CLIFTONLARSONALLEN LLP 610 W GERMANTOWN PIKE, SUITE 400 PLYMOUTH MEETING, PA 19462

> WISSAHICKON CHARTER SCHOOL 4700 WISSAHICKON AVE. PHILADELPHIA, PA 19144

DocuSign Envelope ID: 5A54AAF0-67E3-48B1-9ACD-01F342B3492E

CLIENT'S COPY



CliftonLarsonAllen LLP CLAconnect.com

Wissahickon Charter School 4700 Wissahickon Ave. Philadelphia, PA 19144

Wissahickon Charter School:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-EO to us as soon as possible, but no later than by May 16, 2022 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

A few final reminders relating to your tax return filings:

- There are substantial penalties for failure to properly disclose and report foreign financial accounts and foreign activity. Please make sure you have informed us of any foreign financial accounts or foreign activity so that we have the necessary information to complete any required disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP



CliftonLarsonAllen LLP CLAconnect.com

WISSAHICKON CHARTER SCHOOL

FORM 990 INCOME TAX RETURN

FOR YEAR ENDED JUNE 30, 2021

Form 8879-EO	\vdash	OMB No. 1545-0047	
	IRS e-file Signature Authorization for an Exempt Organization For calendar year 2020, or fiscal year beginning JUL 1 , 2020, and ending JUN 30 ,	, 20 21	2020
Department of the Treasury	Do not send to the IRS. Keep for your records.		2020
Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.		
Name of exempt organization	or person subject to tax	Taxpayer ident	ification number
			4895
WISSAHICKON CI		02-053	4735
Name and title of officer or pe KRISTINA LITT CEO	•		
	Return and Return Information (Whole Dollars Only)		
check the box on line 1a, 2 blank, then leave line 1b, 2	n for which you are using this Form 8879-EO and enter the applicable amount, if any, fro 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you enter e applicable line below. Do not complete more than one line in Part I.	this form was red -0- on the	
1a Form 990 check here			
2a Form 990-EZ check h			
3a Form 1120-POL chec			
4a Form 990-PF check h			
5a Form 8868 check here			
6a Form 990-T check her			
7a Form 4720 check here	b Total tax (Form 4720, Part III, line 1) ion and Signature Authorization of Officer or Person Subject to Tax	<u></u>	
(name of organization)	I declare that X I am an officer of the above organization or I am a person sub , (EIN)	-	
software for payment of th a payment, I must contact (settlement) date. I also au confidential information ne	nic funds withdrawal (direct debit) entry to the financial institution account indicated in the e federal taxes owed on this return, and the financial institution to debit the entry to this a the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior thorize the financial institutions involved in the processing of the electronic payment of ta cessary to answer inquiries and resolve issues related to the payment. I have selected a as my signature for the electronic return and, if applicable, the consent to electronic func- tion for the financial institutions involved in the processing of the selector to be as my signature for the electronic return and, if applicable, the consent to electronic func-	account. To rev to the payment axes to receive personal	oke
X Lauthorize CL	IFTONLARSONALLEN LLP	to enter my PI	02390
	ERO firm name		Enter five numbers, but
			do not enter all zeros
a state agency(ie	on the tax year 2020 electronically filed return. If I have indicated within this return that a s) regulating charities as part of the IRS Fed/State program, I also authorize the aforeme i's disclosure consent screen.		-
electronically file	person subject to tax with respect to the organization, I will enter my PIN as my signature d return. If I have indicated within this return that a copy of the return is being filed with a les as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure co	a state agency(i	
Signature of officer or person subject Part III Certifica	tion and Authentication	Date 🕨	
ERO's EFIN/PIN. Enter yo	ur six-digit electronic filing identification		
number (EFIN) followed by	your five-digit self-selected PIN. 23591155902 Do not enter all zeros		
-	neric entry is my PIN, which is my signature on the 2020 electronically filed return indicate turn in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information siness Returns.		
ERO's signature \blacktriangleright CLIF	TONLARSONALLEN LLP Date _ 05/	10/22	
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	So	
LHA For Paperwork Red	uction Act Notice, see instructions.	Fo	orm 8879-EO (2020)
023051 11-03-20			

Form (Rev. Jai	8868 Appli Nuary 2020)			Extension of Time To nization Return	o File	an OMB No.	1545-0047
Deneutrosen	of the Treesure	File a sepa	arate appl	ication for each return.			
	of the Treasury	Go to www.irs.go	ov/Form8	368 for the latest information			
	ic filing (e-file. For car	el an sically file-Fore 88,8 b poof form 887 . Interacion		6-mor state tensit of n	arsona h	f the	
			S in paper	format (see instructions). For more d	etails on t	he electronic	
	·	/e-file-prode /e_file-pr-cha					
5	,						
Autom	atic 6-Month Extens	sion of Turk. Why subt	nik rig	a (ne copies needer)			
•	•	ncome tax return other than Fo extension of time to file income		(including 1120-C filers), partnership ns.	s, REMICs	s, and trusts	
Type or	Name of exempt organ	ization or other filer, see instru	ctions.		Taxpayer	identification num	ber (TIN)
print							
File by the	WISSAHICKON	CHARTER SCHOOL				02-05347	35
File by the due date fo filing your return. See	Number, street, and roo 4700 WISSAH	om or suite no. If a P.O. box, so CCKON AVE •	ee instruct	ions.			
instructions	PHILADELPHIA			·			
Enter the	e Return Code for the return	n that this application is for (file	e a separat	e application for each return)	<u></u>		<u> 0 1 </u>
Applicat	ion		Return	Application			Return
Is For Code Is For							Code
Form 990 or Form 990-EZ 01 Form 990-T (corporation)							07
Form 990-BL 02 Form 1041-A							08
Form 4720 (individual) 03 Form 4720 (other than individual)						09	
Form 99			04	Form 5227			10
	0-T (sec. 401(a) or 408(a) tr	*	05 06	Form 6069			11
<u>F0111 99</u>	0-T (trust other than above)	CHARTER CHOICES		Form 8870			12
	ooks are in the care of \blacktriangleright hone No. $\blacktriangleright 215-481$	222 NORTH KESWI		YENUE - GLENSIDE, P Fax No. ►	A 190	38	
		e an office or place of business	in the Uni	· · · · · · · · · · · · · · · · · · ·			
	•	er the organization's four digit (f this is for	r the whole group,	check this
box 🕨		group, check this box		ch a list with the names and TINs of		• •	
th⊄ ► ►	equest an automatic e organization ame calenda year X tax year beginning he tax year entered in line Change in accounting		, an	tending JUN 30, 2021	Final return	- ·	turn for
	••	s 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less			
	y nonrefundable credits. Se				3a	\$	0.
		s 990-PF, 990-T, 4720, or 6069				^	0
		e. Include any prior year overp			3b	\$	0.
		b from line 3a. Include your pa	•			<u>م</u>	0.
-		eral Tax Payment System). See			3c	\$	
instructio	ons.			bit) with this Form 8868, see Form 84	HOO-EU and		
LHA	For Privacy Act and Pape	rwork Reduction Act Notice,	see instru	ictions.		Form 8868 (Rev. 1-2020)

	_		Return of Organization Exempt From Income	Тах	OMB No. 1545-0047		
For	al 2020						
		••	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private for ▶ Do not enter social security numbers on this form as it may be made public to the security numbers of t		Open to Public		
Depa Inter	artment nal Reve	Inspection					
Α	For th	e 2020 calend	lar year, or tax year beginning JUL 1, 2020 and ending JUN 30,	2021			
B Check if applicable: C Name of organization D Employer identificatio							
	Addr	ge WISS	SAHICKON CHARTER SCHOOL				
	Name	ge Doing b	usiness as 02-	053473	5		
	Initial returr Final returr	Number	r and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephon WISSAHICKON AVE • 267	ne number - 3 3 8 - 1	020		
	termi ated	n-	town, state or province, country, and ZIP or foreign postal code G Gross receiption	ots \$	17,919,129.		
	Amer	1 PHIL	ADELPHIA, PA 19144 H(a) Is this	a group ret	um		
	Appli tion			ordinates?	Yes X No		
	pend	SAME	AS C ABOVE H(b) Are all su	bordinates inc	luded? Yes No		
		empt status:		' attach a li	st. See instructions		
			WISSAHICKONCHARTER.ORG H(c) Group				
				2001 <u>m</u>	State of legal domicile: PA		
Ρ	art I						
e	1		be the organization's mission or most significant activities: PROVIDE A COMMUN				
Governance			IMULATES INTELLECTUAL, SOCIAL, AND CHARACTER D				
ernë	2		▶ ☐ if the organization discontinued its operations or disposed of more than 25% of	1 1			
Š	3		ting members of the governing body (Part VI, line 1a)		10		
ي م			dependent voting members of the governing body (Part VI, line 1b)		10		
ies	5		of individuals employed in calendar year 2020 (Part V, line 2a)		169		
Activities	6		of volunteers (estimate if necessary)		15		
Act	7 a		d business revenue from Part VIII, column (C), line 12		0.		
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.		
		o	and grants (Part VIII, line 1h) Prior Ye		Current Year 2,537,281.		
ne	8				15,378,318.		
Revenue	9			,398.	3,530.		
Be	10			0.	<u> </u>		
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		17,919,129.		
	12						
	13		milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.		
	14	•	to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A), lines 5-10) 9 , 307				
es	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		9,825,275.		
ens	16a	Professional f	iundraising fees (Part IX, column (A), line 11e)	0.	0.		
Expenses	. b			126	4 706 274		
ш	1	-	es (Part IX, column (A), lines 11a-11d, 11f-24e) 5, 265		4,796,374.		
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)		14,621,649.		
	19	Revenue less	expenses. Subtract line 18 from line 12		3,297,480.		
Assets or			Beginning of Cur		End of Year		
sset	g 20	Total assets (I	11.001		12,512,836.		
3t A	21		s (Part X, line 26)		10,555,091.		
Inet.				,735.	1,957,745.		
	art II						
			I declare that I have examined this return, including accompanying schedules and statements, and to the	-	knowledge and belief, it is		
true	, corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which preparer has any knowl	edge.			
		 					

Sign	Signature of officer		Date	
Here	KRISTINA LITTELL, CEO			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN
Paid	CONNIE M. LIRA	CONNIE M. LIRA	05/10/22 self-employed	200481097
Preparer	Firm's name 🕒 CLIFTONLARSONALL	EN LLP	Firm's EIN 🕨 41 -	-0746749
Use Only	Firm's address 610 W GERMANTOWN	PIKE, SUITE 400		
	PLYMOUTH MEETING	Phone no. (215)	643-3900	
May the I	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No
022001 12 2		e see the separate instructions		Eorm 990 (2020)

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

Form	990 (2020) WISSAHICKON CHARTER SCHOOL	02-0534735 Page 2
Pa	rt III 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:	
	THE MISSION OF THE WISSAHICKON CHARTER SCHOOL IS TO PROVI	IDE A
	COMMUNITY OF LEARNING WITH AN ENVIRONMENTAL FOCUS THAT ST	CIMULATES THE
	CHILD'S INTELLECTUAL, SOCIAL, AND CHARACTER DEVELOPMENT.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, and
	revenue, if any, for each program service reported.	
4a		15,378,318.
	WISSAHICKON CHARTER SCHOOL WAS PLANNED AROUND THREE ESSEN	
	1. AN INTEGRATED ENVIRONMENTAL FOCUS, RECOGNIZING THE IMI	
	SERVICE LEARNING, 2. PEACE, CONFLICT RESOLUTION, AND COMMAS PART OF A PRIORITIZED SOCIAL CURRICULUM, AND 3. AN EMP	
	FAMILY INVOLVEMENT AT ALL LEVELS OF THE SCHOOL ORGANIZAT	
	SPECIAL EMPHASIS ON PARENTS AS PARTNERS IN THE LEARNING I	
	THEIR CHILDREN. THE SCHOOL SERVES APPROXIMATELY 970 STUDI	
	K TO 8TH GRADE. IN FY21, THE SCHOOL CONTINUED TO BE FULLY	
	COVID-19 AND CONTINUED TO INVEST IN TECHNOLOGY AND OTHER	
	SUPPORT REMOTE LEARNING FOR STUDENTS.	RESOURCES IO
	SOFFORT REMOTE DEARNING FOR STODENTS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	
40	(code) (expenses \$) (neven	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ue\$)
4d	Other program services (Describe on Schedule O.)	,
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 11,454,034.	Form 990 (2020)
032002	2 12-23-20	Form 230 (2020)

Form 990 (2020) Part IV Checklist of F	WISSAHICKON CHARTER SCHOOL Required Schedules	02-053
1 Is the organization desc	ribed in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	

	If "Yes," complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		──
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	
032003	12-23-20	Form	990	(2020)

13530510 131839 097-102390

4 2020.05094 WISSAHICKON CHARTER SCHOO 097-1021

Yes No

Form	990 (2020) WISSAHICKON CHARTER SCHOOL 02-053	34735	Р	age 4
Par	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25 a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		X
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	. 38	Х	
Par	t 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	<u></u>		
			Yes	No
		.9		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	. 1c		
032004	12-23-20	Form	990	(2020)
	5			

