Public Disclosure Copy

EXTENDED TO MAY 17, 2021

(Rev. January 2020) Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Form 990 (2019)

A For the 2019 calendar year, or tax year beginning JUL 1, 2019and ending JUN 30, C Name of organization D Employer identification number PENNSYLVANIA DISTANCE LEARNING CHARTER X Address SCHOOL Name change **-***1146 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 2605 NICHOLSON ROAD 4100 (724) 933-7300 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 14,782,335. SEWICKLEY, PA 15143 H(a) Is this a group return Applica-F Name and address of principal officer: PATRICIA ROSSETTI for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 7 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.PADISTANCE.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 2004 M State of legal domicile: PA Part I Summary Briefly describe the organization's mission or most significant activities: OPERATION OF AN ELEMENTARY AND Governance SECONDARY CYBER SCHOOL FOR EDUCATIONAL PURPOSES. Check this box length if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 3 Total number of individuals employed in calendar year 2019 (Part V, line 2a) Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. **b** Net unrelated business taxable income from Form 990-T, line 39 0. **Prior Year Current Year** 664,404. Contributions and grants (Part VIII, line 1h) 681,523. Revenue 12,937,848. Program service revenue (Part VIII, line 2g) 14,066,369. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 31,975.40,638. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,242. 2,468. 13,647,132. 14,782,335. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 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) 7,795,168. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 8,566,804. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,469,889. 5,313,304. 13,265,057. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 13,880,108. Revenue less expenses. Subtract line 18 from line 12 382,075. 902,227. **Beginning of Current Year End of Year** 7,787,180. 20 Total assets (Part X, line 16) 9,264,915. 21 Total liabilities (Part X, line 26) 9,270,549. 9,846,057. -1,483,369. Net assets or fund balances. Subtract line 21 from line 20 -581,142. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign PATRICIA ROSSETTI, CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature SEAN R. KOCAN Paid SEAN R. KOCAN P01492278 Preparer Firm's name | HILL BARTH & KING, LLC Firm's EIN ▶ Firm's address 100 PINEWOOD DRIVE, STE 201 Use Only WARRENDALE, PA 15086 Phone no. 7249345300 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

➤ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Autom	Automatic 6-Month Extension of Time. Only submit original (no copies needed).							
All corpo	rations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMICs	s, and trusts			
nust use	Form 7004 to request an extension of time to file income	e tax retur	ns.					
		 		ı				
Type or	Name of exempt organization or other filer, see instruc			Taxpayer	identification numb	er (TIN)		
print	PENNSYLVANIA DISTANCE LEARN SCHOOL	IING C	HARTER		**-***114	_		
ile by the				J		0		
due date for iling your	Number, street, and room or suite no. If a P.O. box, so 2605 NICHOLSON ROAD, NO. 41		ions.					
eturn, See nstructions,	City, town or post office, state, and ZIP code. For a fo		race eag instructions					
	SEWICKLEY, PA 15143	neigh addi	ess, see mandenons.					
Enter the	Return Code for the return that this application is for (file	a separat	te application for each return)			0 1		
Applicati	· · · · · · · · · · · · · · · · · · ·	Return	Application			Return		
s For		Code	Is For			Code		
orm 990	or Form 990-EZ	01	Form 990-T (corporation)			07		
orm 990	-BL	02	Form 1041-A			08		
orm 472	0 (individual)	03	Form 4720 (other than individual)			09		
orm 990	-PF	04	Form 5227			10		
orm 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
orm 990	-T (trust other than above)	06	Form 8870			12		
	MICHAEL WHISMAN							
	poks are in the care of \triangleright 222 KESWICK AVE	INUE -		38				
-	one No. ► 215-481-9777		Fax No.			r		
	organization does not have an office or place of business							
. 1	s for a Group Return, enter the organization's four digit (7						
oox 🕨	. If it is for part of the group, check this box	j and alla	ch a list with the names and TINs of	all membe	ers the extension is	Tor.		
1 re	quest an automatic 6-month extension of time until	мач	Y 17, 2021 to file	o tha avam	ent organization rate	ırn for		
	organization named above. The extension is for the organization		* *************************************	e nie exen	npt organization retu	IIII IOI		
▶	calendar year or	ariizatiori 3	return for.					
	X tax year beginning JUL 1, 2019	. an	d ending JUN 30, 2020					
,		,			· ·			
2 If th	ne tax year entered in line 1 is for less than 12 months, ch	neck reasc	on: Initial return	Final retur	'n			
	Change in accounting period							
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less					
<u>any</u>	nonrefundable credits. See instructions.			3a	\$	0.		
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	•				_		
	mated tax payments made. Include any prior year overpa			3b	\$	0.		
	ance due. Subtract line 3b from line 3a. Include your pa	•	• • • •			^		
	ng EFTPS (Electronic Federal Tax Payment System). See	"		3c	<u> </u>	0.		
Jaution:	If you are going to make an electronic funds withdrawal	(direct def	oit) with this Form 8868, see Form 84	453-F() an	d Form 8879-FO for	navment		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)

instructions.

