(Rev. January 2020) Department of the Treasury Return of Organization Exempt From Income Tax

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

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

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

Open to Public

OMB No. 1545-0047

2020 A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, Check if applicable: D Employer identification number C Name of organization WASHINGTON LEADERSHIP ACADEMY PUBLIC Address change CHARTER SCHOOL Name change 47-4595801 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 3015 4TH STREET, NE (240) 580-337111,815,618. **G** Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return WASHINGTON, DC 20017 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ANASTASIA KANE for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)(insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.WASHINGTONLEADERSHIPACADEMY.ORG **H(c)** Group exemption number K Form of organization: X Corporation Trust L Year of formation: 2014 M State of legal domicile: DC Association [Part I Summary Briefly describe the organization's mission or most significant activities: TO PREPARE OUR KIDS TO THRIVE Activities & Governance THE WORLD AND CHANGE IT FOR THE BETTER. if the organization discontinued its operations or disposed of more than 25% of its net assets. 13 3 Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 84 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 7b **Prior Year Current Year** 7,069,531. 11,794,170. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 9,157. 408. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 19,826. 12,291. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 $\overline{7,089,765}$ 11,815,618. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,058. 8,820. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 4,219,813. 6,156,161. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 3,603,896. 3,704,899. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,824,767. 9,869,880. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -735,002. 1,945,738. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 20, 2,731,696. 5,568,188. 20 Total assets (Part X, line 16) 365,169. 1,255,923. 21 Total liabilities (Part X, line 26) 旨存 366,527. 4,312,265 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ANASTASIA KANE, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name FRANK H. SMITH Frank H. Smith 03/16/21 ₽00639053 Paid self-employed Firm's name MARCUM LLP Firm's EIN ▶ 11-1986323 Preparer Firm's address 1899 L STREET, NW, SUITE 850 Use Only Phone no. (202) 227-4000WASHINGTON, DC 20036 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Pai	rt III	Statement of Program Service Accomplishments
		Check if Schedule O contains a response or note to any line in this Part III
1	Briefl	y describe the organization's mission:
	WLZ	COMBINES BEST PRACTICES IN TEACHING AND LEARNING, WITH THE LATEST
	IN	EDUCATIONAL TECHNOLOGY TO CREATE AN UNPARALLELED HIGH SCHOOL
	EXI	PERIENCE. STUDENTS WILL GRADUATE FROM WLA PREPARED FOR COLLEGE,
	CAF	REER, AND LIVES OF PUBLIC LEADERSHIP.
2	Did tl	ne organization undertake any significant program services during the year which were not listed on the
	prior	Form 990 or 990-EZ? Yes X No
	If "Ye	s," describe these new services on Schedule O.
3	Did tl	ne organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Y∈	s," describe these changes on Schedule O.
4	Desc	ribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Secti	on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	rever	ue, if any, for each program service reported.
4a	(Code:	
		SHINGTON LEADERSHIP ACADEMY (WLA) IS A 9-12 PUBLIC CHARTER SCHOOL
		VIDING ITS STUDENTS WITH A RIGOROUS COLLEGE PREPARATORY CURRICULUM
		H AN EMPHASIS ON PUBLIC LEADERSHIP AND TECHNOLOGY. STUDENTS LEARN
		R YEARS OF COMPUTER SCIENCE AND HAVE OPPORTUNITIES TO WORK WITH AND
	LE^{p}	ARN FROM LOCAL ORGANIZATIONS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4-	10 1	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Otho	r program services (Describe on Schedule O.)
→u	(Expen	
46		ses \$ including grants of \$) (Revenue \$) program service expenses > 8,481,123.
	· Juli	Form 990 (2019)

Page 3

WASHINGTON LEADERSHIP ACADEMY PUBLIC

Form 990 (2019)

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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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? <i>If</i> "Yes," <i>complete</i>	⊢ ′		
Ū	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	٣		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
40	If "Yes," complete Schedule D, Part IV	"		125
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	4.		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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	l		1 37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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
	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
		-		-

Form **990** (2019)

Page 4

WASHINGTON LEADERSHIP ACADEMY PUBLIC

CHARTER SCHOOL

Form 990 (2019) CHARTER SCHOOL

Part IV Checklist of Required Schedules (continued)

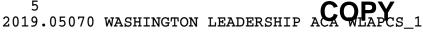
	· (continued)			
00	Did the constitution and the off 000 of constant the constant to the description of the d		Yes	<u>No</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	х	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		- 22	
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	00-		Х
L	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai		30	42	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
	. , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10	x	

Form **990** (2019)

Form 990 (2019) CHARTER SCHOOL

Part V Statements Regarding Other IRS Filings and Tax Compliance of

ı aı	Statements Regarding Other Ind Fillings and Tax Compliance (continued)							
			Yes	No				
	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							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			77				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		х				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			Х				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	3C						
0a		6a		Х				
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua						
IJ	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).	OD						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
_	to file Form 8282?	7c		Х				
d	1 - 1							
f								
g								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders 11a							
D	Gross income from other sources (Do not net amounts due or paid to other sources against							
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a						
	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
u	Note: See the instructions for additional information the organization must report on Schedule O.	iou						
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand 13c							
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		X				
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.		200					
		_	$\alpha \alpha \alpha$					



CHARTER SCHOOL 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 13 **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 13 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records NATALIE GOULD - (240) 580-3371 3015 4TH STREET, NE, WASHINGTON, DC 20017

Form 990 (2019)

CHARTER SCHOOL

47-4595801

<u> Page</u> **7**

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.

