EXTENDED TO MAY 16, 2022

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

| A I | For the | e 2020 calendar year, or tax year beginning J\ | UL 1, 2020 and | ending J | <u>UN 30, 2021</u> | | |
|---------------|-----------------------|--|--|-------------------------|---------------------------------------|-------------------------------|--|
| | Check if applicabl | C Name of organization | | | D Employer identifi | cation number | |
| Г | Addre | | ER SCHOOL | | | | |
| F | Name | | | | 46-11663 | 14 | |
| Ē | Initial return | | ivered to street address) | Room/suite | E Telephone numbe | | |
| | Final return | 350 EAGLEVIEW BOULEVARI | | 350 | 484-713- | | |
| | termir ated | City or town, state or province, country, and 2 | ZIP or foreign postal code | | G Gross receipts \$ | 68,455,201. | |
| | Amen return | EAION, PA 19341-1190 | | | H(a) Is this a group re | | |
| | Application pendi | F Name and address of principal officer: | EEN CANNISTRACI | | for subordinates | | |
| | | SAME AS C ABOVE | | | H(b) Are all subordinates in | | |
| | | | | or 527 | 1 | list. See instructions | |
| | | te: PA.INSIGHTSCHOOLS.NET | oppiation Other | I. V. | H(c) Group exemption | | |
| | orm of | forganization: X Corporation Trust As: Summary | sociation Other | L Year | of formation: ZUIZ | M State of legal domicile: PA | |
| | | Briefly describe the organization's mission or most | oignificant activities: OPER | ΔͲΤΩΝ | OF A CYBER (| ~нартер | |
| Se | ' | SCHOOL | significant activities. Of Hit. | ATTON | OI A CIDER V | CIMICI DIC | |
| Governance | 2 | | ntinued its operations or dispos | sed of more | than 25% of its net ass | sets | |
| Ver | 3 | Number of voting members of the governing body (| · | | 3 | 6 | |
| | 4 | Number of independent voting members of the gov | | | | 6 | |
| ري وي | | Total number of individuals employed in calendar ye | | | | 132 | |
| /itie | | Total number of volunteers (estimate if necessary) | | | | 0 | |
| Activities & | | Total unrelated business revenue from Part VIII, col | | | | 0. | |
| _ | b | Net unrelated business taxable income from Form 9 | 990-T, Part I, line 11 | ····· | 7b | 0. | |
| | | | | | Prior Year | Current Year | |
| Revenue | 8 | | | | 974,268. | 4,821,794. | |
| | 9 | | | | 29,778,795. | 63,632,873. | |
| Ŗ | 10 | Investment income (Part VIII, column (A), lines 3, 4, | | | 28. | 534. | |
| | יין | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, | | | 30,753,091. | 68,455,201. | |
| | | Total revenue - add lines 8 through 11 (must equal lines and similar amounts paid (Part IX, column (A | | | 0. | 00,433,201. | |
| | 1 | Benefits paid to or for members (Part IX, column (A) | | | 0. | 0. | |
| " | 45 | Salaries, other compensation, employee benefits (P | | | 13,370,035. | 22,447,510. | |
| se | 16a | Professional fundraising fees (Part IX, column (A), lii | | | 0. | 0. | |
| Expenses | . ь | Total fundraising expenses (Part IX, column (D), line | | 0. | | | |
| ũ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, | 11f-24e) | | 16,476,457. | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX | (, column (A), line 25) | | 29,846,492. | 51,592,456. | |
| | 19 | Revenue less expenses. Subtract line 18 from line 1 | 12 | | 906,599. | 16,862,745. | |
| Net Assets or | | | | Ве | ginning of Current Year | End of Year | |
| Sset | 20 | Total assets (Part X, line 16) | | | 17,027,271. | 35,145,597. | |
| et A | 21 | Total liabilities (Part X, line 26) | | | 11,600,657. 5,426,614. | 12,856,238. 22,289,359. | |
| | 22 art II | Net assets or fund balances. Subtract line 21 from Signature Block | line 20 | | 5,420,014. | 22,209,339. | |
| | | alties of perjury, I declare that I have examined this return, | including accompanying schedule | s and stateme | ents, and to the hest of my | / knowledge and helief it is | |
| | - | ct, and complete. Declaration of preparer (other than office | | | | , knowledge and belief, it is | |
| | , | Name of the second of the seco | ., , , , , , , , , , , , , , , , , , , | mon proparor | l l l l l l l l l l l l l l l l l l l | | |
| Sig | n | Signature of officer | | | Date | | |
| Her | | ■ EILEEN CANNISTRACI, CEC |) | | | | |
| | | Type or print name and title | | | | | |
| | | Print/Type preparer's name | Preparer's signature | | Date Check | PTIN | |
| Paid | | | JEFFREY A KOWAL | | 05/09/22 self-employ | | |
| | parer | Firm's name BARBACANE, THORN'S | | Firm's EIN ► 51-0229493 | | | |
| Use | Only | Firm's address 3411 SILVERSIDE F | | EK BLI | | 0 470 0040 | |
| _ | ., | WILMINGTON, DE 19 | | | Phone no. 3 0 | 2-478-8940 | |
| May | / the II | RS discuss this return with the preparer shown above | /e// See instructions | | | Yes No | |

Form 990 (2020)

) (Revenue \$

including grants of \$

Form 990 (2020) INSIGHT PA CYBER CHARTER 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 | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3_ | | 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 | | | |
| | 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, 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, | ١ | v | |
| | 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 | | | Х |
| _ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 44. | | Х |
| a | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 | 11c | | |
| u | | 11d | х | |
| • | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11e | X | |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 116 | 21 | |
| • | the organization's separate of 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 | ٠ | | |
| ızu | 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 | | х |
| 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 | | Х |
| | | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 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 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II | 21 | | Х |

Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No," go to line 25a 24a 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 Х 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 Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 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 Х 27 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 33 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Form 990 (2020)

(gambling) winnings to prize winners?