	1990 (2019) SCHOOL ***-***1.146 Page 2
ra	till Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PENNSYLVANIA DISTANCE LEARNING CHARTER SCHOOL'S MISSION IS TO BLEND
	PROVEN CLASSROOM TECHNIQUES WITH EDUCATIONAL TECHNOLOGIES TO PROMOTE
	ACADEMIC GROWTH FOR ALL STUDENTS.
	ACADEMIC GROWIN FOR ADD STODENIS:
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	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?
Ŭ	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 \$8 , 636 , 923including grants of \$) (Revenue \$14 , 066 , 369)
	THE SCHOOL PROVIDES PERSONALIZED, BASIC AND ENHANCED LEARNING
	OPPORTUNITIES FOR K-12 STUDENTS THROUGH A HOME-BASED DELIVERED
	EDUCATION. THE SCHOOL INVOLVES AND EMPOWERS PARENTS OF STUDENTS TO THE
	HIGHEST DEGREE IN THE ROLE OF THE EDUCATOR. STUDENTS ACHIEVE THEIR
	OPTIMUM LEVELS OF DEVELOPMENT WITHIN THE SAFE ENVIRONMENT OF THEIR HOME
	USING ALL THE SCHOOL'S RESOURCES. THE SCHOOL HAS SERVED 1,139 STUDENTS
	IN 277 SCHOOL DISTRICTS THROUGHOUT PENNSYLVANIA.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
4-1	Other program conjugate (Describe on Schodule O.)
4 d	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 8.636.923.

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Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A 1 Is the organization required to complete Schedule B, Schedule of Contributors? 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I 3 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 Х 4 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 Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Х 6 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 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete X 8 Schedule D, Part III 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? Х If "Yes," complete Schedule D, Part IV 9 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 Х 10 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a 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 X 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes." complete Schedule D, Part VIII X 11c 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b 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 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 1c and 8a? If "Yes," complete Schedule G, Part II Х 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." X 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Х 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II

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Form 990 (2019)

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Х 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 X 23 Schedule J 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 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 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 Х 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV X 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV 28b c 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 X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 X 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36 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 X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? X Note: All Form 990 filers are required to complete Schedule O 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 13 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

Form 990 (2019) SCHOOL

[Part V] Statements Regarding Other IRS Filings and Tax Compliance (continued)

	(continued)				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			Yes	No
Lu	filed for the calendar year ending with or within the year covered by this return	2a 111			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	х	
D			20	22	
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		0-	Х	
		-	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at				7.7
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	count)?	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 Ac	counts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		_ <u>X</u> _
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	tion?	5b		_X_
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			İ
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serve	vices provided to the payor?	7a		_X_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			l
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file For	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C?	7h		
8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ \ \textbf{Did a donor advised fund maintained}$	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
0	Section 501(c)(7) organizations. Enter:	i			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
1	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		1		
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				

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Form 990 (2019) SCHOOL **-***1146 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a3			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
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	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u>`</u>		
	This decitor b reducts information about policies not required by the internal nevenue dodd.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
J	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- 14		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_ 	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
С	in Schedule O how this was done	12c	х	
12		13	X	\vdash
13		14	X	<u> </u>
14	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14	22	
15				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	Х	
a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b	X	
a	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100	22	
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ıoa		10-		Х
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		- 22
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	46h	10/40	
800	exempt status with respect to such arrangements? tion C. Disclosure	16b		l
17			ove!!-	blo.
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3):	oriiy)	avalla	nie
	for public inspection. Indicate how you made these available. Check all that apply.			
46	X Own website X Another's website X Upon request Other (explain on Schedule O)	٠	-!-!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records MICHAEL WHICHAM CDA 215 491 9777			
	MICHAEL WHISMAN, CPA - 215-481-9777			