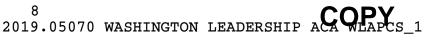
Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of
	week		Jei ali	uau	recio	Tri us	(66)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or 0	trustee			satec		(W-2/1099-MISC)	(***2/1099****100)	organization
	organizations	Individual trustee or director	al trus		yee	Highest compensated employee		(** 2) 1000 111100)		and related
	below	idual	Institutional t	er	Key employee	est co loyee	Je.			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) ANASTASIA KANE	40.00								_	
EXECUTIVE DIRECTOR				Х				179,225.	0.	8,931.
(2) STEPHANIE YOUNG	40.00									
PRINCIPAL					Х			150,692.	0.	11,165.
(3) JORDAN BUDISANTOSO	40.00									
COMPUTER SCIENCE TEACHER						X		102,214.	0.	2,986.
(4) RACHEL TORRES	5.00								•	•
CHAIR - UNTIL 01/2020	F 00	Х		Х				0.	0.	0.
(5) JIM DOYLE, BOARD MEMBER	5.00	37		7,7					0	•
INTERIM CHAIR - AS OF 01/2020	4 00	Х		Х				0.	0.	0.
(6) MARIO SUTTON	4.00	37		37					0	•
VICE CHAIR - UNTIL 06/2020	1 00	Х		Х				0.	0.	0.
(7) NICOLE LATIMER WOOD, BOARD	1.00	v		v					0	0
MEMBER, VICE CHAIR - AS OF 06/2020 (8) ARYA PARVIZI	4.00	Х		Х				0.	0.	0.
TREASURER	4.00	Х		х				0.	0.	0.
(9) ANDREA SPARKS-BROWN	4.00							0.	0.	0.
SECRETARY	4.00	Х		Х				0.	0.	0.
(10) TAMA AGA	1.00							0.	0.	<u></u>
BOARD MEMBER	1.00	Х						0.	0.	0.
(11) MASHEA ASHTON	1.00							•		
BOARD MEMBER		х						0.	0.	0.
(12) MARVETTE COFIELD	1.00								•	
BOARD MEMBER		х						0.	0.	0.
(13) ARTHUR MCKEE	1.00							-	-	
BOARD MEMBER		Х						0.	0.	0.
(14) BISI OYEDELE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) SIMON RODBERG	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) AARON SAUNDERS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) VERONICA TONEY	1.00									
BOARD MEMBER		Х						0.	0.	0.

932007 01-20-20

Cotton A. Omocro, Bircotoro, Tra	stoco, itcy Eiii	<u> </u>	000,	unic	<u> </u>	9	<u>,, , , , , , , , , , , , , , , , , , ,</u>	ompendated Employee	• (continued)				
(A) Name and title	(B) Average	(C) Position						(D) Reportable	(E) Reportable)	Es	(F) timated	
	hours per	box	box, unless person is both an officer and a director/trustee)		n an	compensation	compensation compensation		l	nount			
	week		cer an	id a d	irecto	or/trus	tee)	from	from related			other	
	(list any hours for	Individual trustee or director						the organization	organizatior (W-2/1099-MI		l	pensa om th	
	related	ee or (stee			Highest compensated employee		(W-2/1099-MISC)	(VV 2/ 1000 IVIII	00)	l	anizat	
	organizations	trust	nal tru		oyee	om pe		,			ı ~	d relat	
	below	ividua	Institutional trustee	Officer	sey employee	hest o	Former				orga	anizati	ons
(10) NUMBER OF THE TANK	line)	Pu	lus	JJ0	X ey	e Eig	윤						
(18) ANTONIO WILLIAMS BOARD MEMBER	1.00	х						0.		0.			0.
DOARD MEMBER		^						0.		0.			0.
		1											
		1											
		4											
						-							
		1											
		1											
		1											
1b Subtotal	1						▶	432,131.		0.	2	3,0	82.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								432,131.		0.	2	3,0	82.
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	е			_
compensation from the organization												\ \ \ \ \ \	3
												Yes	No
3 Did the organization list any former officer			-	-	-		_		-				Х
line 1a? If "Yes," complete Schedule J for								ar componentian from the			3		
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	-		-					·	-		4	х	
											_		
	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person						5		Х				
Section B. Independent Contractors													
1 Complete this table for your five highest co	ompensated inc	depe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of com	pensa	tion fro	om	
the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)			(0		
Name and business address Description of services Co								compe	nsatio	n			