Form 990 (2020) INSIGHT PA CYBER CHARTER SCHOOL

Part 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 | 132 | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | | 2b | Х | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | s) | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | За | | X | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | 0 | | 3b | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | autho | rity over, a | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | accou | nt)? | 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 A | ccou | nts (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 | | |
| | 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 | e org | anization solicit | | | 3,7 | | |
| | 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 contributi | | - | | | | | |
| _ | were not tax deductible? | | | 6b | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | _ | | v | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | | | 7a | | X | | |
| b | | | | 7b | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | 7. | | X | | |
| d | to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year | 7d | 1 | 7c | | 1 | | |
| | | | • | 7e | | Х | | |
| f | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | | | | | |
| g | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | | 7g 7h | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | | 7.11 | | | | |
| | | - | | 8 | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | |
| а | Did the agree with a constitution and a great tension of the first tension and a great tension 40000 | | | 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 | ı | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b |) | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | |
| а | Gross income from members or shareholders | 11a | 1 | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | | | |
| | amounts due or received from them.) | 11b | • | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1 | | 12a | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b |) | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | 40. | .1 | | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | | | | |
| | Enter the amount of reserves on hand | 130 | • | 14- | | Х | | |
| | | | | 14a | | <u> </u> | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | | | 14b | | \vdash | | |
| 15 | | | | 15 | | X | | |
| | excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | | | ıə | | <u> </u> | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | t inco | me? | 16 | | х | | |
| | If "Yes," complete Form 4720, Schedule O. | . 11100 | | .5 | | | | |
| | . , , | | | | | | | |

Form 990 (2020) INSIGHT PA CYBER CHARTER SCHOOL 46-1166314 Pag
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 | | | | | | | |
| | | _ | Y | 'es | No | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 6 | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 6 | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | | | |
| | officer, director, trustee, or key employee? | . 2 | ! | _ | <u> </u> | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | 3 | _ | <u> </u> | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | _ | X | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | 5 | _ | X | | | |
| 6 | Did the organization have members or stockholders? | 6 | i | | X | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | | | | |
| | more members of the governing body? | . 7 | а | _ | X | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | | |
| | persons other than the governing body? | . 7 | o | _ | <u>X</u> | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | |
| а | The governing body? | . 8 | | <u>X</u> | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8 | 5 | X | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 |) | | X | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | | | |
| | | | | 'es | No | | | |
| | Did the organization have local chapters, branches, or affiliates? | 10 | а | \dashv | X | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 10 | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | | | | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11 | a . | X | | | | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | . | | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | X | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12 | b - | <u> </u> | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | . . | . l | | | | |
| 40 | in Schedule O how this was done | | - | X | | | | |
| 13 | Did the organization have a written whistleblower policy? | | - | X X | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 1 | 4 - | ^ | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | | | | |
| _ | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 45 | | | v | | | |
| | The organization's CEO, Executive Director, or top management official | | | \dashv | X | | | |
| D | Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | . 15 | טו | | Λ | | | |
| 16- | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | | |
| Ioa | | 16 | | | Х | | | |
| h | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | . 10 | a | | - 22 | | | |
| b | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | | | |
| | exempt status with respect to such arrangements? | . 16 | h | | | | | |
| Sec | tion C. Disclosure | . 10 | D | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) |)(3)s on | lv) av | ailah | ole | | | |
| .0 | for public inspection. Indicate how you made these available. Check all that apply. | ,,0,0 011 | .y/av | unak | | | | |
| | X Own website Another's website X Upon request Other (explain on Schedule O) | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, | and fin | ancia | ı | | | | |
| .5 | statements available to the public during the tax year. | and III | ai ioid | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | | | | | |
| | THE ORGANIZATION - 484-713-4353 | | | | | | | |
| | 350 EAGLEVIEW BOULEVARD NO. 350 EXTON PA 19341-1198 | | | | | | | |

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| Check this box if neither the organization ne | or any related | orga | niza | tion | con | nper | sate | ed any current officer, di | rector, or trustee. | | | |
|---|------------------------|--------------------------------|--------------------------------------|---------|---|---------------------------------|--------|----------------------------|---------------------|-----------------------------|--------------|-----------|
| (A) | (B) | | | | C) | | | (D) | (E) | (F) | | |
| Name and title | Average | (do | Position (do not check more than one | | | | | Reportable | Reportable | Estimated | | |
| | hours per | box | box, unle | | pox, unless person is both an officer and a director/trustee) | | | | n an | compensation | compensation | amount of |
| | week | | cer an | nd a d | irecto | r/trus T | tee) | from | from related | other | | |
| | (list any | recto | | | | | | the | organizations | compensation | | |
| | hours for | or di | e e | | | ated | | organization | (W-2/1099-MISC) | from the | | |
| | related | ustee | trust | | 96 | Suedu | | (W-2/1099-MISC) | | organization and related | | |
| | organizations below | ual tr | tional | | yoldı | t con | _ | | | organizations | | |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | Organizations | | |
| (1) EILEEN CANNISTRACI | 40.00 | = | - | 0 | × | Τ & | ш | | | | | |
| CEO | | | | Х | | | | 147,595. | 0. | 65,076. | | |
| (2) ANTHONY PIRRELLO | 40.00 | | | | | | | | | - | | |
| CFO (EFF 6/9/20) | | | | Х | | | | 66,575. | 0. | 7,826. | | |
| (3) ALICE SOLOMON | 5.00 | | | | | | | | | | | |
| PRESIDENT | | Х | | X | | | | 0. | 0. | 0. | | |
| (4) CHRISTOPHER ROSSI | 5.00 | | | | | | | _ | _ | _ | | |
| VICE PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. | | |
| (5) LOWELL THOMAS | 5.00 | | | | | | | | | _ | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. | | |
| (6) EDWARD KNITTEL | 3.00 | | | | | | | | | | | |
| SECRETARY | | Х | | | | | | 0. | 0. | 0. | | |
| (7) KATIE MCGEEHAN | 3.00 | | | | | | | | _ | _ | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | | |
| (8) MICHAEL E. ADLER | 3.00 | | | | | | | _ | _ | _ | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | | |
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Form **990** (2020)