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SCHOOL

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

Check this box if neither the organization	on nor any related	orga	ıniza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	itior more) than d	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is both or/trus	n an	compensation	compensation	amount of
	week	_	I		T),, ii dis	T	from	from related organizations	other
	(list any hours for	direct						the organization	(W-2/1099-MISC)	compensation from the
	related	10 86	stee			nsate		(W-2/1099-MISC)	(** 27 1000 141100)	organization
	organizations	trust	al tru		yee	ed uic		` ' ' ' '		and related
	below	Individual trustee or director	Institutional trustee	٦	Key employee	Highest compensated employee	ner.			organizations
Section 2	line)	indi	lust	Officer	Key	Eigh	Former			
(1) JOHN MAROUS	2.00					l				
PRESIDENT		X		X		_		0.	0.	0.
(2) WILLIAM DONAHUE	1.00							· ·		
VICE PRESIDENT		X	<u></u>	X	<u></u>			0.	0.	0.
(3) GREG DOLAN	1.00									
TREASURER		X		X				0.	0.	0.
(4) PATRICIA ROSSETTI	40.00]	ŀ							
CEO		<u> </u>		X				133,306.	0.	63,133.
(5) NICHOLAS KOCUBA	40.00									
<u>coo</u>		<u> </u>	<u> </u>	X				82,179.	0.	47,452.
(6) DARLA POSNEY	40.00									
PRINCIPAL		ļ	<u> </u>	L		X		103,892.	0.	12,662.
		ļ	ļ	_		_				
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Form 990 (2019) SCHOOL **-**1146 Page 8											
A Property of the Control of the Con											
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			l than c s both	ne an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Individual trustee or director Institutional trustee Officer Key employee Highest compensated employee			Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		compensation from the organization and related organizations

1b Subtotal	,						<u> </u>	319,377.		0.	123,247.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c) Total number of individuals (including but n	I, Section A						▶	0. 319,377.	,000 of reportable	0.	0. 123,247.
compensation from the organization			**************************************								Yes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	•	•	•	•	•	•	Ū	hest compensated emp	•		3 X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150								•	_		4 X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	·-				_			=	dual for services		5 X
Section B. Independent Contractors 1 Complete this table for your five highest co	•	•							•	pensa	tion from
the organization. Report compensation for (A) Name and business		ear e	nain	ig w	ith c	or wi	:nın	the organization's tax y (B) Description of s			(C) compensation
CLOUDCAST, LLC, 125 TECHN SUITE 3, CANONSBURG, PA 1	OLOGY D	RI	VE	,				IT SUPPORT			614,149.
CHARTER CHOICES, INC. 222 KESWICK AVENUE, GLENS	SIDE, PA							BUSINESS SER	VICES		521,349.
SUITE A, PLYMOUTH MEETING	THERAPY SOURCE, 5215 MILITIA HILL ROAD, SUITE A, PLYMOUTH MEETING, PA 19462 SPECIAL EDUCATION 443,492.										
BD&E 681 ANDERSEN DRIVE, PITTS CONNECTING THE PIECES, LI								BUSINESS SER	VICES		422,543.
SCHOOL RD SUITE 704, WAYN								SPECIAL EDUC	ATION		419,376.
2 Total number of independent contractors (i	ncluding but no	ot lin	nited	l to	thos	se lis	ted	above) who received m	ore than		

\$100,000 of compensation from the organization

Form 990 (2019)
| Part VIII | S

9) SCHOOL Statement of Revenue

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		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
र्घ र	1 a	Federated campaigns1a					
s, Grants Amounts	b	Membership dues 1b					
a g	С	Fundraising events 1c	·· 				
ifts r A	d	Related organizations 1d					
<u>@</u> 'a		Government grants (contributions) 1e	681,323.				
Sin		All other contributions, gifts, grants, and	,020.				
iğ ə		· · · · · · · · · · · · · · · · · · ·	200.				
ë		similar amounts not included above 1f	200.				
Contributions, Gifts, and Other Similar A	g	Noncash contributions included in lines 1a-1f		601 502			
<u>ပ </u>	<u>h</u>	Total. Add lines 1a-1f	<u></u>	681,523.			_
			Business Code				
8	2 a	DISTRICT FUNDING	611710	14,066,369.	14,066,369.		
Program Service Revenue	b						
S E	C						
e a	d						
Ba	е						
ፈ	f	All other program service revenue					
	g	Total. Add lines 2a-2f	>	14,066,369.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		31,975.			31,975.
•	4	Income from investment of tax-exempt bond pr			- "		
	5	Royalties					
		(i) Real	(ii) Personal	15 APR 15			
ŀ	6 a	Gross rents 6a		3.42		4.5	
	b						
	c			934			
		Not rental income or (less)					
		Gross amount from sales of (i) Securities	(ii) Other				
	1 a	(/	(ii) Othor				
		assets other than inventory 7a		37.5	45 55		
	a	Less: cost or other basis		100			
_ ⊒		and sales expenses	-	200			
Š		Gain or (loss)					
ther Revenue		Net gain or (loss)	·····				
je	8 a	Gross income from fundraising events (not			24.4	4.4	
ō		including \$ of					
ŀ		contributions reported on line 1c). See		4.5			-3.8
		Part IV, line 188a		200			
	b	Less: direct expenses8b				2.2	100 May 100 Ma
	C	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See			4 2 2 1		
ŀ		Part IV, line 199a			164		4.4
i	b	Less: direct expenses 9b				1	
Ì	С	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns			421		
		and allowances10a					
	b	Less: cost of goods sold10b					
	С	Net income or (loss) from sales of inventory					
,,]			Business Code	2.1			
Miscellaneous Revenue	11 a	MISCELLANEOUS REVENUE	900099	2,468.	2,468.		
ane	b						
e Ke	С						
B	d	All other revenue					
_	е	Total. Add lines 11a-11d	<u> </u>	2,468.			
	12	Total revenue. See instructions		14,782,335.	14,068,837.	0.	31,975.

