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PUBLIC DISCLOSURE COPY

			** PUBLIC DISCLOSURE CO	PY **		_						
	0	90	Return of Organization Exempt F	rom I	ncome Tax	OMB No. 1545-0047						
For	m J	30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (	•								
		of the Treasury	Do not enter social security numbers on this form a	-	-	Open to Public						
		enue Service	Go to www.irs.gov/Form990 for instructions and			Inspection						
				nding J	UN 30, 2019							
Β	Check if applicat	ole: C Name of	forganization		D Employer identific	ation number						
	Addr	wash	INGTON GLOBAL PUBLIC CHARTER SCHOO	т.								
F	chan Nam chan		usiness as		47_1 <sup>.</sup>	118215						
	Initia			Room/suite								
	Final	525	SCHOOL STREET SW	loon, outo		796-2415						
	termi	n-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,041,468.						
	Amer	nded WACU	INGTON, DC 20024		H(a) Is this a group re							
	Appli tion	<sup>ca-</sup> <b>F</b> Name a	nd address of principal officer: ELIZABETH TORRES		for subordinates							
	pend	<sup>ing</sup> 525 S	CHOOL STREET SW, WASHINGTON, DC 2	0024	H(b) Are all subordinates in							
			X 501(c)(3) 501(c)( )◀ (insert no.) 4947(a)(1) or	· 📃 527		list. (see instructions)						
			INGTONGLOBAL.ORG		H(c) Group exemption							
			X Corporation Trust Association Other ►	L Year	of formation: 2014 M	State of legal domicile: DC						
Pa	art I											
ė	1	Briefly describ	be the organization's mission or most significant activities: A COM	MUNIT	Y SCHOOL OP	EN TO ALL						
anc			SCHOOL STUDENTS IN WASHINGTON, DC.			-						
Governance	2	Check this bo	sets. 9									
200	3		umber of voting members of the governing body (Part VI, line 1a)       3         umber of independent voting members of the governing body (Part VI, line 1b)       4									
જ	4		8									
Activities &	5			<u>48</u> 8								
ti	6			teers (estimate if necessary)								
Ac			d business revenue from Part VIII, column (C), line 12			100.						
		Net unrelated	business taxable income from Form 990-T, line 38	<u></u>		Current Year						
	8	Contributions	and grants (Part VIII, line 1h)	-	571,592.	505,520.						
Revenue	9				4,045,957.	4,528,275.						
evel	10	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.						
ň	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		51,601.	7,673.						
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,669,150.	5,041,468.						
	13		milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.						
	14		to or for members (Part IX, column (A), line 4)		0.	0.						
S	15	-			2,133,564.	2,428,166.						
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.						
Expenses	b	Total fundrais	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ▶ <u>108,61</u>	4.								
Ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,259,175.	2,419,070.						
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,392,739.	4,847,236.						
	19	Revenue less	expenses. Subtract line 18 from line 12		276,411.	194,232.						
Net Assets or Fund Balances				Be	ginning of Current Year	End of Year						
sset	20	Total assets (I			6,953,952.	7,535,680.						
et A: nd E	21		(Part X, line 26)		6,413,958.	6,801,454.						
			fund balances. Subtract line 21 from line 20		539,994.	734,226.						
	art II	5		and atotace	anto and to the best of	unoulodge and helief. it is						
			I declare that I have examined this return, including accompanying schedules a			r knowledge and belief, it is						
r ne	, corre	ci, and complete	. Declaration of preparer (other than officer) is based on all information of whic	un preparer	nas any knowledge.							

		,	-	-							
Sign Here	Signature of officer ELIZABETH TORRES, CEO Type or print name and title			Date							
Paid Preparer	Print/Type preparer's name DAVID JONES Firm's name JONES MARESCA &		Date	Check PTIN if self-employed P01361002 Firm's EIN ► 52-1853933							
Use Only	Firm's address 1730 RHODE ISLAN WASHINGTON, DC 2	Phone no. 202 - 296 - 3306									
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No							
832001 12-3	332001       12-31-18       LHA       For Paperwork Reduction Act Notice, see the separate instructions.       Form 990 (2018)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