(A) Name and business address	(B) Description of services	(C) Compensation
COMMONLIT, 660 PENNSYLVANIA AVENUE, SE, SUITE 302, WASHINGTON, DC 20003	CURRICULUM DEVELOPMENT	800,000.
TOP SPANISH CAFE & CATERING INC., 3541 GEORGIA AVENUE, NW, WASHINGTON, DC 20010	FOOD SERVICE PROVIDER	194,117.
CAPITOL INTERACTIVE, 2055 L STREET, NW, SUITE 400 - ALLEY, WASHINGTON, DC 20036	CURRICULUM DEVELOPMENT	163,723.
2 Total number of independent contractors (including but not limited to those listed		

Form **990** (2019)



Form 990 (2019)

Part VIII Statement of Revenue

		Check if Schedule O contains a respons	se or note to any lin	e in this Part VIII			
			_	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
SΩ	1 a	a Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
ي ق		Fundraising events 1c					
fts, r A		d Related organizations 1d					
ig ig		Government grants (contributions)	9,772,193.				
Sin		All other contributions, gifts, grants, and	5,772,250.				
utic le ri	'		2,021,977.				
ë	_	similar amounts not included above 1f	2,021,577.				
o d	_	Noncash contributions included in lines 1a-1f		11,794,170.			
O a	n	Total. Add lines 1a-1f	Business Code	11,754,170.			
	_						
<u>ic</u>	2 a		-				
er v	b		-				
n S	С		_				
lrar Sev	c		_				
Program Service Revenue	е		_				
Δ.	f	All other program service revenue					
	g	Total. Add lines 2a-2f	>				
	3	Investment income (including dividends, into					
		other similar amounts)		9,157.			9,157.
	4	Income from investment of tax-exempt bond	d proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss))				
	7 a	Gross amount from sales of (i) Securities	s (ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
e		and sales expenses 7b					
ther Revenue	c	Gain or (loss) 7c					
Pe		Net gain or (loss)					
ē		Gross income from fundraising events (not					
퉏		including \$ of					
		contributions reported on line 1c). See					
			Ва				
	b		3b				
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
	_		9a				
	b		9b				
		Net income or (loss) from gaming activities	•				
		Gross sales of inventory, less returns					
		-	0a				
	h		0b				
		Net income or (loss) from sales of inventory	<u></u>				
		The moone of glossy from saids of inventory	Business Code				
sn	11 ~	STUDENT SERVICES	900099	8,429.			8,429.
Miscellaneous Revenue	a	REFUNDS/REBATES	900099	3,862.			3,862.
Men Ven	C		-	,,,,,,,			-,
Sce	ن د	All other revenue	-				
Ξ	-			12,291.			
		Total. Add lines 11a-11d Total revenue. See instructions		11,815,618.	0.	0.	21,448.
	12	TOTAL TOVETIME. DEC HISH UUTIONS		1, 5-5, 5-6.			,

932009 01-20-20

Form **990** (2019)

Form 990 (2019) CHARTER SCHOO Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons		his Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	8,820.	8,820.		
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,	200 615	120 020	122 460	0 117
_	trustees, and key employees	280,615.	139,030.	132,468.	9,117
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	4,954,224.	4,512,637.	435,644.	5,943
7	Other salaries and wages	4,334,444.	±,J±4,UJ/•	433,044.	5,345
8	Pension plan accruals and contributions (include	121,248.	107,230.	13,611.	405
^	section 401(k) and 403(b) employer contributions)	360,278.	311,830.	47,031.	407 1,417
9	Other employee benefits	439,796.	380,609.	57,469.	1,718
0 1	Payroll taxes Fees for services (nonemployees):	433,730.	300,003.	37,403.	1,710
	` ' ' '				
a b	Management	32,916.	32,916.		
	Legal	129,828.	32,310.	129,828.	
	Lobbying	123,020.		123,020.	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
a.	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	1,199,101.	1,172,968.	25,624.	509
12	Advertising and promotion	1,243.	1,243.	,	
13	Office expenses	346,764.	247,208.	96,186.	3,370
14	Information technology	48,695.	42,142.	6,363.	190
5	Royalties	•	·	·	
6	Occupancy	1,395,910.	1,208,051.	182,701.	5,158
7	Travel	15,567.	15,567.		
8	Payments of travel or entertainment expenses	•			
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	276.		276.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	117,318.		117,318.	
3	Insurance	27,230.		27,230.	
4	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	STUDENT FOOD SERVICE	182,869.	182,869.		
b	DUES AND FEES	96,753.	7,574.	89,179.	
С	STUDENT MATERIALS	66,642.	66,642.		
d	STUDENT ASSESSMENTS	43,787.	43,787.		
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	9,869,880.	8,481,123.	1,360,928.	27,829
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2019)
Part X Balance Sheet

