.	200,33	*•	222,211.		330	, 324.
and programs 57,604. 95,386. 148,681. 148,703. 147,540. f Administrative expenses g End of year balance 4,896,342. 3,971,583. 3,941,285. 3,822,972. 3,749,458. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment											
f Administrative expenses g End of year balance	e		·	57 604	95 386	148 68	1	148 703		147	540
g End of year balance 4,896,342. 3,971,583. 3,941,285. 3,822,972. 3,749,458. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			•	37,004.	33,300.	140,00	+-	140,703.		11,	340.
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶			· · · · · · · · · · · · · · · · ·	4 896 342	3 971 583	3 941 28	5 3	822 972	3	749	458
a Board designated or quasi-endowment ▶	_						<u> </u>	022,372.		,,,,,,	
b Permanent endowment ▶ 57.4000			•	ent year end balance		ij) Heid as.					
c Term endowment ▶ 42.6000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations 5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.				0/6							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No		Torm	endowment • 42.6000								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iiiii) Related organizations (iiii) Related organizations (iiiii) Related organizations (iiiii) Related organizations (iiiiii) Related organizations (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	·										
by:	32	•	, ,	•	tion that are held a	nd administered fo	or the organ	nization			
(i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	ou		icre chaowment fands not in the posse	331011 Of the organizat	ilon that are neid a	na administered n	or the organ	iization		Yes	No
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.		-	nrelated organizations						3a(i)	100	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.											
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	h										
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.											
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.											
					Part IV, line 11a. S	see Form 990, Par	t X, line 10.				
			Description of property			1		ted	(d) Boo	k valu	<u>——</u>

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value				
1a Land								
b Buildings								
c Leasehold improvements		3,399,357.	2,478,454.	920,903.				
d Equipment		615,659.	551,230.	64,429.				
e Other		26,109.	26,109.	0.				
Total. Add lines 1a through 1e. (Column (d) must equa	985,332.							

Schedule D (Form 990) 2020

Complete if the organization answered "Yes"	" on Form 990. Part IV. line	11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			-
(2) Closely held equity interests			
(3) Other			
(A) Fixed income	1,909,594.	Cost	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,909,594.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)	<u>▶</u>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(le) De els velve
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

Lincoln

Pa	rt XI Reconciliation of Revenue per Audited Financial Statem		h Revenue per R	letur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:			١.	1 26 227 211
1	Total revenue, gains, and other support per audited financial statements			1	26,327,211.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	اما	2 366 620		
a	Net unrealized gains (losses) on investments		2,366,620.	4	
b	Donated services and use of facilities			4	
C	Recoveries of prior year grants		494,454.	4	
d	, , , , , , , , , , , , , , , , , , , ,			1	2,861,074.
e o	Add lines 2a through 2d			2e	23,466,137.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	23,400,137
+ a	Investment expenses not included on Form 990, Part VIII, line 7b	42	51,744.		
b	Other (Describe in Part XIII.)		31//114	1	
C				4c	51,744.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 12.</i>)			5	23,517,881.
	rt XII Reconciliation of Expenses per Audited Financial Stater				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total expenses and losses per audited financial statements			1	21,938,019.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	, ,
a	Donated services and use of facilities	2a			
b	Prior year adjustments			1	
С	Other losses			1	
d			7,098.		
е				2e	7,098.
3	Subtract line 2e from line 1			3	21,930,921.
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	51,744.		
b	Other (Describe in Part XIII.)				
С				4c	51,744.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	21,982,665.
Pa	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pal			4; Parl	t X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	iditional info	rmation.		
Pa:	rt V, line 4:				
Liı	ncoln has adopted investment and spending	polic	ies, approv	red	by the
Воа	ard of Directors, for endowment assets tha	at att	empt to pro	vid	e a
pre	edictable stream of funding to programs su	upport	ed by its e	ndo	wment funds
	ile also maintaining the purchasing power				
tne	e long-term.				
Pa:	rt X, Line 2:				
Li	ncoln is exempt from taxation under Intern	nal Re	venue Code	Sec	tion
50:	1(c)(3) and California Revenue and Taxatio	on Cod	e Section 2	370	1d.

Part XIII | Supplemental Information (continued) guidance about positions taken by an organization in its tax returns that might be uncertain. Management has considered its tax positions and believes that all of the positions taken by Lincoln in its federal and state exempt organization tax returns are more likely than not to be sustained upon examination. Lincoln's returns are subject to examination by federal and state taxing authorities, generally for three and four years respectively, after they are filed. Part XI, Line 2d - Other Adjustments: Special events expense 7,098. Change in value of split-interest agreement 487,356. Total to Schedule D, Part XI, Line 2d 494,454. Part XII, Line 2d - Other Adjustments: 7,098. Special events expense

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Lincoln	L					94-1156	501
Part I Fundraising Activities required to complete this par	Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV,	line 17	. Form 990-EZ	Z filers are not
Indicate whether the organization rais a	sed funds through any of the following and solicitates and solicitates are solicitated and solicitates are solicitated and solicitated and solicitated are solicitated and solicitated are solicitated and solicitated and solicitated are solicitated and solicitated and solicitated are solicitated and solicitated and solicitated and solicitated are solicitated and solicitated and solicitated and solicitated are solicitated and sol	tion of tion of fundra (incluence)	non-g gover aising ding o	overnment grants nment grants events fficers, directors, tru fundraising services?	stees, (Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (or fu	mount paid retained by) indraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
T.4.1	<u> </u>	<u> </u>					
Total List all states in which the organization or licensing.	on is registered or licensed to solicit (outions	I s or has been notified	l d it is e	xempt from re	L egistration
			_				