| Pai | T VII Section A. Officers, Directors, Trus | | oloy | ees, | | | ghe | st C | | | | ı | | |
|-----|---|------------------------|--------------------------------|---|---------|--------------|------------------------------|------------------|---------------------------|-------------------------|----------|----------|----------------------|-------------|
| | (A) | (B) | | (C) Position | | | | | (D) | (E) | | _ | (F) | |
| | Name and title | Average hours per | | (do not check more than one box, unless person is both an | | | | | Reportable compensation | Reportable compensation | | l . | timate nount | |
| | | week | | | | | or/trus | | from | from related | | l . | other | O1 |
| | | (list any | ctor | | | | | | the | organization | | l . | pensa | tion |
| | | hours for | or dire | | | | ted | | organization | (W-2/1099-MIS | SC) | fr | om the | е |
| | | related | stee | truste | | | beusa | | (W-2/1099-MISC) | | | ı - | anizati | |
| | | organizations below | ual tru | ional | | ploye | t com | | | | | l . | d relati anizatio | |
| | | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | l | ııızatı | JI 15 |
| | | | = | <u>=</u> | 0 | <u>×</u> | Τ 0 | 1 | | | | | | |
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| | | | | | | | | | | | | | | |
| 1b | Subtotal | | | | | | | ▶ | 214,170. | | 0. | 7. | 2,90 | |
| С | Total from continuation sheets to Part VI | I, Section A | | | | | | | 0. | | 0. | | | 0. |
| | Total (add lines 1b and 1c) | | | | | | | | 214,170. | | 0. | -7 | 2,9 | <u> 12.</u> |
| 2 | Total number of individuals (including but n | ot limited to th | ose | liste | ed at | oove | e) wh | no re | eceived more than \$100, | 000 of reportable | Э | | | 1 |
| | compensation from the organization | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer. | director trust | ee l | cev e | empl | love | e o | r hic | nhest compensated emp | lovee on | 1 | | | |
| Ū | line 1a? If "Yes," complete Schedule J for s | • | - | • | • | • | | _ | | • | | 3 | | Х |
| 4 | For any individual listed on line 1a, is the su | | | | | | | | | | | | | |
| | and related organizations greater than \$150 | 0,000? If "Yes, | ," co | mpl | ete S | Sche | edule | e J t | for such individual | | | 4 | Х | |
| 5 | Did any person listed on line 1a receive or a | | | | | | | | | | | | | |
| _ | rendered to the organization? If "Yes," com | plete Schedul | e J f | or su | ıch į | pers | son | | | | | 5 | | X |
| | tion B. Independent Contractors | | | | | | 4 - | 41 | | 100.000 - (| | f | | |
| 1 | Complete this table for your five highest co the organization. Report compensation for | - | - | | | | | | | | Jensa | tion ire | OITI | |
| | (A) | trio daloridar y | Jui C | <u> </u> | 19 W | | O1 VV | | (B) | our. | | (0 | | |
| | Name and business | address | N | INC | Ξ | | | | Description of s | ervices | С | compe | | n |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | Total number of independent contractors (| noludina but s | Ot Ii- | nitor | 1+0 | tha | se lie | eto-d | ahove) who received me | ore than | | | | |
| 2 | Total number of independent contractors (i \$100,000 of compensation from the organi | | JL 111 | iiite(| J 10 | | se iis 0 | , c u | above) will received illi | ore undil | | | | |
| - | | | | | | | | | | | | | 000 | |

46-1166314

| | | Check if Schedule O contains a response | or note to any line | e in this Part VIII | | | |
|--|------|---|-----------------------|---------------------|-------------------|------------------|--------------------------------------|
| | | Cricck ii Gerieddie O cortains a response | or riote to arry line | (A) | (B) | (C) | (D) |
| | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded |
| | | | | | function revenue | business revenue | from tax under sections 512 - 514 |
| | | | | | | | Sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | | Federated campaigns 1a | | | | | |
| ira ou | | Membership dues 1b | | | | | |
| S, C | С | Fundraising events1c | | | | | |
| # Z | d | Related organizations 1d | | | | | |
| s, Eli | е | Government grants (contributions) 1e | 4,821,794. | | | | |
| S.S. | f | All other contributions, gifts, grants, and | | | | | |
| her | | similar amounts not included above 1f | | | | | |
| 걸 | g | | | | | | |
| o d | _ | Total. Add lines 1a-1f | | 4,821,794. | | | |
| O B | | Total. Add lines 1a-11 | Business Code | 1,021,731. | | | |
| | _ | MILITATON FROM DIGERRICANS | _ | 62 622 072 | 62 622 072 | | |
| <u>e</u> | 2 a | TUITION FROM DISTRICTS | 611600 | 63,632,873. | 63,632,873. | | |
| e K | b | | | | | | |
| S | С | | | | | | |
| an | d | | | | | | |
| Program Service Revenue | е | | | | | | |
| P | f | All other program service revenue | | | | | |
| | | Total. Add lines 2a-2f | | 63,632,873. | | | |
| | 3 | Investment income (including dividends, intel | | , , | | | |
| | Ū | other similar amounts) | | 534. | | | 534. |
| | 4 | Income from investment of tax-exempt bond | | | | | |
| | 4 | · | · | | | | |
| | 5 | Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents 6a | | | | | |
| | b | Less: rental expenses 6b | | | | | |
| | С | Rental income or (loss) 6c | | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7 a | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | assets other than inventory 7a | | | | | |
| | b | Less: cost or other basis | | | | | |
| ø | - | and sales expenses 7b | | | | | |
| Ĭ. | _ | | | | | | |
| Revenue | | . , | | | | | |
| | | Net gain or (loss) | P | | | | |
| ther | 8 a | Gross income from fundraising events (not | | | | | |
| ð | | including \$ of | | | | | |
| | | contributions reported on line 1c). See | | | | | |
| | | Part IV, line 188 | a | | | | |
| | b | Less: direct expenses8 | b | | | | |
| | С | Net income or (loss) from fundraising events | | | | | |
| | | Gross income from gaming activities. See | | | | | |
| | | Part IV, line 19 | a | | | | |
| | h | Less: direct expenses 9 | | | | | |
| | | Net income or (loss) from gaming activities_ | | | | | |
| | | Gross sales of inventory, less returns | | | | | |
| | io a | • | | | | | |
| | | and allowances 10 | | | | | |
| | | Less: cost of goods sold10 | | | | | |
| | С | Net income or (loss) from sales of inventory | > | | | | |
| ω | | | Business Code | | | | |
| ő a | 11 a | | | | | | |
| ane di | b | | | | | | |
| Miscellaneous Revenue | С | | | | | | |
| SS | | All other revenue | | | | | |
| Σ | | Total. Add lines 11a-11d | | | | | |
| | | Total revenue See instructions | | 68 455 201. | 63 632 873. | 0 | 534. |