art X	Balance Sneet						
	Check if Schedule O contains a response o	r note to any lin	e in this Part X				
				(A) Beginning of year		(B) End of year	
1	Cash - non-interest-bearing	2,214,258.	1	3,822,180			
2				102,340.	2	1,111,496	
3			94,433.	3	133,474		
4	Accounts receivable, net			35,911.	4	67,747	
5	Loans and other receivables from any curre						
	trustee, key employee, creator or founder, s						
	controlled entity or family member of any of		5				
6	Loans and other receivables from other disc						
	under section 4958(f)(1)), and persons desc	ribed in section	4958(c)(3)(B)		6		
7	Notes and loans receivable, net		7				
8	Inventories for sale or use				8		
9	B			74,352.	9	57,96	
10a	a Land, buildings, and equipment: cost or oth	ier					
	basis. Complete Part VI of Schedule D	10a	741,714.				
l t	b Less: accumulated depreciation		371,390.	205,402.	10c	370,32	
11	Investments - publicly traded securities				11		
12	Investments - other securities. See Part IV,			12			
13	Investments - program-related. See Part IV,			13			
14	Intangible assets		14				
15	Other assets. See Part IV, line 11			5,000.	15	5,00	
16	Total assets. Add lines 1 through 15 (must	2,731,696.	16	5,568,18			
17	Accounts payable and accrued expenses	356,731.	17	374,73			
18	Grants payable		18				
19	Deferred revenue			1,633.	19		
20	Tax-exempt bond liabilities				20		
21	Escrow or custodial account liability. Comp				21		
22	Loans and other payables to any current or						
	trustee, key employee, creator or founder, s						
22		controlled entity or family member of any of these persons					
23	Secured mortgages and notes payable to u				23		
24	Unsecured notes and loans payable to unre	lated third part			24	877,20	
25	Other liabilities (including federal income ta						
	parties, and other liabilities not included on						
	of Schedule D	•	·	6,805.	25	3,98	
26	Total liabilities. Add lines 17 through 25			365,169.	26	1,255,92	
	Organizations that follow FASB ASC 958,	check here	X				
	and complete lines 27, 28, 32, and 33.						
27	Net assets without donor restrictions	2,214,234.	27	3,574,66			
28	Net assets with donor restrictions	152,293.	28	737,60			
	Organizations that do not follow FASB AS						
	and complete lines 29 through 33.						
29	Capital stock or trust principal, or current fu	nds			29		
30	Paid-in or capital surplus, or land, building,				30		
31	Retained earnings, endowment, accumulate				31		
27 28 29 30 31 32	Total net assets or fund balances			2,366,527.	32	4,312,26	
33	Total liabilities and net assets/fund balance			2,731,696.	33	5,568,188	

Form **990** (2019)

Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,			
2	Total expenses (must equal Part IX, column (A), line 25)	2				80.
3	Revenue less expenses. Subtract line 2 from line 1	3				38.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	<u> 366</u>	5,5	27.
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,					
						<u>65.</u>
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х
	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?		L	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?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
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 Audit				
	Act and OMB Circular A-133?	-		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit				
	av quelita avalain valav an Cabadula O and describe any stand taken to undergo such quelto		Ι.	a		l

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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. WASHINGTON LEADERSHIP ACADEMY PUBLIC

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CHARTER SCHOOL 47-4595801 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

47-4595801 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	(=, = = : =	(-,	(-,	(-,	(-)	(-)
8	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instruction	nne)			12	
	First five years. If the Form 990 is for	•		d fourth or fifth to			
	organization, check this box and stor	•		·	•		
Sec	ction C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2019 (li			column (f))		14	%
	Public support percentage from 2018		•	***		15	%
	33 1/3% support test - 2019. If the o					nore, check this bo	
	stop here. The organization qualifies	-				,	▶ □
b	33 1/3% support test - 2018. If the o		-				
	and stop here. The organization qual						. □
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	at viriow the organ	▶ □
h	10% -facts-and-circumstances test	_	•		-		
	more, and if the organization meets the	_	-				
	organization meets the "facts-and-circ		•		•		.
18	Private foundation. If the organization		-	•			······································
	THE OTHER PROPERTY OF THE OTHER PROPERTY OTHER PROPERTY OF THE OTHER PROPERTY OTHER PROPERTY OF THE OTHER PROPERTY OTHER PROPERTY OF THE OTHER PROPERTY OTHER PROPE	ii ala not oncon a	237 311 1110 10, 10	a, 100, 17a, 01 171		adula A /Farm 000	

Schedule A (Form 990 or 990-EZ) 2019



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.)

Section A. Public Support	,					
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5					<u> </u>	<u> </u>
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	(u) 2010	(5) 2010	(0) 2011	(4) 2010	(6) 2010	(i) rotal
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
check this box and stop here					-	>
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2019 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	<u>%</u>
Section D. Computation of Inves					T T	
17 Investment income percentage for 20					17	<u>%</u>
18 Investment income percentage from 2					18	<u>%</u>
19a 33 1/3% support tests - 2019. If the						
more than 33 1/3%, check this box an b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, chec						
20 Private foundation If the organization						

932023 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

Van Na

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
20		
3c		
4a		
4b		
4c		
40		
5a		
5b		
5c		
_		
6		
7		
8		
9a		
Oh		
9b		
9с		
10a		
.54		
10b		
n 990 or 99	0-EZ)	2019