Form	990 (2020) WISSAHICKON CHARTER SCHOOL 02-053	<u>1735</u>	Р	age 5				
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 169)						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		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 required			x				
	to file Form 8282?							
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 contract?							
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		┣──				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
a	Initiation fees and capital contributions included on Part VIII, line 12	-						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-						
11	Section 501(c)(12) organizations. Enter:							
a	Gross income from members or shareholders 11a	-						
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
10-	amounts due or received from them.)	100						
		12a						
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.	-						
a	Is the organization licensed to issue qualified health plans in more than one state?	13a						
u	Note: See the instructions for additional information the organization must report on Schedule O.	104						
h	Enter the amount of reserves the organization is required to maintain by the states in which the							
D.	organization is licensed to issue qualified health plans							
с	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		1					
	excess parachute payment(s) during the year?	15		x				
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						X		
Sec	tion A. Governing Body and Management								
			1			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	:	10					
	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 0.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b		10					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?			.	2		X		
3									
				··· г	3		<u>X</u>		
4	Did the organization make any significant changes to its governing documents since the prior Form 9			F	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X		
6	Did the organization have members or stockholders?				6		<u> </u>		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap								
	more members of the governing body?			··	7a		<u> </u>		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						37		
-	persons other than the governing body?			·	7b		X		
8									
a	The governing body?				8a	X			
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 read		t the				v		
600	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			Vee	Na		
100	Did the exception have lead chapters, branches, or affiliates?			ſ	100	Yes	No X		
	Did the organization have local chapters, branches, or affiliates?			F	10a		- 23		
D	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
110	and branches to ensure their operations are consistent with the organization's exempt purposes? 1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
11a b									
12a									
b									
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "y$			···	12b	X			
Ũ	in Schedule O how this was done \dots	,			12c	х			
13	Did the organization have a written whistleblower policy?			Г	13	X			
14	Did the organization have a written document retention and destruction policy?			F	14	X			
15	Did the process for determining compensation of the following persons include a review and approva			.					
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			ľ	15a	Х			
	Other officers or key employees of the organization				15b		X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a						
	taxable entity during the year?			. [16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat]					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ								
_	exempt status with respect to such arrangements?			[16b				
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed NONE								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	T (Section 501(c)(3)s	only)	availal	ble		
	for public inspection. Indicate how you made these available. Check all that apply.								
40	X Own website Another's website X Upon request Other (explain		,		~				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	t interest policy,	and	financ	al			
00	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 boo CHARTER CHOICES - 215-481-9777	oks and	records						
	222 NORTH KESWICK AVENUE, GLENSIDE, PA 19038								
130002					Form	990	(2020)		
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Form 990 (2020)	WISSAHICKON CHARTER SCHOOL	02-0534735	Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Empl	loyees, and Independent Contractors									
Check	if Schedule O contains a response or note to any line in this Part VII									
Section A. Office	ers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
1a Complete this t	table for all persons required to be listed. Report compensation for the calendar year e	ending with or within the organization's	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 nor any related organization compensated any current officer, director, or trustee.

(A) (B)			(C) Positio					(D)	(E)	(F)
Name and title	Average hours per week	box	not cl , unles cer an	neck r ss per	more son i	than c s both	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
		Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KRISTINA LITTELL CEO	40.00			х				163,241.	0.	85,751.
(2) REBECCA BENARROCH	40.00									
DIRECTOR OF MIDDLE SCHOOL						x		133,276.	0.	56,106.
(3) MICHELE FERRANTE	40.00									
DIRECTOR OF LEARNING SUPPORT						X		117,495.	0.	69,628.
(4) KATE O'SHEA	40.00									
DIRECTOR OF LOWER SCHOOL						X		107,603.	0.	66,116.
(5) JUSTIN DIBERADINIS	2.00									
CHAIR		Х		X				0.	0.	0.
(6) RACHEL LOEPER	2.00							0	0	0
VICE CHAIR	2 00	Х		X				0.	0.	0.
(7) CHARLES G. CASE JR TREASURER	2.00	х		х				0.	0.	0.
(8) DEBORAH LEVIN	2.00	Δ		~				0.	0.	0.
SECRETARY	2.00	х		х				0.	0.	0.
(9) EBONY STATON WEIDMAN	2.00			23						
MEMBER		Х						0.	0.	0.
(10) REKYIAH ABDUL-ZAHIR	2.00	77						0	0	0
MEMBER (11) BOB ANDERSON	2.00	Х						0.	0.	0.
MEMBER	2.00	х						0.	0.	0.
(12) SHAUNA MACE	2.00									•••
MEMBER		х						0.	0.	0.
(13) ANTHONY COUGHLIN	2.00									
MEMBER		х						0.	0.	0.
(14) MICHAEL-ANN MATTICOLI	2.00									
MEMBER		Х						0.	0.	0.
										– 000 (2222)

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Form 990 (2020)

Form 990 (2020) WISSAHIC	KON CHAF	RTE	R	SC	HC	OL			02-05	<u>534</u> 7	735	Page 8
Part VII Section A. Officers, Directors, Tru	stees, Key Em	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average			(Pos	C) itior	า		(D) Reportable	(E) Reportable			(F) mated
	hours per week (do not check more than one box, unless person is both an officer and a director/trustee) (list any hours for related organizations below line) 1000 (1000 (1000 (1000 (1000))						tee)	compensation from the organization (W-2/1099-MISC)	compensatio from related organization (W-2/1099-MIS	s	o comp fro orga and	ount of ther ensation m the nization related nizations
	,	-	=	Ó	¥	Ξē	Fe					
		_										
								-+				
1b Subtotal	•							521,615.		0.	277	,601.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								0.521,615.		0.	277	0.
2 Total number of individuals (including but	not limited to th						o re		000 of reportable		277	,0011
compensation from the organization												4
										ſ	`	Yes No
3 Did the organization list any former office			-	•			Ŭ		2	ŀ	~	x
line 1a? If "Yes," complete Schedule J forFor any individual listed on line 1a, is the s										····	3	
and related organizations greater than \$15	•		•					•	•	Ľ	4	X
5 Did any person listed on line 1a receive or											-	
rendered to the organization? If "Yes." col	mplete Schedul	e J fe	or sı	ich i	oers	on .				<u></u>	5	X
Section B. Independent Contractors					<u> </u>				400.000 6		. ,	
1 Complete this table for your five highest control the organization. Report compensation for	-								-	ensat		
(A) Name and busines								(B) Description of se	ervices	C	(C) ompens	
LINTON'S MANAGED SERVICE 2947 FELTON RD, EAST NOR		A	19	40	1			FOOD SERVICES	3		266	,574.
ABINGTON SPEECH PATHOLOGY SERVICES SPECIA							SPECIAL EDUCA					
· · · · · · · · · · · · · · · · · · ·							SERVICES SPECIAL EDUCA			223	,440.	
GEMMA SERVICES PO BOX 95000, PHILADELPHIA, PA 19195							SPECIAL EDUCA	AITON		152	,699.	
MAACS HEALTH SERVICES, 1				EN	CE			STUDENT HEALT	ГН		-	<u>,</u>
RD, SUITE 1020, MEDIA, PA 19063 SERVICES							SERVICES			138	,276.	
TJ CLEANING SERVICES 1812 73RD AVE, PHILADELP	HIA, PA	19	12	6				CUSTODIAL SEP	RVICES		<u>138</u>	,000.
2 Total number of independent contractors	-	ot lin	nited	d to		-	ted	above) who received mo	ore than			
\$100.000 of compensation from the organ	ization 🕨				6	2						

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	<u>1 990 (</u> rt VII		SAHIC	CHOOL		02-0534	735 Рас	ge 9		
		Check if Schedule O c		response	or note to any lin	e in this Part VIII			Г	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -	er
ts ts	1 a	Federated campaigns		1a						
ran	b			1b						
Åmc Amc	с	Fundraising events		1c						
Sifts ar /	d	Related organizations		1d						
is, (imil	е	Government grants (contril	butions)	1e	2,257,042.					
tion er S	f	All other contributions, gifts, g								
ibu Othe		similar amounts not included		1f	280,239.					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in li		1g \$	3,695.	2 527 201				
<u> </u>	h	Total. Add lines 1a-1f			Ducino a Cada	2,537,281.				
	• •	STUDENT SUBSIDIES			Business Code 611110	15,192,370.	15,192,370.			_
/ice	2 a b				611110	132,086.	132,086.			
Serv	с С		1		611110	53,539.	53,539.			
m S	J d	OTHER REVENUE			611110	323.	323.			
Program Service Revenue	e									
Pro	f	All other program service r	revenue							
					>	15,378,318.				
	3	Investment income (includi	ing divider	nds, intere	est, and					
		other similar amounts)			►	3,530.			3,5	30.
	4	Income from investment of								
	5	Royalties								
			(i)	Real	(ii) Personal					
	6 a		6a							
	b		6b							
	C.		6c							
		Net rental income or (loss)		ecurities	(ii) Other					
	<i>i</i> a	Gross amount from sales of		ecunites						
	h	assets other than inventory Less: cost or other basis	7a							
e	b		7b							
enne	c		7c							
>		Net gain or (loss)								
Other Rev		Gross income from fundraisin								
Oth		including \$								
		contributions reported on I								
		Part IV, line 18		8a						
	b	Less: direct expenses		8b						
	с	Net income or (loss) from f	fundraising	events	>					
	9 a	Gross income from gaming	-							
		Part IV, line 19								
		Less: direct expenses			L					
		Net income or (loss) from g			▶					
	то а	Gross sales of inventory, le								
	L.	and allowances Less: cost of goods sold								
					<u>}</u>					_
	C	Net income or (loss) from s	Sales UI INV	entory	Business Code					
sno	11 a									_
neo	b									
scellaneo Revenue	c									
Miscellaneous Revenue	d	All other revenue								
Σ		Total. Add lines 11a-11d			>					
	12	Total revenue. See instruction				17,919,129.	15,378,318.	٥.	3,5	
03200	9 12-23	-20							Form 990 (2	.020)

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		CHARTER SCHO	DOL	02-05	34735 Page 10
	rt IX Statement of Functional Expense				
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respor	((0)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	254,393.		127,197.	127,196.
6	Compensation not included above to disqualified	-			
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,989,696.	5,224,099.	1,685,797.	79,800.
8	Pension plan accruals and contributions (include	.,,			
Ū	section 401(k) and 403(b) employer contributions)	-90,308.	50,692.	-145,010.	4,010.
9	Other employee benefits	2,134,329.	1,624,139.	509,603.	587.
10	Payroll taxes	537,165.	392,581.	132,113.	12,471.
11	Fees for services (nonemployees):	,	,		
	Management	112,536.		112,536.	
b	Legal	65,335.		65,335.	
	Accounting	22,575.		22,575.	
d					
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch 0.)	1,270,838.	1,249,640.	21,198.	
12	Advertising and promotion	5,980.		5,980.	
13	Office expenses	67,474.		67,474.	
14	Information technology	202,699.	22,410.	180,289.	
15	Royalties				
16	Occupancy	1,778,509.	1,778,509.		
17	Travel	266.	266.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,652.		1,652.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	441,700.	441,700.		
23	Insurance	81,099.	81,099.		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	411,937.	341,132.	70,805.	
b	FOOD SERVICE	205,768.	205,768.		
с	OTHER PURCHASED SERVICE	63,410.	19,311.	44,099.	
d	FURNITURE AND EQUIPMENT	62,674.	20,766.	41,908.	
е	All other expenses	1,922.	1,922.		
25	Total functional expenses. Add lines 1 through 24e	14,621,649.	11,454,034.	2,943,551.	224,064.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2020)

WISSAHICKON CHARTER SCHOOL

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,026,016.	1	3,048,903.
	2	Savings and temporary cash investments			3,746,275.	2	4,049,566.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			623,839.	4	652,747.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	ostantial co	ontributor, or 35%			
		controlled entity or family member of any of th	nese persor	ns		5	
	6	Loans and other receivables from other disqu	alified pers	ons (as defined			
		under section 4958(f)(1)), and persons describ	ed in secti	on 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Š	9				131,574.	9	255,894.
	10a	Land, buildings, and equipment: cost or other	·				
		basis. Complete Part VI of Schedule D	10a	7,852,937.			
	b	Less: accumulated depreciation	10b	4,405,694.	3,212,321.	10c	3,447,243.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	e 11			12	
	13	Investments - program-related. See Part IV, lin	e 11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			851,262.	15	1,058,483.
	16	Total assets. Add lines 1 through 15 (must ed			10,591,287.	16	12,512,836.
	17	Accounts payable and accrued expenses	2,088,493.	17	1,636,788.		
	18	Grants payable		18			
	19	Deferred revenue			72,183.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet		E		21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub		F			
-iab		controlled entity or family member of any of th	-	F		22	
-	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·	95,609.	23	
	24	Unsecured notes and loans payable to unrelation		Г		24	
	25	Other liabilities (including federal income tax,	•				
		parties, and other liabilities not included on lin			0 671 727	0.5	0 010 202
		of Schedule D			<u>9,674,737.</u> 11,931,022.		8,918,303. 10,555,091.
	26	Total liabilities. Add lines 17 through 25			11,951,022.	26	10,555,091.
ŝ		Organizations that follow FASB ASC 958, c	neck nere				
nce	07	and complete lines 27, 28, 32, and 33.		-	-1,373,897.	07	1,912,992.
alaı	27				34,162.	27	44,753.
d B	28	Net assets with donor restrictions			54,102.	28	44,755.
5		Organizations that do not follow FASB ASC	900, chec				
Ъ.	200	and complete lines 29 through 33.		-		- 00	
ets	29	Capital stock or trust principal, or current fund				29 20	
Asse	30	Paid-in or capital surplus, or land, building, or				30 31	
Net Assets or Fund Balances	31 32	Retained earnings, endowment, accumulated			-1,339,735.	31	1,957,745.
Ž	32 33	Total net assets or fund balances Total liabilities and net assets/fund balances			10,591,287.	32 33	12,512,836.
	00	rota nabilitios and not assets/ fund baldifices				00	Form 990 (2020)

Form **990** (2020)

032011 12-23-20

Form	990 (2020) WISSAHICKON CHARTER SCHOOL	02-05	34735	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		17,919		
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,623	1,6	49.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,29	7,4	80.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-1,339	9,7	35.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,95	7,7	45.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	, 5				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		. 3 a	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