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).

| Secti | on 501(c)(3) and 501(c)(4) organizations must comp | | | mpiete column (A). | |
|-------|---|-----------------------|--------------------------|---------------------------------|------------------------|
| | Check if Schedule O contains a respor | | this Part IX(B) | (C) | (D) |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | $\label{prop:continuous} \mbox{Grants and other assistance to domestic organizations}$ | | | | |
| | 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 | 358,751. | 254,713. | 104,038. | |
| 6 | Compensation not included above to disqualified | 330,7321 | 20177201 | 202,0001 | |
| U | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | 15 026 721 | 11,244,072. | 4,592,649. | |
| 7 | Other salaries and wages | 13,030,141. | 11,444,0/4. | 4,334,043. | |
| 8 | Pension plan accruals and contributions (include | 2 004 125 | 2 125 020 | 060 205 | |
| | section 401(k) and 403(b) employer contributions) | 2,994,145. | 2,125,830. 1,449,189. | 868,295. | |
| 9 | Other employee benefits | 2,041,112. | 1,449,189. | 591,923. | |
| 10 | Payroll taxes | 1,216,801. | 863,929. | 352,872. | |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | 7,174,686. | | 7,174,686. | |
| b | Legal | | | | |
| С | Accounting | | | | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| _ | column (A) amount, list line 11g expenses on Sch 0.) | 3,860,879. | 2,741,224. | 1,119,655. | |
| 12 | Advertising and promotion | 20,346. | | 20,346. | |
| 13 | Office expenses | 343,731. | | 99,682. | |
| 14 | Information technology | 10,606,482. | | 3,075,881. | |
| 15 | Royalties | | .,000,0020 | 0,010,0021 | |
| 16 | | 444,244. | | 444,244. | |
| | Occupancy | 68,651. | 48,742. | 19,909. | |
| 17 | Travel | 00,031. | 40,742. | 10,0000 | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 110 040 | 4F 010 | 70 000 | |
| 22 | Depreciation, depletion, and amortization | 118,040. | 45,818. | 72,222. | |
| 23 | Insurance | | | | |
| 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 | EDUCATIONAL MATERIALS | 5,211,770. | 5,211,770. | | |
| b | PROFESSIONAL EDUCATIONA | 413,206. | 293,376. | 119,830. | |
| С | RENTALS | 236,092. | 167,625. | 68,467. | _ |
| d | COMMUNICATIONS | 166,125. | 117,949. | 48,176. | |
| е | All other expenses | 480,694. | 295,073. | 185,621. | |
| 25 | Total functional expenses. Add lines 1 through 24e | 51,592,456. | 32,633,960. | 18,958,496. | 0. |
| 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) | | | | |
| - | | | <u> </u> | <u> </u> | Form 990 (2020) |

Form 990 (2020)
Part X Balance Sheet

| Par | rt X | Balance Sheet | | | | | |
|-----------------------------|------|---|---------------------|-------------------|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or | note to any li | ne in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 8,650,397. | 1 | 22,331,686. |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | 2,595,485. | 4 | 8,169,401. |
| | 5 | Loans and other receivables from any current | | | | | |
| | | trustee, key employee, creator or founder, su | bstantial con | tributor, or 35% | | | |
| | | controlled entity or family member of any of t | | | | 5 | |
| | 6 | Loans and other receivables from other disqu | ualified perso | | | | |
| | | under section 4958(f)(1)), and persons describ | | 6 | | | |
| Ø | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| As | 9 | B | | | 274,005. | 9 | 733,657. |
| | 10a | Land, buildings, and equipment: cost or othe | r | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | | | | |
| | b | Less: accumulated depreciation | 10b | 155,457. | 329,508. | 10c | 264,976. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, lir | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, lii | | 13 | | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | | | 5,177,876. | 15 | 3,645,877. |
| | 16 | Total assets. Add lines 1 through 15 (must e | | | 17,027,271. | 16 | 35,145,597. |
| | 17 | Accounts payable and accrued expenses | | | 4,983,650. | 17 | 5,934,081. |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | | 5,785. | 19 | 18,854. |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Comple | te Part IV of | Schedule D | | 21 | |
| es | 22 | Loans and other payables to any current or for | | | | | |
| Liabilities | | trustee, key employee, creator or founder, su | | | | | |
| iab | | controlled entity or family member of any of t | hese persons | s | | 22 | |
| | 23 | Secured mortgages and notes payable to un | • | ······ | | 23 | |
| | 24 | Unsecured notes and loans payable to unrela | | Г | | 24 | |
| | 25 | Other liabilities (including federal income tax, | | | | | |
| | | parties, and other liabilities not included on li | * | · I | C C11 000 | | C 002 202 |
| | | of Schedule D | | | 6,611,222. | | 6,903,303. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 11,600,657. | 26 | 12,856,238. |
| S | | Organizations that follow FASB ASC 958, o | check here | | | | |
| JCe | | and complete lines 27, 28, 32, and 33. | | | E 426 614 | 0= | 22 200 250 |
| alar | 27 | Net assets without donor restrictions | | | 5,426,614. | 27 | 22,289,359. |
| Θ | 28 | Net assets with donor restrictions | | | | 28 | |
| Ľ. | | Organizations that do not follow FASB ASC | <i>3</i> 958, check | nere | | | |
| or F | | and complete lines 29 through 33. | | | | | |
|)ts | 29 | Capital stock or trust principal, or current fun | | | | 29 | |
| SSE | 30 | Paid-in or capital surplus, or land, building, or | | T T | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated | | | 5,426,614. | 31 | 22,289,359. |
| ž | 32 | Total liabilities and not assets (fund balances | | | 17,027,271. | 32 | 35,145,597. |
| | 33 | Total liabilities and net assets/fund balances | | | 11,041,411. | 33 | JJ,140,07/• |