Pa	rt IV Supporting Organizations (continued)			
	, and the second		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 (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000	tion 5.7th Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must c	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .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 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	ally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	I v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
_4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	Г	T	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
<u>e</u>	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
<u>i</u>	Carryover from 2014 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019



WASHINGTON LEADERSHIP ACADEMY PUBLIC

Schedule A	(Form 990 or 990-EZ) 2019 CHARTER SCHOOL	47-4595801	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	or 17b; Part III, line 12; 1 and 2; Part IV, Section V, Section B, line 1e; Pa	C,

Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Name of the organization

WASHINGTON LEADERSHIP ACADEMY PUBLIC

CHARTER SCHOOL

Employer identification number

47-4595801

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	nly a section 501(c)(7	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year > \$					
but it mu	ust answer "No" on I	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to le filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

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

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

Name of organization WASHINGTON LEADERSHIP ACADEMY PUBLIC CHARTER SCHOOL

Employer identification number

47-4595801

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
1		\$9,237,212.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2		\$2,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
	Name, address, and ZIP + 4	\$ 63,668.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6		\$13,513.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization WASHINGTON LEADERSHIP ACADEMY PUBLIC CHARTER SCHOOL

Employer identification number

47-4595801

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

Name of organization WASHINGTON LEADERSHIP ACADEMY PUBLIC CHARTER SCHOOL

Employer identification number

47-4595801

		ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year
completing Part III, enter the total of exclusively religious, c	through (e) and the following line en haritable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)
Use duplicate copies of Part III if additional s	pace is needed.	
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	ft
Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	ft
Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	<u> </u>
Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional s (b) Purpose of gift Transferee's name, address, an (b) Purpose of gift Transferee's name, address, an (b) Purpose of gift (b) Purpose of gift Transferee's name, address, an (b) Purpose of gift (b) Purpose of gift	from any one contributor. Complete columns (a) through (e) and the following line er completing Part III. enter the total of exclusively religious, charathse, etc., contributions of \$1,000 or Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift (e) Transfer of gift (b) Purpose of gift (c) Use of gift (e) Transfer of gift (e) Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift (f) Use of gift (g) Use of gift

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WASHINGTON LEADERSHIP ACADEMY PUBLIC CHARTER SCHOOL

Employer identification number 47-4595801

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		iiiiiai i anas c	Complete if the
	Organization answered Tes On Form 990, Fart IV, line	(a) Donor advise	ed funds	(b) Funds and other accounts
1	Total number at end of year	(1.)		(2)
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w		eld in donor advise	d funds
_	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			•
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Ye	s" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a	a historically important land area
	Protection of natural habitat		Preservation of a	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contrib	ution in the form of	f a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on	a historic structure	e
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	erminated by the o	organization during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri	• •	tion, handling of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, a	nd enforcing conse	rvation easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and er	torcing conservation	on easements during the year
	Data and conservation accompany vaported on line 2/d) shows	actiof , the requiremen	to of acotion 170/b	\/4\/D\/;\
8	Does each conservation easement reported on line 2(d) above			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation			
9	balance sheet, and include, if applicable, the text of the footnote		•	
	organization's accounting for conservation easements.	ote to the organizations	ililariciai Staterriei	its that describes the
Pai	t III Organizations Maintaining Collections of	Art. Historical Tre	asures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form		•	
1a	If the organization elected, as permitted under FASB ASC 958		enue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for public	•		
	service, provide in Part XIII the text of the footnote to its finance			·
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items:	, ,		,
	(i) Revenue included on Form 990, Part VIII, line 1			• \$
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1			> \$
	Assets included in Form 990, Part X			

Schedule D (Form 990) 2019

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

	t III Organizations Maintaining C		t. Histo	orical Tre	easures. or	Othe			Contin		age 🗲
3	Using the organization's acquisition, accessi								(COIIIIII	uea)	
·	collection items (check all that apply):	ori, and other record	o, oncor	arry or the	ronowing that	make si	grimoarie	100 01 110			
а	Public exhibition	c	. 🗀	l nan or exc	change progra	ım					
b	Scholarly research	e			mange progre						
c	Preservation for future generations	•	, <u> </u>	Otrici							
4	Provide a description of the organization's co	ollections and explain	n how th	ev further th	ne organizatio	n's exen	nnt nurnos	e in Part	XIII		
5	During the year, did the organization solicit o							oo iiii ait	7.III.		
Ū	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran										<u>, 110</u>
	reported an amount on Form 990, Pai			o. gaa				,			
1a	Is the organization an agent, trustee, custodi	ian or other intermed	liarv for c	ontribution	s or other ass	ets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										,
								Amount			
С	Beginning balance						1c				
	Additions during the year										
e	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.						,		_		ĺ
Pai							10.				
	•	(a) Current year		rior year	(c) Two year	1	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance		` '				.,		,		
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1a	. column (a)) held as:						
a	Board designated or quasi-endowment		%	,, 00.0 (0.	,,,						
	Permanent endowment	 %	— /~								
	-	<u></u>									
_	The percentages on lines 2a, 2b, and 2c sho	-′ -									
За	Are there endowment funds not in the posse	•	ation that	are held ar	nd administer	ed for th	e organiza	tion			
	by:	-					9		Γ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990	Part X,	line 10.				
	Description of property	(a) Cost or o			t or other		ccumulate	d	(d) Book	value	
		basis (investr			(other)		preciation		(-,		
1a	Land	<u> </u>									
	Buildings										
c	Leasehold improvements			1	1,241.		4,31	13.	6	, 92	28.
	Equipment				5,533.		208,39		127		
	Other			39	4,940.		158,68		236		
	. Add lines 1a through 1e. (Column (d) must e		Y colum			-	,		370		