SCHOOL

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Part IX | Statement of Functional Expenses

Page 10 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 response or note to any line in this Part IX X (A) Total expenses **(D)** Fundraising Do not include amounts reported on lines 6b. Program service Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 326,143. 107,116. 219,027. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,023,828. 3,428,911. 1,594,917. Other salaries and wages 7 Pension plan accruals and contributions (include 1,294,460. 765,632. section 401(k) and 403(b) employer contributions) 528,828. 1,481,037. 978,881. 502,156. 9 Other employee benefits 293,769. 441,336. 147,567. 10 Payroll taxes Fees for services (nonemployees): 11 Management 31,314. 31,314. Legal 30,987. 30,987. Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Other, (If line 11g amount exceeds 10% of line 25, 3,032,603. 2,107,516. 925,087. column (A) amount, list line 11g expenses on Sch O.) 526,376. 526,376. Advertising and promotion 12 217,093. 71,522. 145,571 13 Office expenses Information technology 14 15 Royalties 701,293. 398,582. 302,711. Occupancy 16 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 463,900. 185,560. Depreciation, depletion, and amortization 278,340. 22 62,844. 23 62,844. Other expenses. Itemize expenses not covered 24 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.) 191,497. INSTRUCTIONAL AND STUDE 180,801. 10,696. STUDENT ACTIVITIES 29,544. 29,544. PROFESSIONAL DEVELOPMEN 25,853. 25,853. d e All other expenses 13,880,108. Total functional expenses. Add lines 1 through 24e 8,636,923. 5,243,185. 0. 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)

Form 990 (2019)

SCHOOL

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 2,397,532. 1 Cash - non-interest-bearing 1,287,751. 1 2,539,752. 2,574,086. 2 Savings and temporary cash investments 2 24,996. 3 11,958. Pledges and grants receivable, net 3 1,377,203. Accounts receivable, net 1,429,011. 4 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 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 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 227,562. 89,430. 9 10a Land, buildings, and equipment: cost or other 1,564,006. basis. Complete Part VI of Schedule D 10a 463,877. 644,850. 1,100,129. Less: accumulated depreciation _______10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 1,685,066. 1,662,769. 15 Other assets. See Part IV, line 11 15 7,787,180. 9,264,915. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 712,987. Accounts payable and accrued expenses _____ 813,990. 17 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other 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 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 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 8,557,562. 9,032,067. 25 9,270,549. Total liabilities. Add lines 17 through 25 9,846,057. 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here X and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 644,850. Paid-in or capital surplus, or land, building, or equipment fund 1,100,129. 30 30 Retained earnings, endowment, accumulated income, or other funds -2,128,219. -1,681,271.31 Total net assets or fund balances -1,483,369. -581,142.32 32 7,787,180. 9,264,915. Total liabilities and net assets/fund balances

Form 990 (2019)

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-*1146 Form 990 (2019) SCHOOL Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 14,782,335. 1 Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) 13,880,108. 2 2 902,227.Revenue less expenses. Subtract line 2 from line 1 3 3 -1,483,369. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 Investment expenses 7 7 Prior period adjustments 8 8 Other changes in net assets or fund balances (explain on Schedule O) 0. 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, -581,142. column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X Nο Accounting method used to prepare the Form 990: Cash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Х 2a 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? Х 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.

Both consolidated and separate basis

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За

X 2c

Х

consolidated basis, or both: X Separate basis

Consolidated basis

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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?

Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

SCHOOL

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.
PENNSYLVANIA DISTANCE LEARNING CHARTER

OMB No. 1545-0047 **2019**

Open to Public Inspection

Employer identification number

-*1146

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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.) 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.) 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 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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 II, 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). (i) Name of supported (ii) EİN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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Schedule A (Form 990 or 990-EZ) 2019 SCHOOL **-**1

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.)

Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019	9 (f) Total
) (1) 10tal
1 Gifts, grants, contributions, and	
membership fees received. (Do not	
include any "unusual grants.") 338,874. 376,232. 573,072. 664,404. 681,53	23. 2634105.
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	23. 2634105.
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.	2634105.
Section B. Total Support	
Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019	(f) Total
7 Amounts from line 4 338,874. 376,232. 573,072. 664,404. 681,52	23. 2634105.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	
and income from similar sources 14,208. 40,638. 31,9	75. 86,821.
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	2720926.
12 Gross receipts from related activities, etc. (see instructions)	65,414,619.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here	>
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	96.81 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	97.64 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check the	is box and
stop here. The organization qualifies as a publicly supported organization	
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, che	ck this box
and stop here. The organization qualifies as a publicly supported organization	>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is	•
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line	
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI ho	ow the
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instru	

Schedule A (Form 990 or 990-EZ) 2019 SCHOOL 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

Sec	gualify under the tests listed be ction A. Public Support	elow, please com	olete Part II.)				
		(=) 0015	(I-) 0010	(-) 0047	(4) 0040	(-) 6040	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
^	******						
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
^	organization's tax-exempt purpose						7.788.11.11
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
4	ization's benefit and either paid to						
	an accompanied and the back of						
_	The value of services or facilities						7.2.5.4.4.4.
9	furnished by a governmental unit to		-				
	the organization without charge		<u> </u>				
6	Total. Add lines 1 through 5				<u> </u>		
	Amounts included on lines 1, 2, and						
10	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
~	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						***
	Public support. (Subtract line 7c from line 6.)						M
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	tion,
							>
	ction C. Computation of Publi					T	
	Public support percentage for 2019 (I		•	olumn (f))	•••••	15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
10~	33 1/3% support tests - 2019. If the	organization did r	not check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 17	is not
ıod			_				
	more than 33 1/3%, check this box ar	nd stop here. The					▶□
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the	nd stop here. The organization did r	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, ar	
b	more than 33 1/3%, check this box ar	nd stop here. The organization did r ck this box and st	not check a box on cop here. The organ	line 14 or line 19a nization qualifies a	a, and line 16 is mo as a publicly suppo	ore than 33 1/3%, ar orted organization	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 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 3c		7.
4a		
4b		
4c		
<u>5a</u>		
5b		
5c		
(41) (41) (41) (41)		
6		
8		
9a		
9b		
9c 10a		
100		

-*1146 Page 5 Schedule A (Form 990 or 990-EZ) 2019 SCHOOL Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a **b** A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) Activities Test. Answer (a) and (b) below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 2a that these activities constituted substantially all of its activities. b Did the activities described in (a) 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 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. За 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

-*1146 Page 6 Schedule A (Form 990 or 990-EZ) 2019 SCHOOL Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 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 10 d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 5 Multiply line 5 by .035. 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year 5 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions)

-*1146 Page 7 Schedule A (Form 990 or 990-EZ) 2019 SCHOOL Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions. Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2019 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 SCHOOL	**-***1146 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition	17b; Part III, line 12; and 2; Part IV, Section C, . Section B. line 1e: Part V.
	(See instructions.)	

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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

2019

PENNSYLVANIA DISTANCE LEARNING CHARTER **-***1146 SCHOOL Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization
PENNSYLVANIA DISTANCE LEARNING CHARTER
SCHOOL
-*1146

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	- - - -	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	- - -	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.

Name of organization
PENNSYLVANIA DISTANCE LEARNING CHARTER
SCHOOL

Employer identification number

-<u>*114</u>6

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	

Name of organization Employer identification number

PENNSYLVANIA	DISTANCE	LEARNING	CHARTER
~ ~ T T O O T			

•	*	_	*	*	*	1	1	4	6	
		_		• • •	•••	1	1	4	O	

CHOOL			**_**	*1146			
	m any one contributor. Complete columns (a)	through (e) and the following line e	section 501(c)(7), (8), or (10) that total more the entry. For organizations	an \$1,000 for the yea			
Us	pleting Part III, enter the total of exclusively religious, of eduplicate copies of Part III if additional s	charitable, etc., contributions of \$1,000 cospace is needed.	or less for the year. (Enter this info. once.)				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how	gift is held			
				,			
		(e) Transfer of g	ift				
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to tran	sferee			
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how	gift is held			
		Part II					
	(e) Transfer of gift						
	Transferee's name, address, an		Relationship of transferor to tran	referee			
	Transfer ee o riame, address, un	WZII 77	Relationship of transfer of to trans	Sieree			
No. om art I	(b) Purpose of gift (c) Use of gift		(d) Description of how	gift is held			
_ _							
		ift					
	Transferee's name, address, an		Relationship of transferor to transferee				
No.							
No. om ort I	(b) Purpose of gift	(c) Use of gift	(d) Description of how	gift is held			
		(e) Transfer of g	ift				
	Transferee's name, address, an	_	Relationship of transferor to tran	sferee			
I		1					

SCHEDULE D

(Form 990).

Department of the Treasury Internal Revenue Service

Name of the organization

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.