Form **990** (2020)

Form **990** (2020)

| Pa | rt XI Reconciliation of Net Assets | | | | | |
|----|---|---------|---------|-----|-----|-----|
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> | | | |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | ,45 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 51 | ,59 | 2,4 | 56. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 16 | ,86 | 2,7 | 45. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 5 | ,42 | 6,6 | 14. |
| 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 | 22 | ,28 | 9,3 | 59. |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain 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 | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule O | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Aud | it | | | |
| | Act and OMB Circular A-133? | | | 3a | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audi | t | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3h | X | I |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

INSIGHT PA CYBER CHARTER SCHOOL 46-1166314 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

| | functionally integrated, or | r Type III non-tunctioi | nally integrated supportii | ng organiz | ation. | | |
|------|------------------------------------|-------------------------|---|---|---------------------------------|---|---|
| f | Enter the number of supported of | organizations | | | | | |
| g | Provide the following information | n about the supporte | ed organization(s). | | | | |
| | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the orga in your governi Yes | nization listed ng document? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | | | |
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| Tota | I | | | | | | |

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III

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

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

| 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 | 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 | | | | | | | | | |
| | The portion of total contributions | | | | | | - | | | |
| Ŭ | 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, | | | | | | | | | |
| | . (2) | | | | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | | | | |
| _ | etion 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) 2010 | (6) 2017 | (6) 2010 | (4) 2013 | (6) 2020 | (i) rotai | | | |
| | Gross income from interest. | | | | | | | | | |
| Ŭ | 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 | | | | | | | | | |
| 10 | or loss from the sale of capital | | | | | | | | | |
| | assets (Explain in Part VI.) | | | | | | | | | |
| 44 | Total support. Add lines 7 through 10 | | | | | | | | | |
| | Gross receipts from related activities, | ata (aga inaturatio | | | | 12 | - | | | |
| | First 5 years. If the Form 990 is for th | | | fourth or fifth toy | | | - | | | |
| 13 | organization, check this box and stop | • | | • | • | | ightharpoonup | | | |
| Sec | ction C. Computation of Public | | | ••••• | | | | | | |
| | Public support percentage for 2020 (li | | | column (f)) | | 14 | % | | | |
| | Public support percentage from 2019 | | | | | 15 | / 6 | | | |
| | 33 1/3% support test - 2020. If the co | | | | | | | | | |
| | stop here. The organization qualifies | | | | | | . — | | | |
| b | 33 1/3% support test - 2019. If the co | | • | | | | | | | |
| | and stop here. The organization quali | | | | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | | | | |
| | and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization | | | | | | | | | |
| | meets the facts-and-circumstances te | | • | | raanization | | | | | |
| b | 10% -facts-and-circumstances test | • | • | | | | | | | |
| _ | more, and if the organization meets th | _ | | | | | | | | |
| | organization meets the facts-and-circu | | | | - | | | | | |
| 18 | Private foundation. If the organization | | - | • • | | | ▶ □ | | | |
| | · · · · · · · · · · · · · · · · · · · | | , | | | | | | | |

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.)

| 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 | ļ | | | | | |
| | 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 | ļ | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | ļ | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | ļ | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | ļ | | | | | |
| | the organization without charge | ļ | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| k | Amounts included on lines 2 and 3 received | | | | | | |
| | from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | | | • | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| | Gross income from interest, | | | | | | |
| | dividends, payments received on securities loans, rents, royalties, | ļ | | | | | |
| | and income from similar sources | ļ | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| (| 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 | ļ | | | | | |
| 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 | ne organization's fir | rst, second, third, | fourth, or fifth tax y | year as a section 5 | 01(c)(3) organization | on, |
| | check this box and stop here | | | | | | > |
| Se | ction C. Computation of Publi | c Support Per | centage | | | | |
| 15 | Public support percentage for 2020 (I | ine 8, column (f), d | livided by line 13, o | column (f)) | | 15 | % |
| | Public support percentage from 2019 | | | | | 16 | % |
| Se | ction D. Computation of Inves | tment Income | Percentage | | | | |
| 17 | Investment income percentage for 20 |)20 (line 10c, colur | mn (f), divided by li | ne 13, column (f)) | | 17 | % |
| | Investment income percentage from | | | | | 18 | % |
| 19a | a 33 1/3% support tests - 2020. If the | organization did n | not check the box | on line 14, and line | e 15 is more than 3 | 3 1/3%, and line 1 | 7 is not |
| | more than 33 1/3%, check this box ar | nd stop here. The | organization quali | fies as a publicly s | upported organiza | tion | > |
| k | 33 1/3% support tests - 2019. If the | organization did n | not check a box on | line 14 or line 19a | a, and line 16 is mo | ore than 33 1/3%, a | ınd |
| | line 18 is not more than 33 1/3%, che | ck this box and st | op here. The orga | nization qualifies a | as a publicly suppo | rted organization | |
| 20 | Private foundation. If the organization | n did not check a | box on line 14, 19a | a, or 19b, check th | nis box and see ins | tructions | |

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

| | Yes | No |
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| Par | Triv 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 | | |
| Sect | ction 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 | | |
| | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sect | ction 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 | | |
| Sect | ction D. All Type III Supporting Organizations | | | |
| | <i>y</i> 11 0 0 | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | 103 | 140 |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | • | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| | By reason of the relationship described in line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sect | supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations | | | |
| | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction | ns) | | |
| · a | | | | |
| b | | | | |
| c | | inetruction | ne) | |
| 2 | Activities Test. Answer lines 2a and 2b below. | i ilisti detion | Yes | No |
| | | | 100 | 110 |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| | Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | these activities but for the organization's involvement. | 2b | | |
| | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| | 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. | За | | |
| | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | Ja | | |
| | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. | 3b | | |
| | | | | |