Schedule D (Form 990) 2019



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

Schedule D (Form 990) 2019

47-	459	<u>5801</u>	Page ²

Sche	hedule D (Form 990) 2019 CHARTER SCHOOL			4595801	Page 4
Par	art XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per R	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ı.			
1	Total revenue, gains, and other support per audited financial statements		1	12,179	394.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	a Net unrealized gains (losses) on investments	_ 2a			
b			$\overline{\cdot}$		
С					
d					
е			2e	363	776.
3			3	11,815	
4				-	
а		4a			
b					
С	c Add lines 4a and 4b		4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	11,815,	
Pai	art XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per	Retur		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	L.			
1			1	10,233	656.
2			-		
a		2a 363,776			
b		•	-		
c					
d		·			
			2e	363	776.
3			3	9,869	880.
4				3,003	
-		42			
a					
b	,		ا ۱۵		0.
			4c	9,869	
Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	5,005	
	art XIII Supplemental Information.				
Provi	art XIII Supplemental Information. voide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b and 2b; Part V, line			
Provi	art XIII Supplemental Information.	t IV, lines 1b and 2b; Part V, line			
Provi	art XIII Supplemental Information. voide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b and 2b; Part V, line			
Provi	art XIII Supplemental Information. Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	t IV, lines 1b and 2b; Part V, line			
Provi	art XIII Supplemental Information. voide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b and 2b; Part V, line			
Provi	art XIII Supplemental Information. Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	t IV, lines 1b and 2b; Part V, line ditional information.	4; Part)	ζ, line 2; Part X	
Provi lines PAF	art XIII Supplemental Information. Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add ART X, LINE 2: LA PERFORMED AN EVALUATION OF UNCERTAINTY I	t IV, lines 1b and 2b; Part V, line ditional information. N INCOME TAXES F	4; Part)	K, line 2; Part X	l,
Provi	art XIII Supplemental Information. Devide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional to the complete this part to the complete this pa	t IV, lines 1b and 2b; Part V, line ditional information. N INCOME TAXES F RE WERE NO MATTE	4; Part) OR TI	K, line 2; Part X	l,
Provi	art XIII Supplemental Information. Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add ART X, LINE 2: LA PERFORMED AN EVALUATION OF UNCERTAINTY I	t IV, lines 1b and 2b; Part V, line ditional information. N INCOME TAXES F RE WERE NO MATTE	4; Part) OR TI	K, line 2; Part X	I,
Provi	art XIII Supplemental Information. Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional to the complete this part to provide any addition	t IV, lines 1b and 2b; Part V, line ditional information. N INCOME TAXES F RE WERE NO MATTE	4; Part) OR TI	K, line 2; Part X	l,
Provi	art XIII Supplemental Information. Devide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional to the complete this part to the complete this pa	t IV, lines 1b and 2b; Part V, line ditional information. N INCOME TAXES F RE WERE NO MATTE	4; Part) OR TI	K, line 2; Part X	I,
Provi	art XIII Supplemental Information. Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional to the complete this part to provide any addition	t IV, lines 1b and 2b; Part V, line ditional information. N INCOME TAXES F RE WERE NO MATTE	4; Part) OR TI	K, line 2; Part X	I,
Provi	art XIII Supplemental Information. Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional to the complete this part to provide any addition	t IV, lines 1b and 2b; Part V, line ditional information. N INCOME TAXES F RE WERE NO MATTE	4; Part) OR TI	K, line 2; Part X	I,
Provi	art XIII Supplemental Information. Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional to the complete this part to provide any addition	t IV, lines 1b and 2b; Part V, line ditional information. N INCOME TAXES F RE WERE NO MATTE	4; Part) OR TI	K, line 2; Part X	I,
Provi	art XIII Supplemental Information. Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional to the complete this part to provide any addition	t IV, lines 1b and 2b; Part V, line ditional information. N INCOME TAXES F RE WERE NO MATTE	4; Part) OR TI	K, line 2; Part X	I,
Provi	art XIII Supplemental Information. Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional to the complete this part to provide any addition	t IV, lines 1b and 2b; Part V, line ditional information. N INCOME TAXES F RE WERE NO MATTE	4; Part) OR TI	K, line 2; Part X	I,
Provi	art XIII Supplemental Information. Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional to the complete this part to provide any addition	t IV, lines 1b and 2b; Part V, line ditional information. N INCOME TAXES F RE WERE NO MATTE	4; Part) OR TI	K, line 2; Part X	I,
Provi	art XIII Supplemental Information. Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional to the complete this part to provide any addition	t IV, lines 1b and 2b; Part V, line ditional information. N INCOME TAXES F RE WERE NO MATTE	4; Part) OR TI	K, line 2; Part X	I,
Provi	art XIII Supplemental Information. Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional to the complete this part to provide any addition	t IV, lines 1b and 2b; Part V, line ditional information. N INCOME TAXES F RE WERE NO MATTE	4; Part) OR TI	K, line 2; Part X	l,
Provi	art XIII Supplemental Information. Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional to the complete this part to provide any addition	t IV, lines 1b and 2b; Part V, line ditional information. N INCOME TAXES F RE WERE NO MATTE	4; Part) OR TI	K, line 2; Part X	l,
Provi	art XIII Supplemental Information. Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional to the complete this part to provide any addition	t IV, lines 1b and 2b; Part V, line ditional information. N INCOME TAXES F RE WERE NO MATTE	4; Part) OR TI	K, line 2; Part X	l,