PENNSYLVANIA DISTANCE LEARNING CHARTER SCHOOL

Inspection Employer identification number

-*1146

OMB No. 1545-0047

Pa			or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, line					
	Total and an act of	(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 w					
6	are the organization's property, subject to the organization's education or an are the organization inform all grantees, donors, and donor and donor are the organization inform all grantees, donors, and donor are					
U	for charitable purposes and not for the benefit of the donor or		•			
		donor advisor, or for any other purpose				
Pa		anization answered "Yes" on Form 990	Part IV line 7			
1	Purpose(s) of conservation easements held by the organizatio		Tacty, mor.			
	Preservation of land for public use (for example, recreating	· · · · · · · · · · · · · · · · · · ·	f a historically important land area			
	Protection of natural habitat Preservation of a certified historic structure					
	Preservation of open space	r roos ration o	Ta domina mistorio strastaro			
2	Complete lines 2a through 2d if the organization held a qualifie	ed 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	The first and the second secon		_			
b						
С	Number of conservation easements on a certified historic structure.					
d	Number of conservation easements included in (c) acquired af					
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rele					
	year >					
4	Number of states where property subject to conservation ease	ement is located >				
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it l	holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con	servation easements during the year			
	>					
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conserva	ition easements during the year			
	> \$					
8	Does each conservation easement reported on line 2(d) above					
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation	•				
	balance sheet, and include, if applicable, the text of the footnot	-	ents that describes the			
Pai	organization's accounting for conservation easements. till Organizations Maintaining Collections of		ther Similar Assets			
	Complete if the organization answered "Yes" on Form 9	•	mei olimiai Assets.			
10			and belongs about wells			
Id	If the organization elected, as permitted under FASB ASC 958					
	of art, historical treasures, or other similar assets held for publ service, provide in Part XIII the text of the footnote to its finance		•			
b	If the organization elected, as permitted under FASB ASC 958					
	art, historical treasures, or other similar assets held for public of					
	provide the following amounts relating to these items:	exhibition, education, or research in furti	nerance of public service,			
			L ¢			
	(i) Revenue included on Form 990, Part VIII, line 1					
2	If the organization received or held works of art, historical trea	sures or other similar assets for financia				
~	the following amounts required to be reported under FASB AS		u gani, provid e			
а	Revenue included on Form 990, Part VIII, line 1	· ·	▶ ¢			
a h	Assets included in Form 990 Part X					

SCHOOL Schedule D (Form 990) 2019 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program Scholarly research 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's collection? No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c d Additions during the year 1d e Distributions during the year Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No 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 1a Beginning of year balance **b** Contributions c Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment Term endowment 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 (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 1a Land **b** Buildings 171,952 c Leasehold improvements 171,952 1,392,054. 463,877 d Equipment 928,17 Other

Schedule D (Form 990) 2019

1,100,129.

Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2019 SCHOOL		*	*-***1146 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests	***********		
(3) Other			F 800
(A)			
(B)			
(C)			
(D)			
<u>(E)</u>			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of investment			
Market Committee	(b) Book value	(c) Method of valuation: Cost or e	nd-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"	on Form 000 Dort IV line	11d Con Forms 000 Doub V Broad F	
	Description	Tra. See Form 990, Part X, line 15.	(b) Book value
		URCES RELATED TO	(b) book value
(2) PENSIONS AND OPEB	HOWD OF RESO	OKCES KELATED TO	1 652 663
(3) SECURITY DEPOSITS			1,652,663.
(4)			10,100.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15\		1,662,769.
Part X Other Liabilities.			1,002,703.
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f See Form 990 Part X line 2	9 5
1. (a) Description of liability		The state of the s	(b) Book value
(1) Federal income taxes			
(2) GASB 68 INFLOWS FROM PENSI	IONS		460,000.
(3) GASB 68 PENSION LIABILITY			7,626,000.
(4) DUE TO SCHOOL DISTRICTS			502,096.
(5) DEFERRED INFLOWS OF OPEB			14,000.
(6) OPEB LIABILITY			347,000.
(7) DEFERRED RENT			82,971.
(8)			02,711.
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.1		9,032,067.
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under			

-*1146 Schedule D (Form 990) 2019 SCHOOL Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 14,782,335. Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 14, 782,335. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 13,880,108. Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 13,880, Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) 13 ,880 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE 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.