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SCHEDULE A	Dublic Cha	rity Status an		slia Qu	innort		OMB No. 1545-0047
(Form 990 or 990-EZ)		rity Status an					2020
		47(a)(1) nonexempt cha					2020
Department of the Treasury Internal Revenue Service	-	Attach to Form 990 or F					Open to Public Inspection
Name of the organization		v/Form990 for instruction	ons and tr	he latest ir	nformation.	Employer	identification number
	WISSAHICKON CH	ARTER SCHOOL					2-0534735
Part I Reason	for Public Charity Status.	(All organizations must of	omplete ti	his part.) S	ee instructior	is.	2 0001/00
	private foundation because it is: (
	nvention of churches, or association				1)(A)(i).		
2 X A school desc	cribed in section 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3 A hospital or	a cooperative hospital service orga	anization described in se	ection 170	0(b)(1)(A)(ii	ii).		
4 A medical res	earch organization operated in co	njunction with a hospital	described	l in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
city, and state							
	on operated for the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	init describe	əd in
	(b)(1)(A)(iv). (Complete Part II.)						
	te, or local government or government						
•	on that normally receives a substa	initial part of its support fi	rom a gove	ernmental	unit or from t	ne general p	Sublic described in
·	b)(1)(A)(vi). (Complete Part II.) trust described in section 170(b)		+ 11)				
	al research organization described		-	ed in coniu	unction with a	land-grant	college
5	or a non-land-grant college of agric			-		-	-
university:	5 5 5	(, j	,	5	
10 An organizati	on that normally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersł	nip fees, and	d gross receipts from
activities relat	ted to its exempt functions, subjec	ct to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
income and u	inrelated business taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the or	ganization a	fter June 30, 1975.
	509(a)(2). (Complete Part III.)						
	on organized and operated exclus	•	•				_
-	on organized and operated exclus	•	-			-	
	v supported organizations describe						neck the box in
	ough 12d that describes the type o upporting organization operated, s			-		-	aivina
	ted organization(s) the power to re	-	•				
	n. You must complete Part IV, Se		indjointy c				pporting
	supporting organization supervised		ion with it	s supporte	ed organizatio	n(s), by hav	ving
control or n	nanagement of the supporting org	anization vested in the sa	ame perso	ons that co	ntrol or mana	ge the supp	ported
organization	n(s). You must complete Part IV,	Sections A and C.					
c 📃 Type III fun	nctionally integrated. A supportin	ng organization operated	in connec	tion with, a	and functiona	lly integrate	d with,
	ed organization(s) (see instructions				-		
	n-functionally integrated. A supp					•	
	unctionally integrated. The organiz	c ,	•		•	d an attentiv	reness
	t (see instructions). You must cor box if the organization received a	•					
	integrated, or Type III non-functio				турет, туре	п, туре ш	
	ing information about the supporte						
(i) Name of suppo	orted (ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the org in your govern	anization listed ing document?	(v) Amount o		(vi) Amount of other
organization		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
Total							
I HA For Paperwork Re-	duction Act Notice see the Instr	juctions for Form 990 o	990-F7	032021 01	25-21 Scho	dule A (For	m 990 or 990-F7) 2020

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-E 14

Part II

Schedule A (Form 990 or 990-EZ) 2020 WISSAHICKON CHARTER SCHOOL

02-0534735 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11.						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	(4) = 0 + 0		(0) =0.10		(0) = 0 = 0	(.,
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and sto	<u>p here</u>	•				
	ction C. Computation of Publi					T T	
	Public support percentage for 2020 (I		•			14	%
	Public support percentage from 2019					15	%
16a	33 1/3% support test - 2020. If the o	-					
	stop here. The organization qualifies		•				
r	33 1/3% support test - 2019. If the open stars have The exercise stars have						
17.	and stop here. The organization qual				a 12 16a ar 16b		
1/2	10% -facts-and-circumstances test and if the organization meets the fact						
	•		-	•		0	
ŀ	meets the facts-and-circumstances te 10% -facts-and-circumstances test	-		• • • •	-	17a and line 15 is	
Ľ	more, and if the organization meets the						
	organization meets the facts-and-circl						
18	Private foundation. If the organization		-				s
				, ,		edule A (Form 990	

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Schedule A (Form 990 or 990 EZ) 2020 WISSAHICKON CHARTER 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 qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support				-	-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	L					
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included 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 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizatio	on,
	check this box and stop here						>
Sec	ction C. Computation of Publi	c Support Per	centage			, ,	
15	Public support percentage for 2020 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20)20 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2020. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box ar	-	•				
b	33 1/3% support tests - 2019. If the	•					
_	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
03202	23 01-25-21		16		Sch	edule A (Form 990) or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 WISSAHICKON CHARTER SCHOOL

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

Yes No

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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 10a

 10b

 10b

 Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-F7) 2020 WISSAHICKON CHARTER SCHOOL

		55475	<u> </u>	age 5
Ра	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
Ь	A family member of a person described in line 11a above?	11b		<u> </u>
C	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44-		
800	detail in Part VI. Stion B. Type I Supporting Organizations	11c		L
Sec				
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes, " explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	Na
			Tes	No
1	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			ļ]
0	the supported organization(s).	1		L
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Sec	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations			
		- \		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	<i>.</i> .		

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

с		The organization supported a governmental entity. Describe in Part VI how you support tivities Test. Answer lines 2a and 2b below.	orted a governmental entity (see instruction <u>s).</u>		
2	Activ	tivities Test. Answer lines 2a and 2b below.	Y	Yes	No

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

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18

Schedule A (Form 990 or 990-EZ) 2020 WISSAHICKON CHARTER SCHOOL Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Ilv integrated	d Type III supporting orga	nization (see

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

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 WISSAHICKON CHARTER SCHOOL

02-0534735 Page 7

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)	.
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	1		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
C	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
<u> </u>	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

ne 1; Part IV, Section D	rmation. Provide 1 1, 2, 3b, 3c, 4b, 4c, 5 , lines 2 and 3; Part I	he explanations req a, 6, 9a, 9b, 9c, 11a V, Section E, lines 1	uired by Part II, line 1 a, 11b, and 11c; Part I c, 2a, 2b, 3a, and 3b;	02-053473); Part II, line 17a or 17b; Part III, line 12; V, Section B, lines 1 and 2; Part IV, Secti Part V, line 1; Part V, Section B, line 1e; I part for any additional information.	ion C,
ne 1; Part IV, Section D ection D, lines 5, 6, and	, lines 2 and 3; Part I	V, Section E, lines 1	c, 2a, 2b, 3a, and 3b;	Part V, line 1; Part V, Section B, line 1e; I	ion C, Part V,
ne 1; Part IV, Section D ection D, lines 5, 6, and	, lines 2 and 3; Part I	V, Section E, lines 1	c, 2a, 2b, 3a, and 3b;	Part V, line 1; Part V, Section B, line 1e; I	Part V,
ection D, lines 5, 6, and	d 8; and Part V, Secti	on E, lines 2, 5, and	6. Also complete this	part for any additional information.	
See instructions.)					
				.	
					21

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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

2020

Employer identification number

	WISSAHICKON CHARTER SCHOOL	02-0534735
Organization type (cheo	sk one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox{X} 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

02-0534735

WISSAHICKON	CHARTER	SCHOOL

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HAMILTON FAMILY CHARITABLE TRUST 200 EAGLE ROAD, SUITE 308 WAYNE, PA 19087	\$ <u>110,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	VAN AMERIGEN FOUNDATION 509 MADISON AVENUE NEW YORK, NY 10022-5501	\$ <u>50,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE MCLEAN CONTRIBUTIONSHIP 230 SUGARTOWN ROAD, SUITE 30 WAYNE, PA 19087	\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	KATE SVETIK MEMORIAL FOUNDATION PO BOX 104 AMBLER, PA 19002	\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	LUSSIER/HAMILL 210 WEST WASHINGTON SQUARE, UNIT 12 SE PHILADELPHIA, PA 19105	\$ <u>15,000.</u>	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
<u> </u>	LEO NIESSEN 6325 S RAINBOW BLVD, SUITE 300 LAS VEGAS, NV 89118	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

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or 990-PF) (2020)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name	of	organization
INALLE	UI.	Uluanization

Employer identification number

02-0534735

WISSAHICKON CHARTER SCHOOL

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
		\$	990, 990-EZ, or 990-PF) (2

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Schedule B (Fo	rm 990, 990-EZ, or 990-PF) (2020)			Page		
Name of organi	zation			Employer identification number		
WISSAHIC	KON CHARTER SCHOOL			02-0534735		
fro	cclusively religious, charitable, etc., contribution any one contributor. Complete columns (a mpleting Part III, enter the total of exclusively religious,	through (a) and the following line or	try For organizations			
Us	se duplicate copies of Part III if additional	space is needed.	less for the year. (Liner this line, of	nuc.) = ·		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held		
	Transferee's name, address, a	(e) Transfer of git		ansferor to transferee		
-						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held		
_		(e) Transfer of git	 ft			
	Transferee's name, address, a		Relationship of transferor to transferee			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held		
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
023454 11-25-20		25	Schedule	e B (Form 990, 990-EZ, or 990-PF) (2020)		

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SC	SCHEDULE D Supplemental Financial Statements			OMB No. 1545-0047		
	n 990)	Complete if the org	anization answered	d "Yes" on Form 990.		2020
Depart	ment of the Treasury		Attach to Form 990	D.		Open to Public
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						Inspection
Name of the organization Employer identif WISSAHICKON CHARTER SCHOOL 02-05						
Par	t I Organiza	ations Maintaining Donor Advise	d Funds or Oth	er Similar Funds o		
		n answered "Yes" on Form 990, Part IV, lin				
			(a) Donor a	dvised funds	(b) Funds an	d other accounts
1	Total number at er	nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5	-	on inform all donors and donor advisors in v	-			Yes No
6		on's property, subject to the organization's on inform all grantees, donors, and donor a				
U	•	oses and not for the benefit of the donor o	•	•		
	impermissible priv				0	Yes No
Par		ation Easements. Complete if the org				
1	Purpose(s) of cons	servation easements held by the organization	on (check all that ap	ply).		
	Preservation	of land for public use (for example, recrea	tion or education)	Preservation of a	historically impo	rtant land area
	Protection o	f natural habitat		Preservation of a	certified historic	structure
		of open space				
2	•	through 2d if the organization held a qualif	ied conservation co	ntribution in the form of		
	day of the tax year					at the End of the Tax Year
a		onservation easements				
b	-					
c d		vation easements on a certified historic stru vation easements included in (c) acquired a				
u		nal Register				
3		vation easements modified, transferred, rel				g the tax
	year 🕨		, 3	,	5	
4	Number of states	where property subject to conservation eas	ement is located	•		
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, ins	spection, handling of		
	violations, and enf	orcement of the conservation easements it	holds?			Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violatior	ns, and enforcing conser	vation easements	s during the year
_	►	<u> </u>				
7		es incurred in monitoring, inspecting, hand	ling of violations, ar	nd enforcing conservatio	n easements dur	ing the year
•	►\$			ments of continue 170/h/		
8		vation easement reported on line 2(d) abov		()		Yes No
9		(4)(B)(ii)? be how the organization reports conservation				
5		d include, if applicable, the text of the footr		-		the
	organization's acc	ounting for conservation easements.				
Par	t III Organiza	ations Maintaining Collections of	Art, Historical	Treasures, or Othe	er Similar As	sets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its	s revenue statement and	l balance sheet w	vorks
	of art, historical tre	easures, or other similar assets held for pub	lic exhibition, educa	ation, or research in furtl	nerance of public	
	service, provide in	Part XIII the text of the footnote to its finar	icial statements that	t describes these items.		
b	-	elected, as permitted under FASB ASC 95				
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,					ervice,
	-	ng amounts relating to these items:			► ¢	
		ded on Form 990, Part VIII, line 1				
2		ed in Form 990, Part X				
ź	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:					
а	-	on Form 990, Part VIII, line 1	-		▶ \$	
		Form 990, Part X				
		eduction Act Notice, see the Instructions				dule D (Form 990) 2020
032051	12-01-20					
			26			

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Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Simi	lar Asse	t s _{(contir}	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	t make si	ignificar	nt use of its			
	collection items (check all that apply):										
а	Public exhibition	c		Loan or exc	change progra	am					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how th	ey further th	he organizatio	on's exer	npt pur	pose in Par	t XIII.		
5	During the year, did the organization solicit o					er similar	assets	_			_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered	"Yes" on	Form 9	90, Part IV	, line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi								_		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:							
								_	Amoun	t	
	Beginning balance										
d	Additions during the year										
e	Distributions during the year										
f	Ending balance								N		
	Did the organization include an amount on Fe						ity?	L	Yes		_ No □
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i						10				
		(a) Current year		rior year	(c) Two yea	1		e years back	(e) Four	veare	hack
19	Beginning of year balance	(a) Ourient year		nor year		13 Dack	(u) 1110	<i>ic years bac</i>		yours	Dack
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
•	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1a	ı, column (a)) held as:				•		
а	Board designated or quasi-endowment	•	%	,, , , , , , , , , , , , , , , , , , ,							
	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held a	nd administer	red for th	ne orgar	nization			
	by:									Yes	No
	(i) Unrelated organizations								. 3a(i)		
	(ii) Related organizations								. 3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3 b		
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Par	, 3 , 1										
	Complete if the organization answere										
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)		ccumul preciati		(d) Boo	k valu	е
1a	Land										
	Buildings										
	Leasehold improvements				0,339.			633.	2,76		
	Equipment				2,296.		-	520.		3,7	
	Other				0,302.		452,	541.		7,7	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. colum	n (B), line 1	0c.)			🕨	3,44	7,2	43.
								<u> </u>	/_		

Schedule D (Form 990) 2020

032052 12-01-20

Schedule D (Form 990) 2020 WISSAHICKON CHARTER SCHOOL

Part	Investments - Other Securities. Complete if the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization and the	on Form 990 Part IV line	11b See Form 990 Part X line 12	
(a) D	escription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
	nancial derivatives	. ,		,
• •	osely held equity interests			
(3) Ot				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
	VIII Investments - Program Related.		·	
•	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part	IX Other Assets.			
	Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
(1)				79,769.
(2)				11,000.
(3)			ON	932,000.
(4)	DEFERRED OUTFLOWS OF RESOU	JRCES - OPEB		35,714.
(5)				
(6)				
(7)				
(8)				
(9)				
Total. Part	(Column (b) must equal Form 990, Part X, col. (B) line. X Other Liabilities.	<u>.15.)</u>		1,058,483.
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability			(b) Book value
(1)				
(2)	PENSION LIABILITY			6,746,000.
(3)	DEFERRED INFLOWS OF RESOUR	CES -		
(4)	PENSION			1,766,303.
(5)	OPEB LIABILITY			294,000.
(6)	DEFERRED INFLOWS OF RESOUR	CES -		
(7)	OPEB			112,000.
(8)				
				8,918,303.