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

Open to Public Inspection

Name of the organization WASHINGTON LEADERSHIP ACADEMY PUBLIC CHARTER SCHOOL

Employer identification number 47-4595801

Part I			
01-1		YES	L
		TES	N
Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, b			
other governing instrument, or in a resolution of its governing body?		X	
Does the organization include a statement of its racially nondiscriminatory policy toward students in all its be			١,
catalogues, and other written communications with the public dealing with student admissions, programs, a			2
Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media			
period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please ex			١,
If you need more space, use Part II WLA IS A PUBLIC CHARTER SCHOOL AND IS OPERATING UNDER	3		2
CONTRACT WITH THE DC GOVERNMENT. REVENUE PROCEDURE 75-	50 DOES		
NOT APPLY TO PUBLIC CHARTER SCHOOLS.			
Does the organization maintain the following?		7.7	
a Records indicating the racial composition of the student body, faculty, and administrative staff?		X	╀.
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscrim			-2
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
admissions, programs, and scholarships?		X	╄.
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d		2
REVENUE PROCEDURE 75-50 DOES NOT APPLY TO PUBLIC CHART			
SCHOOLS.			
Does the organization discriminate by race in any way with respect to:			
Does the organization discriminate by race in any way with respect to: a Students' rights or privileges?	5a		+-
Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies?			2
Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff?	5a 5b 5c		2
Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance?	5a 5b 5c 5c		2
Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies?	5a 5b 5c 5d 5e		2
Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities?	5a 5b 5c 5d 5e 5f		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs?	5a 5b 5c 5d 5e 5f 5g		
Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities?	5a 5b 5c 5d 5e 5f 5g		
Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs?	5a 5b 5c 5d 5e 5f 5g		
Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities?	5a 5b 5c 5d 5e 5f 5g		
Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g 5h	X	2
Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g 5h	X	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g 5h	X	2
Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g 5h	X	

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

Schedule E (Form 990 or 990-EZ) 2019



Schedule E (Form 990 or 990-EZ) 2019 CHARTER SCHOOL 47-4595801 Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.
Also provide any other additional information.
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:
WLA RECEIVES GRANT REVENUE FROM DC'S OFFICE OF THE STATE SUPERINTENDENT OF
EDUCATION, THE U.S. DEPARTMENT OF EDUCATION, THE U.S. DEPARTMENT OF
AGRICULTURE, AND THE FEDERAL COMMUNICATIONS COMMISSION.
LINE 7 - EXPLANATION OF RACIAL NONDISCRIMINATION COMPLIANCE:
WLA IS A PUBLIC CHARTER SCHOOL AND IS OPERATING UNDER A CONTRACT WITH THE
DC GOVERNMENT. REVENUE PROCEDURE 75-50 DOES NOT APPLY TO PUBLIC CHARTER
SCHOOLS.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection WASHINGTON LEADERSHIP ACADEMY PUBLIC **Employer identification number** Name of the organization 47-4595801 CHARTER SCHOOL Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019) CIMMET EIR BC1100E					Trage 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EMERGENCY FUND	10	5,500 .	0.		
		,			
SCHOLARSHIPS	9	3,320.	0.		
		,			
Part IV Supplemental Information. Provide the information rec	I quired in Part I, lin	e 2; Part III, column	(b); and any other ac	l dditional information.	
PART I, LINE 2:					
FOR ITS COLLEGE SUPPORT, WLA MAKES	PAYMENTS	DIRECTLY	TO COLLEGE	S AND	
UNIVERSITIES ON BEHALF OF STUDENTS	IN NEED.	TO QUALIE	Y, STUDENT	S MUST	
COMPLETE A BRIEF APPLICATION, AND	HAVE DEMC	NSTRATED N	NEED AS DET	ERMINED BY	
THE COLLEGE AND CAREER TEAM. FOR T					
EXPERIENCING AN ACUTE NEED SUBMIT .					
OUTSTANDING BILL AND MEET WITH THE					
OUISIIMO DILLI MAD MILLI MILLI IIII	.,		. 111001 11110	× 3111111	

RECEIVE UP TO \$500 OF SUPPORT.