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supportir | ng Organi | izations | |
|------|--|---------------|----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyir | ng trust on N | Nov. 20, 1970 (explain in | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mus | | · | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| 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-functional | Ilv integrato | d Type III supporting orga | nization (see |

Schedule A (Form 990 or 990-EZ) 2020

instructions).

| Par | t v Type III Non-Functionally integrated 509 | (a)(3) Supporting Orga | nizations _{(continu} | <u>ied) </u> | |
|----------|---|-------------------------------|---------------------------------------|---|---|
| Secti | on D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | empt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | 1 | 3 | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pri | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | he organization is 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) Underdistribution Pre-2020 | ıs | (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 | | | | |
| с | From 2017 | | | | |
| d | From 2018 | | | | |
| ее | 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: \$ | | | | |
| a | Applied to underdistributions of prior years | | | | |
| <u>b</u> | Applied to 2020 distributable amount | | | | |
| <u> </u> | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2020, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j | | | | |
| | and 4c. | | | | |
| _8_ | Breakdown of line 7: | | | | |
| | Excess from 2016 | | | | |
| | Excess from 2017 | | | | |
| | Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| е | Excess from 2020 | | | | |

Schedule A (Form 990 or 990-EZ) 2020

| Schedule A | (Form 990 or 990- | EZ) 2020 | INSI | GHT | PA | CYBER | CHARTER | SCHOOL | | 46-11 | L66314 | Page 8 |
|------------|--|--|-----------------------|----------------------|----------------------|---------------------------------|---------------------------------------|--------------------------------------|------------------------------------|---|--|--------|
| Part VI | Part IV, Section A line 1; Part IV, Se Section D, lines S (See instructions | A, lines 1, ection D, li 5, 6, and 8 | 2, 3b, 3c nes 2 an | s, 4b, 4d d 3; Pa | c, 5a, 6 rt IV, 9 | 6, 9a, 9b, 9d Section E, lir | c, 11a, 11b, and nes 1c, 2a, 2b, 3 | l 11c; Part IV, S 3a, and 3b; Par | Section B, lines t V, line 1; Part | r 17b; Part I 1 and 2; Par V, Section E | II, line 12; t IV, Section s, line 1e; Par | C, |
| | (See Instructions | •) | | | | | | | | | | |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INSIGHT PA CYBER CHARTER SCHOOL

Employer identification number 46-1166314

| Pa | organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line | | | Complete ii tile |
|----------|---|-----------------------------|---------------------|------------------------------------|
| | | (a) Donor advise | d funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the assets he | ld in donor advise | ed funds |
| | are the organization's property, subject to the organization's | exclusive legal control? | | Yes I |
| 6 | Did the organization inform all grantees, donors, and donor ad | dvisors in writing that gra | nt funds can be u | used only |
| | for charitable purposes and not for the benefit of the donor or | r donor advisor, or for an | y other purpose o | conferring |
| _ | impermissible private benefit? | | | |
| Pa | Tt II Conservation Easements. Complete if the org | ganization answered "Yes | s" on Form 990, F | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | , | |
| | Preservation of land for public use (for example, recreat | tion or education) | Preservation of | a historically important land area |
| | Protection of natural habitat | | Preservation of | a certified historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifi | ied conservation contribu | ition in the form o | |
| | day of the tax year. | | | Held at the End of the Tax Ye |
| а | Total number of conservation easements | | | 2a |
| b | | | | |
| С | Number of conservation easements on a certified historic stru | | | |
| d | Number of conservation easements included in (c) acquired a | , | | |
| | listed in the National Register | | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or to | erminated by the | organization during the tax |
| | year ▶ | | | |
| 4 | Number of states where property subject to conservation eas | sement is located | | |
| 5 | Does the organization have a written policy regarding the peri | iodic monitoring, inspect | ion, handling of | |
| | violations, and enforcement of the conservation easements it | | | Yes I |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, I | handling of violations, an | d enforcing cons | ervation easements during the year |
| | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | ling of violations, and ent | forcing conservat | ion easements during the year |
| | > \$ | | | |
| 8 | Does each conservation easement reported on line 2(d) above | | | |
| | and section 170(h)(4)(B)(ii)? | | | |
| 9 | In Part XIII, describe how the organization reports conservation | on easements in its reven | ue and expense | statement and |
| | balance sheet, and include, if applicable, the text of the footn | ote to the organization's | financial stateme | ents that describes the |
| D. | organization's accounting for conservation easements. | Aut Historical Tox | | han Oineilan Aasaka |
| Pa | ct III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form | | asures, or Oti | ner Similar Assets. |
| | | | unus statement ex | ad balanca abaat wada |
| ıa | If the organization elected, as permitted under FASB ASC 958 | | | |
| | of art, historical treasures, or other similar assets held for pub | | | · |
| L | service, provide in Part XIII the text of the footnote to its finan | | | |
| b | If the organization elected, as permitted under FASB ASC 958 | | | |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or | research in iurth | erance of public service, |
| | provide the following amounts relating to these items: | | | • • |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | |
| _ | (ii) Assets included in Form 990, Part X | | | |
| 2 | If the organization received or held works of art, historical trea | | | gain, provide |
| | the following amounts required to be reported under FASB AS | | | • |
| a | Revenue included on Form 990, Part VIII, line 1 | | | |
| | | | | |