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

Schedule D (Form 990) 2020

032053 12-01-20

Schedule D (Form 990) 2020 WISSAHICKON CHARTER SCHOOL			02-	0534735 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per l	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		. 1	17,919,129.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		. 2e	0.
3	Subtract line 2e from line 1			17,919,129.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		. 4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	17,919,129.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses pe	r Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		. 1	14,621,649.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		. 2e	0.
3	Subtract line 2e from line 1		. 3	14,621,649.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		. 4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	14,621,649.
Pa	t XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE SCHOOL ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN WHICH TAX POSITIONS						
INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS						
MORE LIKELY THAN NOT THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION						
BY TAXING AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION,						
CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS,						
DISCLOSURE AND TRANSITION.						
AS OF JUNE 30, 2021, THE SCHOOL HAD NO UNCERTAIN TAX POSITIONS THAT						
QUALIFIED FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL						
STATEMENTS. ADDITIONALLY, THE SCHOOL HAD NO INTEREST OR PENALTIES RELATED						
TO INCOME TAXES. THE SCHOOL FILES AN INFORMATIONAL RETURN IN THE U.S.						

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032054 12-01-20

Schedule D (Form 990) 2020

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Schedule D (Form 990) 2020 Part XIII Supplemental Inform	WISSAHICKON	CHARTER	SCHOOL	02-0534735 Pag	e 5
Part XIII Supplemental Inform	mation (continued)				
FEDERAL JURISDICTION	1.				
				Schedule D (Form 990) 2	020

032055 12-01-20

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SC				OMB No.	1545-004	47
(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990,			2020			
	Part IV, line 13, or Form 990-EZ, Part VI, line 48.			<u> 20</u>	<u>ZU</u>	<u> </u>
	tment of the Treasury Attach to Form 990 or Form 990-EZ.			Open te		ic
_		•		nspect		
Name	e of the organization		Employer ider 02-0			mper
Da	WISSAHICKON CHARTER SCHOOL		02-0	1554	135	
14					YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in i	ts charter				
•	bylaws, other governing instrument, or in a resolution of its governing body?			1	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward student					
-	catalogues, and other written communications with the public dealing with student admissions,			2	X	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly acces		·			
	homepage at all times during its taxable year in a manner reasonably expected to be noticed by					
	homepage, or through newspaper or broadcast media during the period of solicitation for studen	nts, or during th	ne			
	registration period if it has no solicitation program, in a way that makes the policy known to all p	arts of the gen	eral			
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space,			3	Х	
	THE NONDISCRIMINATORY POLICY IS PUBLISHED ON THE		'S			
	WEBSITE. IN ADDITION, THE POLICY IS INCLUDED IN					
	STUDENT/PARENT HANDBOOK, WHICH IS DISTRIBUTED AN	NUALLY '	LO ALL			
	FAMILIES AND AVAILABLE ON THE SCHOOL'S WEBSITE.					
	Development of the metabolic the following O					
4	Does the organization maintain the following?			40	X	
			ton / booio2	4a 4b	X	
	 Records documenting that scholarships and other financial assistance are awarded on a racially Copies of all catalogues, brochures, announcements, and other written communications to the p 		tory basis?	40		
U		0		4c	х	
Ь	with student admissions, programs, and scholarships? I Copies of all material used by the organization or on its behalf to solicit contributions?			4d	X	<u> </u>
u	If you answered "No" to any of the above, please explain. If you need more space, use Part II.					
5	Does the organization discriminate by race in any way with respect to:					
а	Students' rights or privileges?			5a		X
b	Admissions policies?			5b		X
	Employment of faculty or administrative staff?			5c		X
	Scholarships or other financial assistance?			5d		X
	Educational policies?			<u>5e</u>		X
	Use of facilities?			5f		X
	Athletic programs?			5g		X X
n	Other extracurricular activities?			5h		
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.					
6a	Does the organization receive any financial aid or assistance from a governmental agency?			6a	X	
	Has the organization's right to such aid ever been revoked or suspended?			6b		x
~	If you answered "Yes" on either line 6a or line 6b, explain on Part II.					
7	Does the organization certify that it has complied with the applicable requirements of sections 4	.01 through				
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on	•	<u></u>	7	Х	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.		Schedule E (Form	990 or	990-EZ) 2020

032061 11-10-20

Schedule E (Form 990 or 990-EZ) 2020 WISSAHICKON CHARTER SCHOOL

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

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE ORGANIZATION RECEIVES FUNDING FROM THE SCHOOL DISTRICT OF PHILADELPHIA

AND THE PENNSYLVANIA DEPARTMENT OF EDUCATION.

Schedule E (Form 990 or 990-EZ) 2020

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SCI	HEDULE J	Compensation Information	1	OMB No. 1	1545-004	47
(Foi	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	Ē	20	20	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	- F	Onente		,
	tment of the Treasury I Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Inspe		IC
	e of the organization		Employer i	-		mber
	0	WISSAHICKON CHARTER SCHOOL		53473		
Pa	rt I Questions	s Regarding Compensation			-	
					Yes	No
1a	Check the appropria	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	ine 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	onal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary s	pending account Personal services (such as maid, chauffe	ur, chef)			
	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		L
2	Did the organization	require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officer	s, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3		y, of the following the organization used to establish the compensation of the organization's				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
	·	tion of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		ompensation consultant				
	Form 990 of ot	ther organizations	committee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a rel					
	-			4a		x
				416		X
	•	eive payment from a supplemental nonqualitied retirement plan?				x
	•	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the re					
а	e e			5a		X
b	Any related organiza	ation?		5b		X
		r 5b, describe in Part III.				
6	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	on			
	contingent on the n	et earnings of:				
а	The organization?			6a		X
b	Any related organiza	ation?		6b		X
		r 6b, describe in Part III.				
		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		es 5 and 6? If "Yes," describe in Part III		7		X
		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, di	d the organization also follow the rebuttable presumption procedure described in				
	Regulations section			9		
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n 990)) 2020

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Schedule J (Form 990) 2020 WISSAHICKON	Ĥ	CKON CHARTER	ER SCHOOL		02-0534735	735		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	oldu	vees, and Highest C	Compensated Emplo	oyees. Use duplica	te copies if additional s	pace 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.	e rep orm 9	oorted on Schedule J 990, Part VII.	l, report compensatio	on from the organiz	ation on row (i) and from	related organizations	s, described in the instr	uctions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total	d inc	dividual must equal th	ne total amount of Fc	orm 990, Part VII, Se	amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	able column (D) and (E	:) amounts for that indi	vidual.
		(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	compensation		(m)-(i)(m)	reported as deferred on prior Form 990
(1) KRISTINA LITTELL	(i)	163,077.	164.	.0	56,102.	29,649.	248,992.	0.
CEO	(ii)	.0	0.	.0				0.
(2) REBECCA BENARROCH	(i)	133,100.	176.	.00	45,790.	10,316.	189,382.	•0
		117 220	170.		10 17	· D · D · C · C · C · C · C · C · C · C	101	
0		-	·0/T		-	-	/ / OT	.00
(4) KATE O'SHEA	Ξ	107,427.	176.	.0	36,960.	29,156.	173,719.	0.
DIRECTOR OF LOWER SCHOOL	(ii)	.0	0.	.0	• 0	0.	• 0	.0
	(i) (ii)							
	E) E							
	(ii)							
	(i)							
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032112 12-07-20

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Schedule J (Form 990) 2020 WISSAHICKON CHARTER SCHOOL	02-0534735 Page 3	б
Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	this part for any additional information.	I
		1
		1
	Schedule J (Form 990) 2020	20

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SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990- 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.	-EZ	OMB No. 1545-0047						
Name of the organization	WISSAHICKON CHARTER SCHOOL		identification number 534735						
	RT VI, SECTION B, LINE 11B:								
	THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND THEN THE BOARD IS PROVIDED A COPY OF THE FORM 990 FOR THEIR REVIEW. ONCE REVIEWED BY								
THE BOARD, T	HE FORM 990 IS SUBMITTED TO THE IRS.								
FORM 990, PA	RT VI, SECTION B, LINE 12C:								
THE ORGANIZA	TION IS REQUIRED BY LAW TO HAVE ALL BOARD MEMB	ERS AN	D KEY						

EMPLOYEES FILE A CONFLICT OF INTEREST ON AN ANNUAL BASIS. THE CONFLICT OF

INTEREST POLICY APPLIES TO THE BOARD MEMBERS AND SCHOOL EMPLOYEES.

IF AN INDIVIDUAL IDENTIFIES AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, THIS SHOULD BE DISCUSSED WITH THE CEO/COO OR ANOTHER OFFICER OF WISSAHICKON CHARTER SCHOOL AS SOON AS POSSIBLE.

EMPLOYEES WHO IGNORE OR DO NOT COMPLY WITH THE SCHOOL'S STANDARD OF ETHICS AND CONDUCT, WHICH INCLUDES THE CONFLICT OF INTEREST POLICY, MAY BE SUBJECT TO DISCIPLINARY ACTION, UP TO AND INCLUDING FOR CAUSE TERMINATION OF EMPLOYMENT.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF TRUSTEES DETERMINES SALARIES FOR THE CEO. THE ORGANIZATION REVIEWS COMPENSATION ON AN ANNUAL BASIS AND COMPARES ITS SALARIES TO OTHER LOCAL SCHOOLS. THE BOARD APPROVES THE COMPENSATION. THE DELIBERATION AND FINAL DETERMINATION ARE TIMELY DOCUMENTED IN THE BOARD'S MINUTES. Schedule O (Form 990 or 990-EZ) 2020

WISSAHICKON CHARTER SCHOOL

Page 2 Employer identification number 02-0534735

NO OTHER COMPENSATED PERSON MEETS THE IRS DEFINITION OF OFFICER OR KEY

EMPLOYEE.

Name of the organization

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 8:

THE SCHOOL IS PART OF THE PUBLIC SCHOOL EMPLOYEES' RETIREMENT SYSTEM (PSERS), WHICH IS A GOVERNMENTAL COST-SHARING MULTIPLE EMPLOYER DEFINED PENSION AND BENEFIT PLAN THAT PROVIDES BENEFITS TO PUBLIC SCHOOL EMPLOYEES OF THE COMMONWEALTH OF PENNSYLVANIA. UNDER GOVERNMENTAL-WIDE ACCOUNTING FOR GOVERNMENTAL ACCOUNTING STANDARDS (GASB) REPORTING, THE SCHOOL IS REOUIRED TO RECORD THEIR ALLOCATED PORTION OF THE PSERS NET PENSION LIABILITY, DEFERRED INFLOWS AND DEFERRED OUTFLOWS ON AN ANNUAL BASIS SINCE THE ADOPTION OF ACCOUNTING STANDARD GASB 68 - ACCOUNTING AND FINANCIAL REPORTING FOR PENSIONS IN FISCAL YEAR JUNE 30, 2015. IN ADDITION, THE SCHOOL IS REQUIRED TO RECORD THEIR ALLOCATED PORTION OF THE PSERS OTHER POSTEMPLOYMENT BENEFIT (OPEB) LIABILITY, DEFERRED INFLOWS AND DEFERRED OUTFLOWS ON AN ANNUAL BASIS DUE TO THE ADOPTION OF ACCOUNTING STANDARD GASB 75 - ACCOUNTING AND FINANCIAL REPORTING FOR POSTEMPLOYMENT BENEFITS OTHER THAN PENSIONS, WHICH WAS ADOPTED IN FISCAL YEAR JUNE 30, 2019. AS A RESULT OF THE FISCAL YEAR 2021 ALLOCATIONS AND GASB 68 AND 75 JOURNAL ENTRIES REQUIRED TO BE RECORDED, THE PSERS PENSION AND OPEB ACTIVITY RESULTED IN A CREDIT FOR JUNE 30, 2021 FISCAL YEAR.