SCHEDULE J (Form 990)

Department of the Treasury

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

WASHINGTON LEADERSHIP ACADEMY PUBLIC CHARTER SCHOOL

Employer identification number 47-4595801

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			l
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
				l
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
				l
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			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
				l
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l
	organization or a related organization:			
а	· · · · · · · · · · · · · · · · · · ·	4a		X
b		4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
	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:			37
		5a		X
b	, ,	5b		<u> </u>
	If "Yes" on line 5a or 5b, describe in Part III.			l
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:			v
		6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		v	
_	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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

Schedule J (Form 990) 2019



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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	perients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) ANASTASIA KANE	(i)	177,625.	1,000.	600.	8,931.	0.	188,156.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEPHANIE YOUNG	(i)	144,167.	1,000.	5,525.	7,258.	3,907.	161,857.	0.
PRINCIPAL	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)]	1 1/5 200) 2010

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.
PART I, LINE 7:
ALL EMPLOYEES RECEIVED TWO BONUSES, ONE AT THE END OF THE CALENDAR YEAR AND
ONE AT THE END OF THE SCHOOL YEAR. THE BONUSES ARE NON-FIXED AMOUNTS,
DETERMINED ANNUALLY BY MANAGEMENT.

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

WASHINGTON LEADERSHIP ACADEMY PUBLIC CHARTER SCHOOL

Employer identification number 47-4595801

FORM 990, PART VI, SECTION A, LINE 8B:

WLA HAS NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

WLA'S FEDERAL FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR (HEAD OF THEN SENT TO THE TREASURER FOR REVIEW. AFTER THE TREASURER'S QUESTIONS HAVE BEEN ANSWERED, IT IS SENT TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW. THE BOARD HOLDS A FINAL VOTE OF APPROVAL ONCE ALL COMMENTS AND EDITS HAVE BEEN ADDRESSED. THE FORM 990 IS THEN SIGNED AND FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH DIRECTOR, OFFICER AND EMPLOYEE SHALL COMPLETE A PERSONAL DISCLOSURE STATEMENT PRIOR TO COMMENCING SERVICE FOR WLA AND ON AT LEAST AN ANNUAL BASIS THEREAFTER. DISCLOSURE STATEMENTS SHALL TAKE SUCH FORM AND CONTAIN SUCH INFORMATION AS MAY BE REQUIRED BY THE CONFLICT OF INTEREST POLICY AND IN ANY SUBSEQUENT ACTION OF THE BOARD OF DIRECTORS. THE EXECUTIVE DIRECTOR AND THE SECRETARY WILL MONITOR AND ENFORCE COMPLIANCE WITH THE POLICY.

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

THE SALARY OF THE EXECUTIVE DIRECTOR IS DETERMINED BASED ON OBSERVING SALARY LEVELS OF OTHER SIMILAR ORGANIZATIONS. WLA WORKED WITH AN INDEPENDENT COMPENSATION CONSULTANT TO PERFORM THIS COMPENSATION SURVEY.

ANY SALARY CHANGES ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS AND

DOCUMENTED IN THE BOARD OF DIRECTOR'S MEETING MINUTES. THE LAST

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

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)		Page 2
Name of the organization WASHINGTON LEADERSH. CHARTER SCHOOL	IP ACADEMY PUBLIC	Employer identification number 47-4595801
COMPENSATION REVIEW WAS PERFORMED	IN 2018.	
FORM 990, PART VI, SECTION C, LINE	I 19:	_
WLA'S GOVERNING DOCUMENTS ARE MADE	E AVAILABLE TO THE PUBLIC	C UPON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER	R FEES:	
ELA CURRICULUM DESIGN PROJECT:		
PROGRAM SERVICE EXPENSES		800,000.
MANAGEMENT AND GENERAL EXPENSES		0.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		800,000.
CONTRACTED INSTRUCTION:		
PROGRAM SERVICE EXPENSES		151,011.
MANAGEMENT AND GENERAL EXPENSES		0.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		151,011.
PROFESSIONAL DEVELOPMENT:		
PROGRAM SERVICE EXPENSES		88,093.
MANAGEMENT AND GENERAL EXPENSES		13,302.
FUNDRAISING EXPENSES		398.
TOTAL EXPENSES		101,793.
CONTRACTED LABOR:		
PROGRAM SERVICE EXPENSES		74,480.
MANAGEMENT AND GENERAL EXPENSES		8,695.
FUNDRAISING EXPENSES		3.
932212 09-06-19	Sche	dule O (Form 990 or 990-EZ) (2019)

Name of the organization WASHINGTON LEADERSHIP ACADEMY PUBLIC CHARTER SCHOOL	Employer identification number 47-4595801
TOTAL EXPENSES	83,178.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	59,384.
MANAGEMENT AND GENERAL EXPENSES	3,627.
	108.
FUNDRAISING EXPENSES	
TOTAL EXPENSES TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	63,119. 1,199,101.
	=,===,