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events None (add col. (a) through Root col. (c)) (event type) (event type) (total number) Revenue 72,257. 1 Gross receipts 72,257. 65,159 65,159. 2 Less: Contributions 7,098. 7,098. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 7,098. 7,098. 9 Other direct expenses 7,098 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2020 Lincoln 94-1	156	501	Page 3
	Does the organization conduct gaming activities with nonmembers?	$\overline{}$	Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$\sim \\$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	solutions I state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	.rt III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990 or 990-EZ) Lincoln	94-1156501 Page 4
Part IV	G (Form 990 or 990-EZ) Lincoln Supplemental Information (continued)	_

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Lincoln

Employer identification number 94-1156501

D	urt I Questions Pagarding Componenties	94-113030		
Pa	rt I Questions Regarding Compensation			
_			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form S	990,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal			
	Travel for companions Payments for business use of personal resi	dence		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur	, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
-	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	n to		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Independent compensation consultant Independent compensation consultant			
	Form 990 of other organizations X Approval by the board or compensation co	mmittee		
	Point 330 of other organizations	TITITIE CO		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
а		4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?			X
	Participate in or receive payment from an equity-based compensation arrangement?			X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The storage of lines 44.0, list the persons and provide the applicable amounts for each item in a tim.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n		
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?			X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ı 📗		
-	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?			X
	If "Yes" on line 6a or 6b, describe in Part III.			_
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
5	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
3	Regulations section 53.4958-6(c)?	9		
	1 logalization 5 5 5 5 to 10 5	j a		

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 Lincoln 94-1156501

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficition	(6)(1)-(0)	reported as deferred on prior Form 990
(1) Allison Staulcup Becwar	(i)	167,785.	2,288.	0.	16,256.	17,092.	203,421.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(2) Ellen Kinoy ((i)	133,114.	11,738.	0.	13,228.	16,639.		
	ii)	0.	0.	0.	0.	0.	0.	0.
(3) Epifania Estrada	(i)	127,271.	1,500.	0.	12,465.	16,383.		0.
CFO (i	ii)	0.	0.	0.	0.	0.	0.	0.
((i) L							
	ii)							
	(i) _							
	ii)							
	(i) _							
	ii)							
	(i) 							
	ii)							
	(i) ::.\							
	ii)							
	(i) ii)							
	i) (i)							
	'') ii)							
	i) _							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
(1)	ii)							
	(i)							
((ii)							
((i) _							
(ii)							

Page 2

Schedule J (Form 990) 2020	Lincoln	94-1156501	Page 3
Part III Supplemental Informa	ion		
Provide the information, explanat	on, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6	b, 7, and 8, and for Part II. Also complete this part for any additional informa	ation.
Part I, Line 7:			
Bonus compensation	n was distributed in 2020.		
<u>*</u>			

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Lincoln

Employer identification number 94-1156501

Form 990, Part III, Line 4a, Program Service Accomplishments:
natural structures of a client's life, working clinically with the
adolescent, parent/caregiver, family, and extra-familial domains,
including schools, community and the justice systems.
* School Engagement School Engagement - supports students who are
chronically absent and their families work through the emotional,
behavioral and systemic issues interfering with school attendance.
* Therapeutic Behavior Services (TBS) - short-term behavioral mental
health service offered in collaboration with other services to support
youth who are at risk of out of home placement or to assist youth in
stepping down to a lower level of care.
* Intensive Home Based Services (IHBS) - in home and community supports
to stabilize placement and family dynamics.
*EXCEL SDC - provides milieu support and mental health services to
students enrolled in an Intensive Counseling Enriched classroom.
Form 990, Part III, Line 4d, Other Program Services:
Other programs include:
*ECMH Programs provide consultation to teachers and parents, utilize
screening tools to assess for healthy development, and provide parent
child dyadic therapy.
*FRCs in East and West Oakland build on the strengths of families and
develop their capacity for supporting the healthy development and
educational objectives of their children.
*Freedom Schools is a 6-week summer literacy and cultural enrichment

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization Lincoln	Employer identification number 94-1156501
program.	
*West Oakland Initiative is an early intervention coaching	ng and family
literacy program designed to build literacy and improve a	ttendance.
Expenses \$ 2,096,128. including grants of \$ 0. Revenue	ie \$ 0.
Form 990, Part VI, Section B, line 11b:	
The Form 990 is reviewed and approved by the CEO and CFO	before it is
filed. It is then presented to all members of its governi	ing body.
Form 990, Part VI, Section B, Line 12c:	
Each trustee, director, officer, and key employee signs t	the Conflict of
Interest policy annually.	
Form 990, Part VI, Section B, Line 15:	
The compensation review and approval process for the CEO	and other officers
includes an annual evaluation and the use of comparative	data.
Form 990, Part VI, Section C, Line 19:	
The organization's governing documents and policies are m	nade available to
the public upon request. Financial Statements are posted	to Lincoln's
website.	
Form 990, Part XI, line 9, Changes in Net Assets:	
Change in value of split-interest agreement	487,356.