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032212 11-20-20

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	anizations and Unrelated Partnerships tion answered "Yes" on Form 990, Part IV, line 33, 34, 35b,	tnerships ne 33, 34, 35b, 3	3, or 37.	<u> </u>	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Attach to Form 990.	t information.		0	Open to Public Inspection
ation WISSAHICKON	CHARTER SCHOOL				Employer identification number 02-0534735	ication number 7 3 5
Part I Identification of Disregarded Entities. Complete if the organization	te if the organization answered "Yes"	answered "Yes" on Form 990, Part IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	me End-of-year assets		(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations. part II organizations during the tax year.	ations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	answered "Yes" on Form 990	Part IV, line 34, b	ecause it had one	or more related tax-exe	empt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?
WISSAHICKON FOUNDATION 4700 WISSAHICKON AVE PHILADELPHIA, PA 19144	SERVES COMMUNITY AROUND WISSAHICKON CHARTER SCHOOL	PENNSYLVANIA	501(C)(3)	LINE 7	WISSAHICKON CHARTER SCHOOL	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedule R	Schedule R (Form 990) 2020

032161 10-28-20 LHA

Page 2		(k) Percentage ownership			related	(i) Section 512(b)(13) controlled entity? Yes No			90) 2020
-0534735	ore related	(j) General or managing partner? Yes No			one or more	(h) Percentage ownership			Schedule R (Form 990) 2020
02-05	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			, because it had	(g) Share of P- end-of-year o assets			Schedu
	ne 34, because	(h) Disproportionate allocations? Yes No			Part IV, line 34	(f) Share of total income			-
	90, Part IV, lir	(g) Share of end-of-year assets			n Form 990,				-
	Yes" on Form 9	(f) Share of total income			Iswered "Yes" o	 (e) Type of entity (C corp. S corp, or trust) 			-
	on answered "				organization an	(d) Direct controlling entity			
	the organizati	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	(c) Legal domicile (state or foreign country)			
SCHOOL		(d) Direct controlling entity			or Trust.	(b) Primary activity			
CHARTER S	as a Partne l ax year.	(c) Legal domicile (state or foreign country)			as a Corpor	Prime			
WISSAHICKON CH2	anizations Taxable :nership during the t	(b) Primary activity			anizations Taxable	7 -			
Schedule R (Form 990) 2020 WI SSA	Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.	(a) Name, address, and EIN of related organization			Identification of Related Organizations Taxable as a Corporation or genizations trust during the tax year.	(a) Name, address, and EIN of related organization			9-20
Schedule	Part III	ŽÖ			Part IV				032162 10-28-20

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SCHOOL WISSAHICKON CHARTER Schedule R (Form 990) 2020

Page 3 02-0534735

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

ŝ ×× XXX ⋈ ⋈ ⋈ ⋈ ⋈ × × ⋈ ⋈ ⋈ × ⋈ ⋈ Yes ⋈ 9 3 7 م 1 4 1e **1**g ٩ 5 ٦s **1**a ₽ ¥ ₽ Method of determining amount involved ₽ ÷ Ŧ Ŧ 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. <u>פ</u> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (c) Amount involved **(b)** Transaction type (a-s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) **c** Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property from related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) **b** Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a) Name of related organization e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) Ε c م ص δ ء .__ ¥ o s -Ē € ର ଡ

032163 10-28-20

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(2)

Schedule R (Form 990) 2020

Page 4		ne)	(k) Percentage ownership				
-0534735		gross reven	(j) Beneral or nanaging partner?				
02-053		otal assets or ((i) Code V-UBI amount in box 20 r (Form 1065)				Cohode
		sured by t	Dispropor- tionate allocations?				
	7.	of its activities (mea	(g) Share of end-of-year assets				
	990, Part IV, line 3	than five percent c	(f) Share of total income				
	' on Form (sted more t	er (13) er all partners sec. 501(c)(3) er (13) orgs.?				
	organization answered "Yes" on Form 990, Part IV, line 37	e organization conduc stment partnerships.	(d) Predominant income (related, unrelated, excluded from tax under- sections 512-614)				
SCHOOL		p through which th ion for certain inves	(c) Legal domicile (state or foreign country)				
WISSAHICKON CHARTER	e as a Partnership. Cor	ltity taxed as a partnershi uctions regarding exclus	(b) Primary activity				
Schedule R (Form 990) 2020 WISSAH	Part VI Unrelated Organizations Taxable as a Partnership. Complete if the	Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(a) Name, address, and EIN of entity				

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Schedule R	(Form 990) 2020	WISSAHICKON C	HARTER	SCHOOL	02-0534735	Page 5
Part VII	(Form 990) 2020 Supplemental Ir	nformation				
		formation for responses to questi	ions on Scheo	dule R. See instructions.		
032165 10-28-	20				Schedule R (Form 9	90) 2020
			42			

Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization	F	OMB No. 1545-0047
Form 0019-EU	For calendar year 2020, or fiscal year beginning JUL 1 , 2020, and ending JUN 30	₂₀ 21	
	Do not send to the IRS. Keep for your records.	, 20 <u>2</u> <u>2</u>	2020
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.		
Name of exempt organization	or person subject to tax	Taxpayer ident	ification number
WISSAHICKON C		02-053	4735
Name and title of officer or pe KRISTINA LITT			
CEO			
	Return and Return Information (Whole Dollars Only)		
check the box on line 1a, 2 blank, then leave line 1b, 2	n for which you are using this Form 8879-EO and enter the applicable amount, if any, fro 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you ente e applicable line below. Do not complete more than one line in Part I.	n this form was	уои
1a Form 990 check here			
2a Form 990-EZ check h			
3a Form 1120-POL chec 4a Form 990-PF check h			
5a Form 8868 check here			
6a Form 990-T check her			
7a Form 4720 check here		7b	
	ion and Signature Authorization of Officer or Person Subject to Tax		
(name of organization)	I declare that X I am an officer of the above organization or I am a person sub , (EIN)	-	-
software for payment of th a payment, I must contact (settlement) date. I also au confidential information ne identification number (PIN) PIN: check one box only	nic funds withdrawal (direct debit) entry to the financial institution account indicated in the e federal taxes owed on this return, and the financial institution to debit the entry to this the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior thorize the financial institutions involved in the processing of the electronic payment of ta cessary to answer inquiries and resolve issues related to the payment. I have selected a as my signature for the electronic return and, if applicable, the consent to electronic fun	account. To rev to the payment axes to receive personal	oke
X I authorize CL		to enter my PI	
	ERO firm name		Enter five numbers, but do not enter all zeros
a state agency(ie	on the tax year 2020 electronically filed return. If I have indicated within this return that a es) regulating charities as part of the IRS Fed/State program, I also authorize the aforeme o's disclosure consent screen.		-
electronically file	berson subject to tax with respect to the organization, I will enter my PIN as my signature d return. If I have indicated within this return that a copy of the return is being filed with a les as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure co DocuSigned by:	a state agency(i	
Signature of officer or person subject	trota - kristi Littell	Date 🕨	5/10/2022
	tion and Authentication	Dalo	
ERO's EFIN/PIN. Enter yo	ur six-digit electronic filing identification		
number (EFIN) followed by	your five-digit self-selected PIN. 23591155902 Do not enter all zeros	2	
-	neric entry is my PIN, which is my signature on the 2020 electronically filed return indicat turn in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Informa- siness Returns.		
ERO's signature \blacktriangleright CLIF	TONLARSONALLEN LLP Date 05/	/10/22	
	ERO Must Retain This Form - See Instructions		
	Do Not Submit This Form to the IRS Unless Requested To Do	So	
LHA For Paperwork Red	uction Act Notice, see instructions.	Fo	orm 8879-EO (2020)
023051 11-03-20			

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5						
			** PUBLIC DISCLOSURE COPY *			
	Ω	00	Return of Organization Exempt From	Income Tax	-	OMB No. 1545-0047
Forr	n Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (ons)	2020
			Do not enter social security numbers on this form as it may	ay be made public.		Open to Public
Depa Intern	rtment al Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the lat	est information.		Inspection
A F	or th	e 2020 calend	ar year, or tax year beginning $ m JUL1$, 2020 and ending	JUN 30, 202	1	
Bc	heck if	C Name of	organization	D Employer ident		n number
а	pplicab	le:				
	Addr	wiss	AHICKON CHARTER SCHOOL			
	Name	e Doing bi	usiness as	02-0534	735	
	Initia	Number	and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone num	oer	
		1700	WISSAHICKON AVE.	267-338		20
	termi	n-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1	17,919,129.
	Amer	nded DUTT	ADELPHIA, PA 19144	H(a) Is this a group		
	Appli tion		nd address of principal officer: KRISTINA LITTELL	for subordinat		
	pend		AS C ABOVE	H(b) Are all subordinate		
IT	ax-e>	empt status:	X 501(c)(3) 501(c) () \checkmark (insert no.) 4947(a)(1) or			See instructions
			WISSAHICKONCHARTER.ORG	H(c) Group exemp		
				'ear of formation: 2001		
	rt I	Summary				
	1	Briefly describ	e the organization's mission or most significant activities: PROVIDE .	A COMMUNITY	OF L	EARNING
Governance	-		IMULATES INTELLECTUAL, SOCIAL, AND CHA			
nar	2		x if the organization discontinued its operations or disposed of m			
ver	3			1	3	10
	4		ependent voting members of the governing body (Part VI, line 1b)		4	10
s S	5		of individuals employed in calendar year 2020 (Part V, line 2a)		5	169
Activities &	6		of volunteers (estimate if necessary)		6	15
ctiv	7 a		d business revenue from Part VIII, column (C), line 12		a	0.
Ă					'b	0.
				Prior Year		Current Year
•	8	Contributions	and grants (Part VIII, line 1h)	1,575,479	•	2,537,281.
nu	9	Program servi	ce revenue (Part VIII, line 2g)	14,845,108	. 1	15,378,318.
Revenue	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	31,398	•	3,530.
č	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	•	0.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,451,985	. 1	17,919,129.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	0	•	0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0	•	0.
Ş	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	9,307,092	•	9,825,275.
Expenses	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)	0	•	0.
ibei	b		ng expenses (Part IX, column (D), line 25) 224,064.			
ŵ	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	5,265,426		4,796,374.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,572,518	. 1	14,621,649.
	19	Revenue less	expenses. Subtract line 18 from line 12	1,879,467	•	3,297,480.
or				Beginning of Current Yea		End of Year
sets	20	Total assets (F	Part X, line 16)	10,591,287	. 1	12,512,836.
Net Assets or Fund Balances	21	Total liabilities	(Part X, line 26)	11,931,022		10,555,091.
Eun	22		fund balances. Subtract line 21 from line 20	-1,339,735	•	1,957,745.
Pa	irt II	Signature				
Unde	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of	my knov	vledge and belief, it is
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.		
Sigr	า	Signature	e of officer	Date		
	-	IN VDTC				

Here	KRISTINA LITTELL, CEO		
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	CONNIE M. LIRA	CONNIE M. LIRA	05/10/22 self-employed P00481097
Preparer	Firm's name CLIFTONLARSONALL		Firm's EIN 🕨 41-0746749
Use Only	Firm's address 🖕 610 W GERMANTOWN	PIKE, SUITE 400	
	PLYMOUTH MEETING	, PA 19462	Phone no. (215) 643-3900
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No
032001 12-23	3-20 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.	Form 990 (2020)

Form	1990 (2020) WISSAHICKON CHARTER SCHOOL	02-0534735 Page 2
	rt III 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:	
	THE MISSION OF THE WISSAHICKON CHARTER SCHOOL IS TO PROV	IDE A
	COMMUNITY OF LEARNING WITH AN ENVIRONMENTAL FOCUS THAT S	TIMULATES THE
	CHILD'S INTELLECTUAL, SOCIAL, AND CHARACTER DEVELOPMENT.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$11,454,034. including grants of \$0.) (Reven	ue\$ 15,378,318.)
	WISSAHICKON CHARTER SCHOOL WAS PLANNED AROUND THREE ESSE	NTIAL ELEMENTS:
	1. AN INTEGRATED ENVIRONMENTAL FOCUS, RECOGNIZING THE IM	PORTANCE OF
	SERVICE LEARNING, 2. PEACE, CONFLICT RESOLUTION, AND COM	MUNITY BUILDING
	AS PART OF A PRIORITIZED SOCIAL CURRICULUM, AND 3. AN EM	PHASIS ON
	FAMILY INVOLVEMENT AT ALL LEVELS OF THE SCHOOL ORGANIZAT	ION, WITH
	SPECIAL EMPHASIS ON PARENTS AS PARTNERS IN THE LEARNING	EXPERIENCES OF
	THEIR CHILDREN. THE SCHOOL SERVES APPROXIMATELY 970 STUD	ENTS IN GRADES
	K TO 8TH GRADE. IN FY21, THE SCHOOL CONTINUED TO BE FULL	
	COVID-19 AND CONTINUED TO INVEST IN TECHNOLOGY AND OTHER	RESOURCES TO
	SUPPORT REMOTE LEARNING FOR STUDENTS.	
4b	(Code:) (Expenses \$ including grants of \$) (Reven	
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 11,454,034.	/
		Form 990 (2020)
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Form 990 (2		WISSAHICKON	SCHOOL
Part IV	Checklist	of Required Schedules	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	L
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		<u>^</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	x	
h	Part VI	114		<u> </u>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
~~	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 12, if "Vec " complete School/de L Parte Lond U	21		x
13000	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>		990	(2020)
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Form	990 (2020) WISSAHICKON CHARTER SCHOOL 02-0534	735	Р	age 4
Par	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>x</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	х	
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	- 23	<u> </u>
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L. Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 23
2.	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			37
~~	"Yes," complete Schedule L, Part IV	28c		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes." <i>complete</i>			
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	L
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		├───
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 57		
		38	х	1
Par	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 19			
b				
с				
	(gambling) winnings to prize winners?	1c	000	<u> </u>
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WISSAHICKON CHARTER SCHOOL

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 169			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		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 required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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]	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
. –	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2020)

032005 12-23-20

	WISSAHICKON	CHARTER	SCHOOL	
ornanco	Management and	<u>)iecloeuro</u> -	- / "`/ "	Ĩ

Form 990 (02-0534735	Page 6
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 throug	h 7b below, and for a "No" resp	oonse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See		
	Check if Schedule O contains a response or note to any line in this Part VI		X

				[Yes	N			
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		10						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b		10						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with an	y other							
	officer, director, trustee, or key employee?				2		X			
3	Did the organization delegate control over management duties customarily performed by or under the									
	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 9				4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's ass				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 ap			·····						
	more members of the governing body?				7a		x			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si			····· •						
-	persons other than the governing body?		-		7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
a	The governing body?	-	0		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 real			····· ŀ	55					
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X			
ec				<u> </u>	9		_ 2 ;			
00	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue C	ode.)			Vaa				
^ -	Did the second stine have been been been shown that an officiate O			Г	40 -	Yes	N X			
	Did the organization have local chapters, branches, or affiliates?			·····	10a					
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch									
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	37				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before	filing the fo	orm?	<u>11a</u>	Х				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflie	cts?	ļ	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	,								
	in Schedule O how this was done				12c	Х				
3	Did the organization have a written whistleblower policy?				13	Х				
4	Did the organization have a written document retention and destruction policy?				14	Х				
5	Did the process for determining compensation of the following persons include a review and approva	al by inde	ependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official				15a	Х				
	Other officers or key employees of the organization				15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with	۱a							
	taxable entity during the year?				16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-							
	exempt status with respect to such arrangements?				16b					
ec	tion C. Disclosure									
7	List the states with which a copy of this Form 990 is required to be filed NONE									
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	T-000 hd	(Section 5	01(c)(3)s	only)	availa	hla			
0		10 330-1	00000000	01(0)(0)3	Ully)	avalla	DIE			
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)									
	· · · · · · · · · · · · · · · · · · ·		,		finan					
0	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	n inict of	milerest po	icy, and	mano	ial				
9	statements available to the public during the tax year.									
	Otate the second address and talendary in the second	State the name, address, and telephone number of the person who possesses the organization's books and records								
9 20		JKS and I								
	State the name, address, and telephone number of the person who possesses the organization's boot <u>CHARTER CHOICES - 215-481-9777</u> 222 NORTH KESWICK AVENUE, GLENSIDE, PA 19038	JKS and I								

Form 990 (2	020) WISSAHICKON CHARTER SCHOOL	02-0534735	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	ensated	
	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 Complet	te this table for all persons required to be listed. Report compensation for the calendar year ending with o	r within the organization's	s tax year.
	l of the organization's current officers, directors, trustees (whether individuals or organizations), regardle columns (D), (E), and (F) if no compensation was paid.	ss of amount of compens	ation.