Open to Public

Name of the organization

Department of the Treasury

Internal Revenue Service

Part I

► Go to www.irs.gov/Form990 for instructions and the latest information. PENNSYLVANIA DISTANCE LEARNING CHARTER SCHOOL

Inspection Employer identification number **-***1146

OMB No. 1545-0047

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) 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 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? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? X c Participate in, or receive payment from, an equity-based compensation arrangement? X 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? X b Any related organization? Х 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? X b Any related organization? 6b Х If "Yes" on line 6a or 6b, describe in Part III. 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 X Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III X If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

-1146

SCHOOL Schedule J (Form 990) 2019 Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(j)(a)	in column (B) reported as deferred on prior Form 990
(1) PATRICIA ROSSETTI	Ξ	133,306.	0	0	43,513.	19,620.	196,439.	0
СБО	⊞	0	0	0	0	.0	• 0	0
	Ξ							
	(E)							
	(i)							
	(ii)							
] (i)							
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Schedule J (Form 990) 2019

Page 3 Schedule J (Form 990) 2019 Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. **-**1146 Part III Supplemental Information Schedule J (Form 990) 2019

SCHEDULE O

(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

Name of the organization

PENNSYLVANIA DISTANCE LEARNING CHARTER SCHOOL

OMB No. 1545-0047

Employer identification number

-*1146

Open to Public Inspection

FORM 990, PART VI, SECTION A, LINE 3: SUBSTANTIALLY ALL OF THE SCHOOL'S BUSINESS FUNCTIONS HAVE BEEN CONTRACTED TO CHARTER CHOICES, INC (CC). CC PERFORMS PAYROLL SERVICES, ACCOUNTS PAYABLE SERVICES, ACCOUNTS RECEIVABLE SERVICES, MAINTAINS THE ACCOUNTING SYSTEM OF RECORDS AND REPORTS, FEDERAL CONSOLIDATED GRANT RECONCILIATIONS. FINANCIAL REPORTING AND BUDGETS, FINANCIAL PROJECTIONS AND PLANNING, ENTERS AND MAINTAINS STUDENT DATA RECORDS FOR BILLING PURPOSES, PREPARES DISTRICT BILLING USING SCHOOL PROVIDED INFORMATION, AND FISCAL COMPLIANCE REPORTING. THE SCHOOL PAYS AN ANNUAL FEE OF \$646 PER AVERAGE DAILY MEMBERSHIP TO CC. FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO UNDERLYING COMMITTEES OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: DRAFTS OF THE FORM 990 ARE DISTRIBUTED TO THE MANAGEMENT COMPANY AND THE BOARD, FOR THEIR REVIEW. HILL, BARTH & KING LLC PREPARES THE SCHOOL'S FORM 990. THEY ARE AVAILABLE TO RESPOND TO QUESTIONS OR RECOMMENDATIONS AS A RESULT OF THE BOARD REVIEW. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF TRUSTEES MONITORS EMPLOYMENT AND CONSULTING ARRANGEMENTS TO ENSURE THAT CONFLICTS OF INTEREST DO NOT OCCUR IN THE SCHOOL. ALL APPOINTMENTS ARE ASKED AT THE TIME OF INTERVIEW IF THEY ARE RELATED TO ANYONE IN THE ORGANIZATION. ADDITIONALLY, TRUSTEES AND THE CEO ARE REQUIRED TO COMPLETE A FINANCIAL DISCLOSURE DECLARATION ANNUALLY. THE DISCLOSURE

FORM IS CONSISTENT WITH THE PENNSYLVANIA ETHICS REQUIREMENTS FOR SCHOOL

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization PENNSYLVANIA DISTANCE LEARNING CHARTER SCHOOL	Page 2 Employer identification number **-***1146
PROGRAM SERVICE EXPENSES	1 240 245
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,248,345.
	170
OTHER CONTRACTED SERVICES:	
PROGRAM SERVICE EXPENSES	134,450.
MANAGEMENT AND GENERAL EXPENSES	79,850.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	214,300.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,032,603.
FORM 990, PART XII, LINE 2B:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
	,
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS NOR	THE SELECTION
PROCESS DURING THE TAX YEAR.	
SCHEDULE A, PART II, SECTIONS A-C:	
FOR PURPOSES OF REPORTING THE SCHOOL'S REASON FOR PUBLIC CO	
IN SCHEDULE A OF FORM 990, THE SCHOOL CLASSIFIES ITSELF AS	
ORGANIZATION THAT NORMALLY RECEIVES A SUBSTANTIAL PART OF	
FROM A GOVERNMENT UNIT OR FROM THE GENERAL PUBLIC DESCRIBE	
170(B)(1)(A)(VI) SOLELY FOR CONSISTENCY WITH THE SCHOOL'S	
CHARITY STATUS AS DETERMINED BY THE IRS EFFECTIVE JUNE 10,	2003. THE
SCHOOL DOES NOT ACTIVELY SOLICIT FUNDS FROM THE GENERAL PU	BLIC;