14	(Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Other program services (Describe in Schedule O.)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	CORNERSTONE PROGRAM IS THE INTERNATIONAL MIDDLE YEARS CURRICULUM ("IMYC") THAT IS USED IN MIDDLE SCHOOLS THROUGHOUT THE WORLD. THE IMYC
	WASHINGTON GLOBAL ALSO SERVES AS A COMMUNITY SCHOOL THAT PROMOTES LOCA ENGAGEMENT AND SERVICE-LEARNING FOR ITS STUDENTS. WASHINGTON GLOBAL'S
	WASHINGTON GLOBAL STRIVES FOR ALL OF THEIR STUDENTS TO BE HEALTHY AND ACTIVE THROUGH NUTRITION, PHYSICAL EDUCATION, AND ATHLETIC PROGRAMS.
	PROJECT-BASED LEARNING, SMALL LEARNING COMMUNITIES, TECHNOLOGY INSTRUCTION, ARTS, AND FOREIGN LANGUAGE CLASSES IN SPANISH AND KOREAN
	RESEARCH-BASED ACADEMIC PROGRAM TO DEVELOP GLOBALLY COMPETITIVE STUDENTS WHO ARE READY FOR COLLEGE AND CAREERS. THIS PROGRAM INCLUDES
	IN WASHINGTON, DC. WASHINGTON GLOBAL OFFERS A ROBUST INTERNATIONAL AND
4a	revenue, if any, for each program service reported. (Code: ) (Expenses 4,166,453. including grants of \$) (Revenue \$] (Revenue \$) (Revenue \$] (Revenue \$
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	prior Form 990 or 990-EZ?
	INCLUDES PROJECT-BASED LEARNING, SERVICE-LEARNING, TECHNOLOGY, AND Did the organization undertake any significant program services during the year which were not listed on the
	INTERNATIONALLY-BASED ACADEMIC AND CULTURAL CURRICULUM. OUR PROGRAM
	TO DEVELOP OUR STUDENTS INTO ENTERPRISING AND COMPETITIVE GLOBAL CITIZENS. WE PROVIDE A WORLD CLASS EDUCATION BY USING A RIGOROUS,
	Briefly describe the organization's mission:
1	

Form 990 (2018)

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	X	
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			v
	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			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		- 23
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
-	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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			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			x
h	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	114		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11d 11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie		- 23
•	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			v
	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	40		x
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		_	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		x	
04-	Schedule J	23	~	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ũ	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		
	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
~~	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):	00-		x
	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a 28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		- 23
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	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	051		
26	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
07	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
Pa				•
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 20			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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2018)	WASHINGTON	GLOBAL	PUBLIC	CHARTER	SCHOOL
Statements	Regarding Other I	RS Filings a	and Tax Co	ompliance (co	ontinued)

					Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return	2a	48		37						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned			2b	X						
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)										
				3a 3b		X					
	<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>										
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?										
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		nts (FBAR)								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		· · · ·	5a		Х					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th										
	any contributions that were not tax deductible as charitable contributions?			6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contribut										
	were not tax deductible?			6b							
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		•			37					
	to file Form 8282?			7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year			7e		Х					
e	<ul> <li>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</li> <li>f Did the organization during the user pay premiume directly or indirectly or a personal benefit contract?</li> </ul>										
t	,,, _										
y b	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?										
8	<ul> <li>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</li> <li>Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the</li> </ul>										
Ū	sponsoring organizations maintaining donor advised runds. Did a donor advised rund maintained by the sponsoring organization have excess business holdings at any time during the year?										
9	Sponsoring organizations maintaining donor advised funds.			8							
а				9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b							
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12	10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders	11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
10-	amounts due or received from them.)	11b		10-							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	ſ 	12a							
р 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) gualified nonprofit health insurance issuers.	12b	1								
	Is the organization licensed to issue qualified health plans in more than one state?			13a							
u	<b>Note.</b> 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	13b									
с	Enter the amount of reserves on hand	13c									
	Did the eventienties werein any mean to faving any temping any incentions during the territory			14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eratior	n 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 investmer	nt inco	ome?	16		X					
	If "Yes," complete Form 4720, Schedule O.										

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Form 990 (2018)

Part V

Form 990	2018	)
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### WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL 47-1118215 Page 6

X

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 in Schedule O. See instructions.