• 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 nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			((Pos	C)			(D)	(E)	(F)
Name and title	Average hours per week	box,	not cl , unles	heck i ss per	more son is	than c s both r/trust	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KRISTINA LITTELL CEO	40.00			х				163,241.	0.	85,751.
(2) REBECCA BENARROCH	40.00									
DIRECTOR OF MIDDLE SCHOOL						X		133,276.	0.	56,106.
(3) MICHELE FERRANTE	40.00									
DIRECTOR OF LEARNING SUPPORT	40.00					X		117,495.	0.	69,628.
(4) KATE O'SHEA	40.00					,,		107 602	•	CC 11C
DIRECTOR OF LOWER SCHOOL (5) JUSTIN DIBERADINIS	2 00					X		107,603.	0.	66,116.
(5) JUSTIN DIBERADINIS CHAIR	2.00	х		х				0.	0.	0.
(6) RACHEL LOEPER	2.00	~		<u> </u>				0.	0.	0.
VICE CHAIR	2.00	х		Х				0.	0.	0.
(7) CHARLES G. CASE JR	2.00									
TREASURER		х		х				0.	0.	0.
(8) DEBORAH LEVIN	2.00									
SECRETARY		Х		Х				0.	0.	0.
(9) EBONY STATON WEIDMAN MEMBER	2.00	x						0.	0.	0.
(10) REKYIAH ABDUL-ZAHIR	2.00	~						0.	0.	0.
MEMBER	2.00	х						0.	0.	0.
(11) BOB ANDERSON	2.00									
MEMBER		х						0.	0.	0.
(12) SHAUNA MACE	2.00									
MEMBER		Х						0.	0.	0.
(13) ANTHONY COUGHLIN	2.00									
MEMBER		Х						0.	0.	0.
(14) MICHAEL-ANN MATTICOLI	2.00								•	~
MEMBER		х						0.	0.	0.
										Farma 990 (0000)

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Form 990 (2020)

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	990 (2020) WISSAHICK	ON CHAR	TE	lR	SC	HC	OL			02-05	534'	735	Page 8
Part	VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	anc	d Hig	ghes	st C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week	box	not c , unles	Pos heck ss per	more rson i) than d is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	am	(F) timated nount of other
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	I	fro orga anc	pensation om the anization d related unizations
1b	Subtotal								521,615.		0.	277	7,601.
	Total from continuation sheets to Part VII								0. 521,615.		0.	275	<u>0.</u> 7,601.
	Total (add lines 1b and 1c) Total number of individuals (including but no							o re		000 of reportable		27	7,001.
	compensation from the organization						,	_					4
											ſ		Yes No
	Did the organization list any former officer,	,			•		'	0	, , ,	,		3	x
	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su										····	3	
	and related organizations greater than \$150											4	X
	Did any person listed on line 1a receive or a												
	rendered to the organization? If "Yes." com	plete Schedule	e J fo	or sl	ich i	oers	on .					5	X
	ion B. Independent Contractors Complete this table for your five highest cor	manager and ind		ndor			ooto		act reactived mare than t	100 000 of com		ion fro	
	the organization. Report compensation for t	•	•							•	Jensal		////
	(A) Name and business				<u> </u>				(B) Description of s		С	(C omper	;) nsation
	TON'S MANAGED SERVICES		_	1.0	4.0	-							
	7 FELTON RD, EAST NORR NGTON SPEECH PATHOLOGY				40	<u> </u>		_	FOOD SERVICE: SPECIAL EDUCA			266	5,574.
	5 MORELAND ROAD, WILLO				1	90	90		SERVICES	ALTON		223	3,440.
	MA SERVICES		,		-	20		_	SPECIAL EDUCA	ATION			5,110.
	BOX 95000, PHILADELPHI	A, PA 1	91	95					SERVICES			152	2,699.
	CS HEALTH SERVICES, 14		ov	ID	EN	CE			STUDENT HEAL	ГН			
	SUITE 1020, MEDIA, PA	19063							SERVICES			138	8,276.
	CLEANING SERVICES 2 73RD AVE, PHILADELPH	IA, PA	19	12	6				CUSTODIAL SEI	RVICES		138	8,000.
	Total number of independent contractors (ir					thos	se lis						
	\$100,000 of compensation from the organiz	ation 🕨				6	5						

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	n 990 rt V					KON C	HARTER S	CHOOL		02-0534	735 Page 9
						resnonse	or note to any lin	e in this Part VIII			
			Check if Schedule O	001112		0000100		(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1	а	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts	I					1b					
s, G		с	Fundraising events			1c					
Sift: lar /		d	Related organizations			1d		-			
is, (imil		е	Government grants (cont	ributi	ons)	1e	2,257,042.	-			
tion sr Si	1	f	All other contributions, gifts,	, grant	ts, and						
ibu:			similar amounts not included	d abov	/e	1f	280,239.	-			
d O	1	g	Noncash contributions included in	n lines 1	la-1f	1g \$	3,695.	-			
an Co		h	Total. Add lines 1a-1f				🕨	2,537,281.			
							Business Code				
е	2	а	STUDENT SUBSIDIES				611110	15,192,370.			
ervi		b	FOOD SERVICE				611110	132,086.	132,086.		
n Sc enu		С	AFTERSCHOOL PROGRAM	IS			611110	53,539.	53,539.		
Program Service Revenue		d	OTHER REVENUE				611110	323.	323.		
rog		е									
Ъ			All other program service					45 050 040			
		g	Total. Add lines 2a-2f					15,378,318.			
	3		Investment income (inclu					2 5 2 0			2 5 2 0
	-		other similar amounts)					3,530.			3,530.
	4		Income from investment				F				<u> </u>
	5		Royalties			Real	(ii) Personal				
	~	_	0	0		neai	(ii) Feisonai	-			
			Gross rents					-			
			Less: rental expenses	6b 6c				-			
			Rental income or (loss)				•				
		d	Net rental income or (loss Gross amount from sales of			ecurities	(ii) Other				
	1	a	assets other than inventory	7a							
		h	Less: cost or other basis	10				-			
Ð		D	and sales expenses	7b							
enue		~	Gain or (loss)	70 70							
			Net gain or (loss)								
Other Rev			Gross income from fundrais	ing ev	ents (n	ot					
0			including \$			of					
			contributions reported on								
		k	Part IV, line 18			<u>8a</u> 8b					
			Less: direct expenses Net income or (loss) from				<u>'</u>				
	٥		Gross income from gamir		-		ア				
	3	a	Part IV, line 19								
		b	Less: direct expenses								
			Net income or (loss) from				<u> </u>				
			Gross sales of inventory,								
		-	and allowances								
		b	Less: cost of goods sold								
			Net income or (loss) from				>				
			,, .			,	Business Code				
snc	11	а									
nnec		b									
elle eve		с									
Miscellaneous Revenue		d	All other revenue								
2			Total. Add lines 11a-11d								
	12		Total revenue. See instructi	ons		<u></u>		17,919,129.	15,378,318.	٥.	3,530.
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WISSAHICKON CHARTER SCHOOL

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a respons				X
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,	054 000		105 105	100 100
trustees, and key employees	254,393.		127,197.	127,196.
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	<u> </u>	F 004 000		70 000
7 Other salaries and wages	6,989,696.	5,224,099.	1,685,797.	79,800.
8 Pension plan accruals and contributions (include	00 200		145 010	1 010
section 401(k) and 403(b) employer contributions)	-90,308.	50,692.	-145,010.	<u>4,010</u> 587.
9 Other employee benefits	2,134,329.	1,624,139.	509,603.	58/.
10 Payroll taxes	537,165.	392,581.	132,113.	12,471.
11 Fees for services (nonemployees):	110 506		110 506	
a Management	112,536.		112,536.	
b Legal	65,335.		65,335.	
c Accounting	22,575.		22,575.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,	1 270 020	1 240 640	21 100	
column (A) amount, list line 11g expenses on Sch 0.)	<u>1,270,838.</u> 5,980.	1,249,640.	<u>21,198.</u> 5,980.	
12 Advertising and promotion	67,474.		67,474.	
13 Office expenses	202,699.	22,410.	180,289.	
14 Information technology	202,099.	22,410.	100,209.	
15 Royalties	1,778,509.	1,778,509.		
16 Occupancy	266.	266.		
17 Travel	200.	200.		
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,652.		1,652.	
20 Interest	1,052.		1,052.	
21 Payments to affiliates	441,700.	441,700.		
22 Depreciation, depletion, and amortization	81,099.	81,099.		
23 Insurance	01,099.	01,099.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a SUPPLIES	411,937.	341,132.	70,805.	
b FOOD SERVICE	205,768.	205,768.		
c OTHER PURCHASED SERVICE	63,410.	19,311.	44,099.	
d FURNITURE AND EQUIPMENT	62,674.	20,766.	41,908.	
e All other expenses	1,922.	1,922.		
25 Total functional expenses. Add lines 1 through 24e	14,621,649.	11,454,034.	2,943,551.	224,064.
26 Joint costs. Complete this line only if the organization	-	-	-	-
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here Figure if following SOP 98-2 (ASC 958-720)				

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Form 990 (2020)

WISSAHICKON CHARTER SCHOOL

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,026,016.	1	3,048,903.
	2			3,746,275.	2	4,049,566.	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			623,839.	4	652,747.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	se perso	ns		5	
	6	Loans and other receivables from other disquality	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons described				6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			101 554	8	055 004
<	9				131,574.	9	255,894.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,405,694.	2 21 2 2 2		2 4 4 7 2 4 2
		Less: accumulated depreciation	· · · ·		3,212,321.		3,447,243.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1		Γ		12	
	13 14	Investments - program-related. See Part IV, line				13 14	
	14	Intangible assets Other assets. See Part IV, line 11	851,262.	14	1,058,483.		
	16	Total assets. Add lines 1 through 15 (must equa			10,591,287.	16	12,512,836.
	17	Accounts payable and accrued expenses			2,088,493.	17	1,636,788.
	18				18		
	19	Deferred revenue			72,183.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
S	22	Loans and other payables to any current or form	ner office	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
iabi		controlled entity or family member of any of thes	se perso	ns		22	
	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · ·	95,609.	23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X	0 674 727		0 010 202
		of Schedule D			<u>9,674,737.</u> 11,931,022.	25	8,918,303. 10,555,091.
	26	Total liabilities. Add lines 17 through 25			11,951,022.	26	10,555,091.
ŝ		Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33.	ck nere				
nce nce	27				-1,373,897.	27	1,912,992.
Fund Balances	28	Net assets with donor restrictions			34,162.	28	44,753.
ΒP	20	Organizations that do not follow FASB ASC 9				20	,
Fur		and complete lines 29 through 33.	,				
P	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or ec				30	
Ase	31	Retained earnings, endowment, accumulated in				31	
Net Assets or	32	Total net assets or fund balances			-1,339,735.	32	1,957,745.
_	33	Total liabilities and net assets/fund balances			10,591,287.	33	12,512,836.
							Form 990 (2020)

Form **990** (2020)

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Form	990 (2020) WISSAHICKON CHARTER SCHOOL	02-0	534735	Pa	_{ge} 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,919	9,1	29.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,623	L,6	49.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,29'	7,4	80.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-1,33	9,7	35.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,95	7,7	45.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