HOWEVER, IT RECEIVES A PORTION OF ITS REVENUE FROM PUBLIC SOURCES IN THE FORM OF GRANTS AND CONTRIBUTIONS FROM THE PENNSYLVANIA DEPARTMENT OF EDUCATION AND A LOCAL INTERMEDIATE UNIT. CONSISTENT WITH OTHER PENNSYLVANIA CHARTER SCHOOLS, THE MAJORITY OF THE SCHOOL'S REVENUES ARE RECEIVED FROM THE RESIDENT SCHOOL DISTRICTS OF ITS STUDENTS BASED ON ADMISSION AND REIMBURSEMENT RATES ESTABLISHED BY THE PENNSYLVANIA DEPARTMENT OF EDUCATION. REVENUES FROM SCHOOL DISTRICTS ARE NOT CONSIDERED PUBLIC SUPPORT FOR PURPOSES OF THE COMPUTATION OF PUBLIC SUPPORT IN SCHEDULE A. MANAGEMENT AND GOVERNANCE BELIEVE CLASSIFICATION AS A SCHOOL DESCRIBED IN SECTION 170(B)(1)(A)(II) IS A MORE APPROPRIATE CLASSIFICATION AND PLAN TO FILE FOR A RE-DETERMINATION IN THE NEAR FUTURE. A REVIEW OF THE ORIGINAL APPLICATION FOR EXEMPTION INDICATES THAT WE APPLIED FOR EXEMPTION AS A SCHOOL, AND THAT THROUGH THE PROCESS OF APPROVAL, OUR STATUS WAS ULTIMATELY GRANTED AS A PUBLIC SUPPORTED CHARITY RATHER THAN AS A SCHOOL. IN FILING THIS RETURN, WE CERTIFY THAT WE MEET ALL OF THE REQUIREMENTS FOR TAX EXEMPTION AS A SCHOOL, INCLUDING THE NON-DISCRIMINATION RULES. BASED ON THESE FACTS AND CIRCUMSTANCES WHICH HAVE NOT CHANGED FROM THE SCHOOL'S INCEPTION AND ORIGINAL IRS DETERMINATION OF EXEMPTION, THE SCHOOL'S OPERATIONS SUPPORT ITS PUBLIC CHARITY STATUS.

SCHEDULE D, PARTS IX AND X:

DURING THE FISCAL YEAR ENDING JUNE 30, 2015, THE SCHOOL WAS REQUIRED TO

IMPLEMENT GASB 68. THIS ACCOUNTING STANDARD REQUIRED THE SCHOOL TO

REPORT ITS PROPORTIONATE SHARE OF THE NET PENSION LIABILITY OF THE

UNDERFUNDED COST-SHARING MULTI-EMPLOYER DEFINED BENEFIT PENSION PLAN

PROVIDED BY THE COMMONWEALTH OF PENNSYLVANIA. AT JUNE 30, 2020, THE

SCHOOL REPORTED A LIABILITY OF \$7,626,000 WHICH IS REDUCED BY DEFERRED

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization PENNSYLVANIA DISTANCE LEARNING CHARTER SCHOOL	Employer identification number
OUTFLOWS OF RESOURCES IN THE AMOUNT OF \$1,580,361. EACH Y	EAR, THE
SCHOOL'S PROPORTIONATE SHARE OF THE LIABILITY WILL BE ADJU	STED. THE
ADJUSTMENT WILL BE DONE IN ACCORDANCE WITH THE ACCOUNTING	STANDARD BUT
WILL NOT HAVE AN EFFECT ON THE ONGOING CASH REQUIREMENTS O	F THE SCHOOL.
SCHEDULE D, PARTS IX AND X:	
DURING THE FISCAL YEAR ENDING JUNE 30, 2019, THE SCHOOL WA	S REQUIRED TO
IMPLEMENT GASB 75. THIS ACCOUNTING STANDARD REQUIRED THE	SCHOOL TO
REPORT ITS PROPORTIONATE SHARE OF THE NET OTHER POST EMPLO	YMENT
BENEFITS (OPEB) OF THE UNDERFUNDED COST-SHARING MULTI-EMPL	OYER DEFINED
BENEFIT OPEB PLAN PROVIDED BY THE COMMONWEALTH OF PENNSYLV	ANIA. AT
JUNE 30, 2020, THE SCHOOL REPORTED A LIABILITY OF \$347,000	WHICH IS
REDUCED BY DEFERRED OUTFLOWS OF RESOURCES IN THE AMOUNT OF	\$72,302.
EACH YEAR, THE SCHOOL'S PROPORTIONATE SHARE OF THE LIABILI	TY WILL BE
ADJUSTED. THE ADJUSTMENT WILL BE DONE IN ACCORDANCE WITH	THE
ACCOUNTING STANDARD BUT WILL NOT HAVE AN EFFECT ON THE ONG	OING CASH
REQUIREMENTS OF THE SCHOOL.	