| Par | rt III Organizations Maintaining Co | llections of Art | t, Histo | orical Tre | easures, o | r Other S | Similar | Assets | (continu | ed) |
|-----|---|------------------------------|--------------|----------------|---------------------|--------------|----------------------|---------------|------------|-----------|
| 3 | Using the organization's acquisition, accession | , and other records | s, check | any of the | following that | make sigr | nificant u | se of its | • | , |
| | collection items (check all that apply): | | | | | | | | | |
| а | a Public exhibition d Loan or exchange program | | | | | | | | | |
| b | b Scholarly research e Other | | | | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's colle | ections and explair | how the | ey further th | ne organizatio | n's exemp | t purpos | e in Part i | XIII. | |
| 5 | During the year, did the organization solicit or r | eceive donations of | of art, his | storical treas | sures, or othe | er similar a | ssets | | | |
| | to be sold to raise funds rather than to be main | | | | | | | | Yes | No No |
| Par | rt IV Escrow and Custodial Arrange | | ete if the | organizatio | n answered | "Yes" on F | orm 990, | Part IV, I | ine 9, or | |
| | reported an amount on Form 990, Part | X, line 21. | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodiar | or other intermed | iary for c | contribution | s or other ass | sets not ind | cluded | | _ | |
| | on Form 990, Part X? | | | | | | | L | Yes | No |
| b | If "Yes," explain the arrangement in Part XIII ar | nd complete the fol | lowing ta | able: | | | | | | |
| | | | | | | | | | Amount | |
| С | Beginning balance | | | | | | 1c | | | |
| d | Additions during the year | | | | | | 1d | | | |
| е | Distributions during the year | | | | | | 1e | | | |
| f | Ending balance | | | | | | 1f | | | |
| | Did the organization include an amount on For | | | | | - | ? | L | Yes | No |
| | If "Yes," explain the arrangement in Part XIII. C | | | | | | | | | |
| Par | rt V Endowment Funds. Complete if t | | | | | | | 1 | | |
| | | (a) Current year | (b) P | rior year | (c) Two yea | rs back (c | I) Three ye | ears back | (e) Four y | ears back |
| | Beginning of year balance | | | | | | | | | |
| | Contributions | | | | | | | | | |
| | 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 currer | | e (line 1g | ı, column (a |)) held as: | | | | | |
| | Board designated or quasi-endowment | | _% | | | | | | | |
| b | Permanent endowment | % | | | | | | | | |
| С | Term endowment % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c should | • | | | | | | | | |
| За | Are there endowment funds not in the possess | ion of the organiza | tion that | t are held ar | nd administer | ed for the | organiza | tion | | |
| | by: | | | | | | | | | es No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | |
| | If "Yes" on line 3a(ii), are the related organization | | | | | | | | 3b | |
| Par | Describe in Part XIII the intended uses of the or the VI Land, Buildings, and Equipme | | wment fu | unds. | | | | | | |
| Fai | | | D-4 N | | F 000 | Dod V. B | - 10 | | | |
| | Complete if the organization answered | | | | | | | | | |
| | Description of property | (a) Cost or o basis (investn | | | or other (other) | | umulated eciation | a | (d) Book | /alue |
| 1a | Land | · · | / | 22010 | (=: :=:/ | 2391 | | | | |
| | Buildings | | | | | | | | | |
| | | | | | 8,557. | | 6,40 | 9. | 2 | ,148. |
| | | I | | 41 | 1,876. | 1 | $\frac{3,13}{49,04}$ | | | ,828. |
| | Other | | | | , | _ | - , | | | |
| | I. Add lines 1a through 1e. (Column (d) must equ | | X. colum | n (B) line 1 | 0c.) | | | ightharpoonup | 264 | ,976. |
| | S SSIGITITION TO THE COL | | | , | | | | | | |

| Schedule D | (Form 990) | 2020 (|
|------------|------------|--------|
| | | |

| Part VII Investments - Other Securities. | , , , , , , , , , , , , , , , , , , , | | |
|--|---------------------------------------|---|------------------------|
| Complete if the organization answered "Yes" of | n Form 990, Part IV, line | 11b. See Form 990, Part X, line 12. | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | l-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" or | | 11c. See Form 990, Part X, line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | l-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" o | | 11d. See Form 990, Part X, line 15. | (In) Dealers les |
| | Description | | (b) Book value |
| (1) DEFERRED PENSION CONTRIBUT | | | 3,428,350. |
| (2) DEFERRED OPEB CONTRIBUTION | <u>S</u> | | 217,527. |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| <u>(7)</u> | | | |
| (8) | | | |
| (9) | .=. | | 3,645,877. |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. | <u>15.)</u> | ······ | 3,043,077. |
| | n Form 000 Port IV line | 110 or 11f Soc Form 000 Port V line 25 | |
| Complete if the organization answered "Yes" of a Description of liability | on Form 990, Part IV, line | The or Th. See Form 990, Part X, line 25. | (b) Book value |
| | | | (b) Book value |
| (1) Federal income taxes (2) LEASE INCENTIVES | | | 62,303. |
| | | | 6,401,000. |
| (4) NET PENSION LIABILITY (4) NET OPEB LIABILITY | | | 281,000. |
| | FC | | 159,000. |
| | 10 | | ±39,000• |
| <u>(6)</u> | | | |
| <u>(7)</u> | | | |
| (8) | | | |
| (9) | 05.) | > | 6,903,303. |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | <u> </u> | | 0,,00,,000. |

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

| Part XI | Recond | ciliation of Revenue | per Audited | Financial | Statements | With | Revenue | per l | Return |
|---------|--------|----------------------|-------------|-----------|------------|------|---------|-------|--------|

| Pai | rt XI Reconciliation of Revenue per Audited Financial St | atements With Revenue | e per 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 | 68,455,201. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| С | | | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 68,455,201. |
| 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 1 | 2.) | 5 | 68,455,201. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial S | tatements With Expens | es per 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 | 51,592,456. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| С | Other losses | 2c | | |
| d | | | | |
| е | Add lines 2a through 2d | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 51,592,456. |
| 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 | 51,592,456. |
| 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 IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, THEREFORE, HAS NO PROVISION FOR FEDERAL INCOME TAXES. THE SCHOOL QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(1). THE SCHOOL DID NOT ENGAGE IN ANY UNRELATED BUSINESS ACTIVITIES DURING THE FISCAL YEAR.

MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT ITS TAX-EXEMPT STATUS AND TAX POSITIONS WILL BE SUSTAINED IF EXAMINED BY AUTHORITIES.

| Schedule D (Form 990) 2020 Part XIII Supplemental Info | INSIGHT PA | CYBER | CHARTER | SCHOOL | 46-1166314 Page 5 |
|---|--------------------------------|-------|---------|--------|-------------------|
| Part XIII Supplemental Info | rmation _(continued) | | | | |
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SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

INSIGHT PA CYBER CHARTER SCHOOL

 $Employer\ identification\ number \\ 46-1166314$

| | | TT00 | 714 | |
|----|---|------------|-------|----------|
| Pa | rt I | | 1,470 | |
| | | | YES | N |
| 1 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, | | | |
| | bylaws, other governing instrument, or in a resolution of its governing body? | 1 | X | |
| 2 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, | | | |
| | catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 2 | X | |
| 3 | Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet | | | |
| | homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the | | | |
| | homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the | | | |
| | registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general | | | |
| | community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II | 3 | Х | |
| | THE SCHOOL'S RACIALLY NONDISCRIMINATORY POLICY IS AVAILABLE | | | |
| | ON THE SCHOOL'S WEBSITE, AND IS INCLUDED IN STUDENT | | | |
| | SOLICITATION DOCUMENTS, INCLUDING PUBLIC BROADCASTS. | | | |
| | • | • | | |
| | | | | |
| Ļ | Does the organization maintain the following? | | | |
| | Records indicating the racial composition of the student body, faculty, and administrative staff? | | X | <u> </u> |
| | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | . 4b | | 2 |
| С | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing | | | |
| | with student admissions, programs, and scholarships? | 4c | Х | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 4d | | 2 |
| | If you answered "No" to any of the above, please explain. If you need more space, use Part II. | | | |
| | THE SCHOOL IS A PUBLIC CHARTER SCHOOL AND, ACCORDINGLY, NO | | | |
| | STUDENT PAYS TUITION. THEREFORE, NO SCHOLARSHIPS OR FINANCIAL | | | |
| | ASSISTANCE ARE PROVIDED. ADDITIONALLY, THE SCHOOL DID NOT | | | |
| | SOLICIT CONTRIBUTIONS DURING THE YEAR ENDED JUNE 30, 2019. | | | |
| , | Does the organization discriminate by race in any way with respect to: | | | |
| а | Students' rights or privileges? | 5a | | 2 |
| | Admissions policies? | 5b | | 2 |
| С | | 5c | | 7 |
| | Scholarships or other financial assistance? | 5d | | 7 |
| | Educational policies? | 5e | | 2 |
| | Use of facilities? | 5f | | 7 |
| | Athletic programs? | 5g | | 7 |
| | Other extracurricular activities? | 5 <u>9</u> | | 7 |
| •• | If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. | 311 | | f |
| | if you allowered Tes to any or the above, please explain. If you need more space, use Fart II. | | | |
| | | | | |
| | | | | |
| а | Does the organization receive any financial aid or assistance from a governmental agency? | 6a | Х | |
| b | Has the organization's right to such aid ever been revoked or suspended? | 6b | | |
| | If you answered "Yes" on either line 6a or line 6b, explain on Part II. | | | |
| | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through | | | |
| | 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II | 7 | 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

| Schedule E | Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as |
|------------|---|
| 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. |
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SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

INSIGHT PA CYBER CHARTER SCHOOL

 $Employer\ identification\ number \\ 46-1166314$

| Pa | art I Questions Regarding Compensation | | | | | | | |
|----|---|--------|-----|---------------|--|--|--|--|
| | | Ye | es | No | | | | |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | | | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | | | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | | | | | |
| | Travel for companions Payments for business use of personal residence | | | | | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | | | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | | | | | |
| | | | | | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | | | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | b | | | | | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | | | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | | | | | | | |
| | | | | | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | | | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | | | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | | | | | |
| | Compensation committee Written employment contract | | | | | | | |
| | Independent compensation consultant Compensation survey or study | | | | | | | |
| | Form 990 of other organizations Approval by the board or compensation 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 related organization: | | | | | | | |
| а | | а | | <u>X</u> | | | | |
| b | | b | _ | X | | | | |
| С | | С | _ | <u>X</u> | | | | |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | | | | |
| | | | | | | | | |
| _ | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | | | | | |
| | contingent on the revenues of: | | | v | | | | |
| | | a | | $\frac{x}{x}$ | | | | |
| D | , , , | b | | _ | | | | |
| _ | If "Yes" on line 5a or 5b, describe in Part III. | | | | | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | | | | | |
| _ | contingent on the net earnings of: | | | Х | | | | |
| | | a b | + | X | | | | |
| b | 7 - 3 | | | | | | | |
| 7 | If "Yes" on line 6a or 6b, describe in Part III. | | | | | | | |
| ′ | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III | , | | Х | | | | |
| ρ | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | | | | | |
| 8 | | 3 | | Х | | | | |
| ۵ | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | , | | | | | | |
| 9 | Regulations section 53.4958-6/c)? | | | | | | | |
| | | , , | - 1 | | | | | |

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

Schedule J (Form 990) 2020

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 other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|------------------------|--------------------|------------------|-------------------------------------|-----------------|--|-------------------------|------------------------------------|--|
| (A) Name and Title | (A) Name and Title | | (ii) Bonus & incentive compensation | reportable | | | | |
| (1) EILEEN CANNISTRACI | (i) | 147,595. | 0. | 0. | 49,174. | 15,902. | 212,671. | 0. |
| CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) |] | | | | | | <u> </u> |

| 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. |
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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-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

INSIGHT PA CYBER CHARTER SCHOOL

Employer identification number 46-1166314

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print 46-1166314 INSIGHT PA CYBER CHARTER SCHOOL File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 350 EAGLEVIEW BOULEVARD, NO. 350 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 19341-1198 EXTON, PA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Code Is For Code Is For Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 1041-A Form 990-BL 02 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF Ω4 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 THE ORGANIZATION The books are in the care of ► 350 EAGLEVIEW BOULEVARD, NO. 350 - EXTON, PA 19341-1198 Telephone No. ► 484-713-4353 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 16, 2022 ____, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ightharpoonup X tax year beginning JUL 1, 2020 $_{-\!-\!-}$, and ending $\,$ JUN $\,$ 30 , $\,$ 2021 Final return If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

instructions.

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

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