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SCHEDULE A	Dublic Cha	rity Status an	d Dub	lic Sı	innort		OMB No. 1545-0047
(Form 990 or 990-EZ)	Z) Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section						2020
	4947(a)(1) nonexempt charitable trust.						2020
Department of the Treasury Internal Revenue Service		Attach to Form 990 or I					Open to Public Inspection
Name of the organizati	· •	v/Form990 for instruction	ons and th	e latest ii	nformation.	Employer	identification number
Name of the organization	WISSAHICKON CH						2-0534735
Part I Reason	for Public Charity Status.	(All organizations must of	complete th	nis nart) S	ee instruction	0	2-0334733
	private foundation because it is:						
	vention of churches, or association				1)(A)(i).		
	cribed in section 170(b)(1)(A)(ii).				• //• ·//•		
	a cooperative hospital service org				ii).		
	earch organization operated in co)(iii). Enter	the hospital's name,
city, and state	ə:						
5 🗌 An organizati	on operated for the benefit of a co	ollege or university owned	d or operate	ed by a go	overnmental u	nit describe	ed in
section 170	b)(1)(A)(iv). (Complete Part II.)						
6 A federal, sta	te, or local government or govern	mental unit described in	section 17	′0(b)(1)(A)	(v).		
-	on that normally receives a substa	antial part of its support f	rom a gove	ernmental	unit or from tl	ne general p	public described in
	b)(1)(A)(vi). (Complete Part II.)						
	trust described in section 170(b)		-				
	al research organization described					•	•
university:	or a non-land-grant college of agric	culture (see instructions).	Enter the r	name, city	, and state of	the college	or
	on that normally receives (1) more	than 33 1/3% of its supr	ort from co	ontributio	ns membersh	in fees and	d aross receipts from
	ted to its exempt functions, subject						
	nrelated business taxable income						
	509(a)(2). (Complete Part III.)			eee aeqa		,aa	
	on organized and operated exclusion	ively to test for public sa	fety. See 🗴	section 5	09(a)(4).		
	on organized and operated exclus	•	•			rry out the	purposes of one or
-	supported organizations describe	-	-			•	
lines 12a thro	ugh 12d that describes the type of	of supporting organization	n and comp	olete lines	12e, 12f, and	12g.	
a 🗌 Type I. A si	upporting organization operated,	supervised, or controlled	by its supp	orted org	anization(s), t	pically by	giving
the suppor	ed organization(s) the power to re	gularly appoint or elect a	a majority o	f the dired	ctors or truste	es of the su	ipporting
organizatio	n. You must complete Part IV, S	ections A and B.					
b 🗌 Type II. A s	upporting organization supervise	d or controlled in connec	tion with its	s supporte	ed organizatio	n(s), by hav	ing
	nanagement of the supporting org		ame persor	ns that co	ntrol or mana	ge the supp	ported
organizatio	n(s). You must complete Part IV	Sections A and C.					
	ctionally integrated. A supportin					ly integrate	d with,
	ed organization(s) (see instructions	, ,	,	,			
	n-functionally integrated. A sup					•	.,
	unctionally integrated. The organi	e ,	•		•	l an attentiv	veness
	t (see instructions). You must co	•					
	box if the organization received a integrated, or Type III non-function				турет, туре	п, туре п	
-							
	ng information about the support	ed organization(s)					
(i) Name of supp		(iii) Type of organization	(iv) Is the orga in your governin	nization listed	(v) Amount o	f monetary	(vi) Amount of other
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
Total			000 57				000 000 EE' 0000
LHA For Paperwork Re	duction Act Notice, see the Inst	ructions for Form 990 o 1 /	r 990-EZ.	032021 01-	25-21 Sche	dule A (For	m 990 or 990-EZ) 2020

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Part II

Schedule A (Form 990 or 990-EZ) 2020 WISSAHICKON CHARTER SCHOOL

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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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
•	column (f)						
	Public support. Subtract line 5 from line 4. ction B. Total Support						
		(a) 2016	(b) 2017	(a) 2018	(4) 2010	(a) 2020	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
-	Amounts from line 4 Gross income from interest,						
8	,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First 5 years. If the Form 990 is for th	,	,				
	organization, check this box and stop	Ũ			5	()()	
See	ction C. Computation of Publi						
14	Public support percentage for 2020 (li	ine 6, column (f), c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2020. If the c						ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2020. If the org	ganization did not	check a box on lin	ie 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstanc	ces test, check this	s box and stop he	e re. Explain in Par	t VI how the organi	zation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a p	ublicly supported o	organization		
b	10% -facts-and-circumstances test	- 2019. If the or	ganization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu	umstances test. Th	he organization qu	alifies as a publicl	y supported organ	ization	▶□
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instruction	s ►
					Sch	edule A (Form 99	0 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 WISSAHICKON CHARTER 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 qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
-	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disgualified 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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	-	-1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organiza	tion,
	check this box and stop here						>
	ction C. Computation of Publi					, , , , , , , , , , , , , , , , , , , 	
	Public support percentage for 2020 (li			column (f))		15	%
	Public support percentage from 2019					16	%
	tion D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from 2 33 1/3% support tests - 2020. If the			on line 14 and lin		18	17 is not
198							
Ŀ	more than 33 $1/3\%$, check this box ar						
D	33 1/3% support tests - 2019. If the						
20	line 18 is not more than 33 1/3%, che Private foundation. If the organizatio						
	23 01-25-21	n dia not check a					▶ 90 or 990-EZ) 2020
03202			16	5	301		55 01 330-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 WISSAHICKON CHARTER SCHOOL

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

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

Section A. All Supporting Organizations

Part IV | Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 WISSAHICKON CHARTER SCHOOL

Pa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u></u>	supervised, or controlled the supporting organization.	2		L
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		L
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			

	organization's governing documents in effect on the date of notification, to the extent not previously provided?
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how
	the organization maintained a close and continuous working relationship with the supported organization(s).
~	Durance of the veletionship described in line O, shows did the superiorities's supervised superiorities have a

3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a
	significant voice in the organization's investment policies and in directing the use of the organization's
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's

<u>supported organizations played in this regard.</u> Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the	organization used to satisf	fy the Integral Part Test du	iring the year (see instruction
•	Check the box heat to the method that the	organization used to satisf	y ine iniegran ari resi uu	ining the year (occ mod dot

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "*Yes*," *describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990 or 990-EZ) 2020

2

3

2a

2b

3a

3b

Yes No

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Schedule A (Form 990 or 990-EZ) 2020 WISSAHICKON CHARTER SCHOOL Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrated		inization (see

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

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 WISSAHICKON CHARTER SCHOOL

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Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continued))
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	2
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3 3	3
4	Amounts paid to acquire exempt-use assets		4	۱
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5
6	Other distributions (describe in Part VI). See instructions.			i
7	Total annual distributions. Add lines 1 through 6.			,
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			3
9	Distributable amount for 2020 from Section C, line 6)
10	Line 8 amount divided by line 9 amount	I	10)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
C	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			-
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 WISSAHICKON CHARTER SCHOOL

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

2020

Employer identification number

	WISSAHICKON CHARTER SCHOOL	02-0534735	
Organization type (check one):			
Filers of:	Section:		
Form 990 or 990-EZ X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under				
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

02-0534735

WISSAHICKON CHARTER SCHOOL

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a)	(b)	(c)	(d)	
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$110,000.	Type of contribution Person X Payroll	
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)	
<u>No.</u>		\$50,000.	Type of contribution Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u> </u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name	of	organization
INALLE	UI.	organization

Employer identification number

02-0534735

WISSAHICKON CHARTER SCHOOL

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I			
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncesh property given	(See instructions.)	Date received
		\$	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
		*	
(a) No.	(6)	(c)	(4)
from	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
Part I			
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
	·		
		\$	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
		· ·	[

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023453 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2020)				Page ²
Name of or	ganization				Employer identification number
WISSAR	IICKON CHARTER SCHOOL				02-0534735
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the followin	a line entry. For a	rganizations	· · · ·
	Use duplicate copies of Part III if additional	space is needed.	1,000 or less for t	ne year. (Enter this into. onc	e.) • •
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held
-		(e) Transfe	er of gift		
	Transferee's name, address, a			elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held
	(e) Transfer of gift				
ŀ	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	cription of how gift is held
-	(e) Transfer of gift				
-	Transferee's name, address, and ZIP + 4		R	elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
-		(e) Transfe	er of gift		
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				nsferor to transferee
Γ					

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

	HEDULE D n 990)	Supplementa Complete if the org	es" on Form 990,		OMB No. 1545-0047	
	ment of the Treasury		Attach to Form 990.			Open to Public Inspection
	I Revenue Service	Go to www.irs.gov/Form9	90 for instructions and	the latest information.		•
Nam	e of the organization	WISSAHICKON CHARTE	R SCHOOT.			r identification number
Pa	t I Organiza	ations Maintaining Donor Advise		Similar Funds or A		
		n answered "Yes" on Form 990, Part IV, lin				
	organization		(a) Donor advis	sed funds	(b) Funds an	nd other accounts
1	Total number at er	nd of year			()	
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5		on inform all donors and donor advisors in v		eld in donor advised fun	ds	
•	-	on's property, subject to the organization's	-			Yes No
6		on inform all grantees, donors, and donor a				
•		oses and not for the benefit of the donor o				
	impermissible priva				•	Yes No
Pa		ation Easements. Complete if the org				
1		servation easements held by the organization			,	
		of land for public use (for example, recrea	· · · · ·	Preservation of a hist	orically impo	rtant land area
		f natural habitat	, _	Preservation of a cer	, ,	
		n of open space	_			
2		through 2d if the organization held a qualif	ied conservation contri	bution in the form of a co	onservation e	asement on the last
	day of the tax year	•				at the End of the Tax Year
а					2a	
b					2b	
c	-	vation easements on a certified historic stru			2c	
d		vation easements included in (c) acquired a				
		nal Register			2d	
3		vation easements modified, transferred, rel			ization durine	q the tax
	year 🕨		, G ,	, ,		5
4	Number of states	where property subject to conservation eas	sement is located			
5		tion have a written policy regarding the per	-	ction, handling of		
		orcement of the conservation easements it				Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing conservati	on easement	s during the year
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and e	enforcing conservation ea	asements dur	ing the year
	▶\$					
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requireme	nts of section 170(h)(4)(B)(i)	
	and section 170(h))(4)(B)(ii)?				Yes No
9		be how the organization reports conservation				
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization	's financial statements th	at describes	the
	organization's acc	ounting for conservation easements.				
Pa	t III Organiza	ations Maintaining Collections of	Art, Historical Tr	easures, or Other S	Similar As	sets.
	Complete if	f the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its re	venue statement and ba	ance sheet v	vorks
	of art, historical tre	easures, or other similar assets held for put	olic exhibition, educatio	n, or research in furthera	nce of public	;
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that de	escribes these items.		
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its reven	ue statement and balanc	e sheet work	s of
	art, historical treas	sures, or other similar assets held for public	exhibition, education,	or research in furtheranc	e of public se	ervice,
	provide the followi	ng amounts relating to these items:				
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1			. • \$	
					· .	
2	If the organization	received or held works of art, historical treat				
	the following amou	unts required to be reported under FASB A	SC 958 relating to thes	e items:		
а	Revenue included	on Form 990, Part VIII, line 1			. 🕨 💲 🔄	
		Form 990, Part X				
		eduction Act Notice, see the Instructions				edule D (Form 990) 2020
03205	12-01-20					
			26			

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^{2020.05094} WISSAHICKON CHARTER SCHOO 097-1021

		CKON CHART						<u>-053473</u>		
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Hist	torical Tre	easures, o	r Other S	Similar A	ssets _{(cont}	inued,)
3	Using the organization's acquisition, accessi	on, and other record	s, chec	k any of the	following that	t make sigr	nificant use	ofits	,	
	collection items (check all that apply):									
а	Public exhibition	c	l 🗌 k	Loan or exc	change progra	am				
b	Scholarly research	e	• 🗍		0,0					
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how tł	hev further th	ne organizatio	on's exemp	t purpose ir	n Part XIII.		
5	During the year, did the organization solicit o			-	-					
-	to be sold to raise funds rather than to be ma							Yes		No
Pa	t IV Escrow and Custodial Arran								or	
	reported an amount on Form 990, Pa			oorgamzatio		100 0111	01111 0000, 1 0	are 10, mile 0, 0		
19	Is the organization an agent, trustee, custodi		liary for	contribution	s or other as	sets not inc				
ia	on Form 990, Part X?							Yes	Г	No
h	If "Yes," explain the arrangement in Part XIII									
D		and complete the lo	nowing	lable.				A.m.o.u	~+	
	Designing holeses							Amou	nı	
	Beginning balance									
	Additions during the year						1d			
-	Distributions during the year						1e			
f	Ending balance						1f			_
	Did the organization include an amount on F					-	r?	Yes		
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete									
Fai	rt V Endowment Funds. Complete									
		(a) Current year	(b)	Prior year	(c) I wo yea	rs back (c	I) Three years	s back (e) For	ur year	s back
1 a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	g, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment 🕨	%								
		%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse		ation tha	at are held a	nd administer	ed for the	organizatior	า		
	by:	5					5		Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations									
h	If "Yes" on line 3a(ii), are the related organization								1	
4	Describe in Part XIII the intended uses of the									
	t VI Land, Buildings, and Equipm		witherit							
	Complete if the organization answere) Part I	V line 11a S	See Form 990	Part X lin	ne 10			
	Description of property	(a) Cost or c			t or other		umulated	(d) Bo		
	Description of property	basis (investr			(other)		eciation	(a) BO	ok vai	ue
4 -	Lond	· · · · ·	nong	54515		depi	Solution			
	Land							-		
	Buildings			E 00	0 220	2 1			-	106
	Leasehold improvements				0,339.		<u>34,633</u>			
	Equipment				2,296.		18,520			776.
	Other				0,302.		52,541			761.
Tota	I. Add lines 1a through 1e. <i>(Column (d) must</i> e	equal Form 990, Part	<u>X. colur</u>	<u>mn (B), line 1</u>	0c.)			3,44	-	
							Sch	nedule D (For	m 990) 2020

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	CHARTER SCHOO)L 02-	-0534735 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(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"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) SECURITY DEPOSITS			79,769.
(2) DUE FROM FOUNDATION			11,000.
	URCES - PENSIC	ON	932,000.
	URCES - OPEB		35,714.
(5)			· · ·
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	0.15)		1,058,483.
Part X Other Liabilities.	e 13.j		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990. Part X. line 25.	
I. (a) Description of liability	urere, mito		(b) Book value
(1) Federal income taxes			
(1) PEUSION LIABILITY			6,746,000.
	RCES -		
			1,766,303.
			294,000.
	RCES -		473,000.
			112,000.
(7) OPEB			,

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2020

8,918,303.

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(8) (9)

Sche	dule D (Form 990) 2020 WISSAHICKON CHARTER SCHOOL		02-	0534735 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per		<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	17,919,129.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	17,919,129.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	17,919,129.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses p	er Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	14,621,649.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	14,621,649.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	14,621,649.
Pa	rt XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE SCHOOL ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN WHICH TAX POSITIONS
INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS
MORE LIKELY THAN NOT THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION
BY TAXING AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION,
CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS,
DISCLOSURE AND TRANSITION.
AS OF JUNE 30, 2021, THE SCHOOL HAD NO UNCERTAIN TAX POSITIONS THAT
QUALIFIED FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL
STATEMENTS. ADDITIONALLY, THE SCHOOL HAD NO INTEREST OR PENALTIES RELATED
TO INCOME TAXES. THE SCHOOL FILES AN INFORMATIONAL RETURN IN THE U.S.

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Schedule D (Form 990) 2020

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Schedule D (Form 990) 2020 Part XIII Supplemental Info	WISSAHICKON	CHARTER	SCHOOL	02-0534735	Page 5
Part XIII Supplemental Info	ormation (continued)				
FEDERAL JURISDICTIC	DN.				
				Schedule D (Form 9	00) 2020
					507 2020

SCI	HEDULE E	Schools	c	MB No.	1545-004	17
(For	m 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.		20	20)
	ment of the Treasury	Attach to Form 990 or Form 990-EZ.	c	pen to	Publi	ic
Internal	Revenue Service	Go to www.irs.gov/Form990 for the latest information.	lı lı	nspect	ion	
Name	e of the organization	n E	Employer iden	tificati	on nui	nber
		WISSAHICKON CHARTER SCHOOL	02-0	534	735	
Pai	rt I					
					YES	NO
1	Does the organiza	tion have a racially nondiscriminatory policy toward students by statement in its charter,				
	bylaws, other gove	erning instrument, or in a resolution of its governing body?		1	Х	
2		tion include a statement of its racially nondiscriminatory policy toward students in all its broch				
	catalogues, and of	ther written communications with the public dealing with student admissions, programs, and s	cholarships?	2	Х	
3	-	on publicized its racially nondiscriminatory policy on its primary publicly accessible Internet	•			
	-	mes during its taxable year in a manner reasonably expected to be noticed by visitors to the				
		bugh newspaper or broadcast media during the period of solicitation for students, or during the	•			
		if it has no solicitation program, in a way that makes the policy known to all parts of the gener				
	0	es? If "Yes," please describe. If "No," please explain. If you need more space, use Part II		3	Х	
		SCRIMINATORY POLICY IS PUBLISHED ON THE SCHOOL'S	S			
	WEBSITE.	IN ADDITION, THE POLICY IS INCLUDED IN THE				
	STUDENT/P.	ARENT HANDBOOK, WHICH IS DISTRIBUTED ANNUALLY TO	O ALL			
		AND AVAILABLE ON THE SCHOOL'S WEBSITE.				
4	Does the organiza	tion maintain the following?				
				4a	х	
		the racial composition of the student body, faculty, and administrative staff?		4b	X	
		ogues, brochures, announcements, and other written communications to the public dealing				<u> </u>
U				4c	х	
А		ssions, programs, and scholarships? rial used by the organization or on its behalf to solicit contributions?		4d	X	
u		No" to any of the above, please explain. If you need more space, use Part II.		Tu		
	n you answered i	to any of the above, please explain. If you need more space, use I are in.				
5	Doos the organize	tion discriminate by race in any way with respect to:				
5	v			Ee		x
		r privileges?		5a		X
	Admissions policie			5b		X
C J	Cabalayahina ay at	culty or administrative staff?		<u>5c</u>		X
		her financial assistance?		5d		X
		es?		5e		X
				5f		X
		? 		5g		X
n		lar activities?		5h		
	If you answered "Y	res" to any of the above, please explain. If you need more space, use Part II.				
		tion receive any financial aid or assistance from a governmental agency?		<u>6a</u>	X	
b	Has the organizati	on's right to such aid ever been revoked or suspended?		6b		X
	If you answered "	Yes" on either line 6a or line 6b, explain on Part II.				
7	•	tion certify that it has complied with the applicable requirements of sections 4.01 through				
	4.05 of Rev. Proc.	75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II		7	Х	
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.	hedule E (Form	990 or	990-EZ) 2020

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Schedule E (Form 990 or 990-EZ) 2020 WISSAHICKON CHARTER SCHOOL

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

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE ORGANIZATION RECEIVES FUNDING FROM THE SCHOOL DISTRICT OF PHILADELPHIA

AND THE PENNSYLVANIA DEPARTMENT OF EDUCATION.

Schedule E (Form 990 or 990-EZ) 2020

SC	HEDULE J	Compensation Information		OMB No. 1	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	ZU	J
Depar	tment of the Treasury	Attach to Form 990.		Open to		ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	<u> </u>	Inspe		<u> </u>
Nam	e of the organizatior		Employer id			nber
Da	rt I Question	WISSAHICKON CHARTER SCHOOL s Regarding Compensation	02-05	53473	5	
Га		s negarating compensation			N.	
40	Chaok the energy	ate her (ee) if the exception provided any of the following to as fer a nersen listed on Ferm	000		Yes	No
ld		ate box(es) if the organization provided any of the following to or for a person listed on Form line 1a. Complete Part III to provide any relevant information regarding these items.	990,			
	First-class or c		naluse			
	Travel for com	, i i i i i i i i i i i i i i i i i i i				
		ation and gross-up payments				
		spending account				
			, 0101			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
-	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	,					
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's	3			
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	committee X Written employment contract				
	Independent c	ompensation consultant Compensation survey or study				
	Form 990 of of	ther organizations X Approval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
		e payment or change-of-control payment?		4 a		X
	-	eive payment from a supplemental nonqualified retirement plan?				X
С		eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	0 · · · · · · · · · · · · · · · · · · ·					
-)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	лт			
~	contingent on the re			50		X
a h	Any related organiz	ation?		. <u>5a</u> 5b		X
D		ation?		. 50		
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
0	contingent on the n					
а	-			6a		X
b	Any related organiz	ation?		6b		X
-		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	3			
		ies 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
						X
9		d the organization also follow the rebuttable presumption procedure described in				
	Regulations section		<u></u>	. 9		
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Schedu	ile J (Forn	n 990)	2020

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Schedule J (Form 990) 2020 WISSAHICKON CHARTER SCHOOL

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) KRISTINA LITTELL	(i)	163,077.	164.	0.	56,102.	29,649.	248,992.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) REBECCA BENARROCH	(i)	133,100.	176.	0.	45,790.	10,316.	189,382.	0.
DIRECTOR OF MIDDLE SCHOOL	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHELE FERRANTE	(i)	117,320.	175.	0.	40,361.	29,267.	187,123.	0.
DIRECTOR OF LEARNING SUPPORT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KATE O'SHEA	(i)	107,427.	176.	0.	36,960.	29,156.	173,719.	0.
DIRECTOR OF LOWER SCHOOL	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

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Schedule J (Form 990) 2020 WISSAIIICKON CHARIER SCHOOL	Schedule J (Form 990) 2020	WISSAHICKON	CHARTER	SCHOOL
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Part III Supplemental Information

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

Schedule J (Form 990) 2020

SCHEDULE O	-EZ	OMB No. 1545-0047			
(Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		2020		
Department of the Treasury Internal Revenue Service		Open to Public Inspection			
Name of the organization	WISSAHICKON CHARTER SCHOOL		identification number 534735		
FORM 990, PART V	FORM 990, PART VI, SECTION B, LINE 11B:				
THE FORM 990 IS	THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND THEN THE				
BOARD IS PROVIDE	REVIEWED BY				
THE BOARD, THE FORM 990 IS SUBMITTED TO THE IRS.					
FORM 990, PART V	FORM 990, PART VI, SECTION B, LINE 12C:				

THE ORGANIZATION IS REQUIRED BY LAW TO HAVE ALL BOARD MEMBERS AND KEY

EMPLOYEES FILE A CONFLICT OF INTEREST ON AN ANNUAL BASIS. THE CONFLICT OF

INTEREST POLICY APPLIES TO THE BOARD MEMBERS AND SCHOOL EMPLOYEES.

IF AN INDIVIDUAL IDENTIFIES AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, THIS SHOULD BE DISCUSSED WITH THE CEO/COO OR ANOTHER OFFICER OF WISSAHICKON CHARTER SCHOOL AS SOON AS POSSIBLE.

EMPLOYEES WHO IGNORE OR DO NOT COMPLY WITH THE SCHOOL'S STANDARD OF ETHICS AND CONDUCT, WHICH INCLUDES THE CONFLICT OF INTEREST POLICY, MAY BE SUBJECT TO DISCIPLINARY ACTION, UP TO AND INCLUDING FOR CAUSE TERMINATION OF EMPLOYMENT.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF TRUSTEES DETERMINES SALARIES FOR THE CEO. THE ORGANIZATION REVIEWS COMPENSATION ON AN ANNUAL BASIS AND COMPARES ITS SALARIES TO OTHER LOCAL SCHOOLS. THE BOARD APPROVES THE COMPENSATION. THE DELIBERATION AND FINAL DETERMINATION ARE TIMELY DOCUMENTED IN THE BOARD'S MINUTES.

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

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Schedule O (Form 990 or 990-EZ) 2020

WISSAHICKON CHARTER SCHOOL

Page 2 Employer identification number 02-0534735

NO OTHER COMPENSATED PERSON MEETS THE IRS DEFINITION OF OFFICER OR KEY

EMPLOYEE.

Name of the organization

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 8:

THE SCHOOL IS PART OF THE PUBLIC SCHOOL EMPLOYEES' RETIREMENT SYSTEM (PSERS), WHICH IS A GOVERNMENTAL COST-SHARING MULTIPLE EMPLOYER DEFINED PENSION AND BENEFIT PLAN THAT PROVIDES BENEFITS TO PUBLIC SCHOOL EMPLOYEES OF THE COMMONWEALTH OF PENNSYLVANIA. UNDER GOVERNMENTAL-WIDE ACCOUNTING FOR GOVERNMENTAL ACCOUNTING STANDARDS (GASB) REPORTING, THE SCHOOL IS REOUIRED TO RECORD THEIR ALLOCATED PORTION OF THE PSERS NET PENSION LIABILITY, DEFERRED INFLOWS AND DEFERRED OUTFLOWS ON AN ANNUAL BASIS SINCE THE ADOPTION OF ACCOUNTING STANDARD GASB 68 - ACCOUNTING AND FINANCIAL REPORTING FOR PENSIONS IN FISCAL YEAR JUNE 30, 2015. IN ADDITION, THE SCHOOL IS REQUIRED TO RECORD THEIR ALLOCATED PORTION OF THE PSERS OTHER POSTEMPLOYMENT BENEFIT (OPEB) LIABILITY, DEFERRED INFLOWS AND DEFERRED OUTFLOWS ON AN ANNUAL BASIS DUE TO THE ADOPTION OF ACCOUNTING STANDARD GASB 75 - ACCOUNTING AND FINANCIAL REPORTING FOR POSTEMPLOYMENT BENEFITS OTHER THAN PENSIONS, WHICH WAS ADOPTED IN FISCAL YEAR JUNE 30, 2019. AS A RESULT OF THE FISCAL YEAR 2021 ALLOCATIONS AND GASB 68 AND 75 JOURNAL ENTRIES REQUIRED TO BE RECORDED, THE PSERS PENSION AND OPEB ACTIVITY RESULTED IN A CREDIT FOR JUNE 30, 2021 FISCAL YEAR.

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SCHEDULE Form 990)	e Treasury	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.										
	organization	CHARTER SCHOOL					veridentifi -05347					
Part I Id	dentification of Disregarded Entities. Com	plete if the organization answered "Yes"	on Form 990, Part IV, line 33	3.								
Ν	(a) lame, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	r Total incc	(e) ome End-of-year	assets	Direct o	(f) controlling ntity	g			
	dentification of Related Tax-Exempt Orga rganizations during the tax year.	nizations. Complete if the organization a	answered "Yes" on Form 990	I , Part IV, line 34, I	Decause it had one	or more relat	ed tax-exe	mpt				
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f Direct co ent	ntrolling		g) 512(b)(1 rolled tity?			
ISSAHICKC	DN FOUNDATION											
700 WISSA	AHICKON AVE	SERVES COMMUNITY AROUND				WISSAHICKO	N					
PHILADELPH	HIA, PA 19144	WISSAHICKON CHARTER SCHOOL	PENNSYLVANIA	501(C)(3)	LINE 7	CHARTER SC	CHOOL	X				

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

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 WISSAHICKON CHARTER SCHOOL

02-0534735 Page 2

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

organizations treated as a par											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)		Yes		No	K-1 (Form 1065)	Yes	lo
	-										
										+	
	-										
	-										
	1										
	1										
	4										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	(i) ction b)(13) rolled tity?
		country)				400010		Yes	No

Schedule R (Form 990) 2020 WISSAHICKON CHARTER SCHOOL

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		2
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)		X	
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)			
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)	1 h		
Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)			
k Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>		
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)	1 m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<u>1n</u>		
Sharing of paid employees with related organization(s)			╋
Reimbursement paid to related organization(s) for expenses	1 p		
Reimbursement paid by related organization(s) for expenses			+
Other transfer of cash or property to related organization(s)			
Conter transfer of cash or property from related organization(s)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
_(6)			

Schedule R (Form 990) 2020 WISSAHICKON CHARTER SCHOOL

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partne 501(org Yes	e) all rs sec. c)(3) s.? No	(f) Share of total income	(g) Share of end-of-year assets	(ř Dispr tior allocat Yes	n) opor- late tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes	N or Pe ing or? ON	(k) ercentage ownership

Schedule R (Form 990) 2020

Schedule F	R (Form <u>990) 2</u> 020	WISSAHICKON CH	<u>IARTER SCH</u> OOL	02-0534735	Page 5
Part VII	R (Form 990) 2020	formation			
		ormation for responses to questic	ons on Schedule R. See instru	ictions.	
		· · · ·			
032165 10-28-	-20		10	Schedule R (Form	990) 2020

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