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

4.5	Enter the prime of the transmission of the province in the state of the transmission of the	4.	9	Yes	No
Ia	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		<b>—</b>		
2			2		X
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the				-
	of officers, directors, or 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 9				X
	Did the organization become aware during the year of a significant diversion of the organization's ass				X
6	Did the organization have members or stockholders?				X
	Did the organization have members, stockholders, or other persons who had the power to elect or ap		🗳		
	more members of the governing body?	-	7a		x
	Are any governance decisions of the organization reserved to (or subject to approval by) members, si		10		
2	persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea				
	The governing body?		8a	x	
	Each committee with authority to act on behalf of the governing body?			37	+
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				
5	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		x I
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Re				-
				Yes	N
0a	Did the organization have local chapters, branches, or affiliates?		10;	-	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10	,	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, 201010 1111.g 110 10111		•	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?		-	$\vdash$
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye				$\vdash$
	in Schedule O how this was done		120	x	
3	Did the organization have a written whistleblower policy?		13		
	Did the organization have a written document retention and destruction policy?				$\vdash$
	Did the process for determining compensation of the following persons include a review and approva				
•	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	x	
	Other officers or key employees of the organization			-	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a			
	taxable entity during the year?		16a		X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			•	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				
	exempt status with respect to such arrangements?		16	<b>,</b>	
ect	tion C. Disclosure				-
	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	d 990-T (Section 501(	:)(3)s on	v) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.		,,(e)e en	<i>,, , , , , , , , , ,</i>	
	Own website Another's website X Upon request Other (explain	in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	,	and fina	incial	
	statements available to the public during the tax year.				
0	State the name, address, and telephone number of the person who possesses the organization's boo	oks and records			
-	THE ORGANIZATION - 202-796-2415				
	525 SCHOOL STREET SW, WASHINGTON, DC 20024				
			Eor	m <b>990</b>	(20)
2006	3 12-31-18		1.01		

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 report-

able 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per	age Position Reportable Reportable sper box, unless person is both an compensation compensation				<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of			
	week (list any hours for related organizations below line)	stee or director			lirecto	Highest compensated snut, uc	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
<pre>(1) TERESA R. CURRISTINE, PH.D. CHAIR</pre>	2.00	x		x				0.	0.	0.
(2) ALEXANDRA ZEILER VICE-CHAIR	2.00	x		x				0.	0.	0.
(3) LINDA BROWN SECRETARY	2.00	x		x				0.	0.	0.
(4) CANDICE CLOOS HANEY	2.00									
TREASURER (5) VANESSA HARVEY-LYKES	2.00	X		X				0.	0.	0.
MEMBER		X						0.	0.	0.
(6) KESHA HILLARY MEMBER	2.00	x						0.	0.	0.
(7) CARLOS ARDILLA MEMBER	2.00	x						0.	0.	0.
(8) DANIEL BREWER	2.00							0.		
MEMBER (9) ELIZABETH TORRES, ED.D.	40.00	X							0.	0.
MEMBER AND CEO (10) HOWARD MEBANE	40.00	X		X				146,941.	0.	6,099.
PRINCIPAL						Х		106,990.	0.	7,215.
(11) RYAN Z. BENJAMIN CHIEF OFFICER OF ACADEMIC PROGRAMS	40.00					x		108,468.	0.	13,065.
832007 12-31-18										Form <b>990</b> (2018)

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832007 12-31-18

Form 990 (2018)

Form 990 (2018) WASHINGT	ON GLOBA	ΑL	Ρl	JBI	LI(	C (	CH	ARTER	SCHOOL	47-1	118	215	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C			es (continued)				
(A) Name and title	<b>(B)</b> Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	Repo	<b>D)</b> ortable ensation	<b>(E)</b> Reportable compensation		(F) Estimat amount		
	week (list any hours for related organizations below line)					Highest compensated		t orgar	om he nization 99-MISC)	from related organization (W-2/1099-MI	d ns	com fre orga and	other pensa om the anizati d relate nizatio	e ion ed
		-												
1b Sub-total								36	2,399. 0.		0.	2	6,3'	<u>79.</u> 0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								36	2,399.		0.	2	6,3	
2 Total number of individuals (including but r compensation from the organization ►	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived mo	ore than \$100	),000 of reportat	le			3
													Yes	No
3 Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s												3		х
4 For any individual listed on line 1a, is the su and related organizations greater than \$15												4	x	
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," corr</i>	•							•				5		х
Section B. Independent Contractors		007	0/ 00		pore									
<ol> <li>Complete this table for your five highest co the organization. Report compensation for</li> </ol>	•	•									npens	ation f	rom	
(A) Name and business	address							De	(B) scription of s	ervices	с	(C comper		n
EDOPS, 1611 CONNECTICUT AVE. NW, 200, WASHINGTON, DC 20009					3			FINANC	E AND	HR		12'	7,9	09.
PMM FACILITIES 15938 DERWOOD ROAD, ROCK		٩D	20	085	55			FACILI	TY MAN	AGEMENT		11	3,5	53.
PREFERRED MEAL SYSTEMS INC. 5240 ST. CHARLES ROAD, BERKELEY, IL 60163 MEAL SERVICE							11	2,7	74.					
O Tatal musica of index of ind	a alizatio e territ			al 4 -	41	"	-1-	d also and the d						
2 Total number of independent contractors ( \$100,000 of compensation from the organi	•	iot lii	nite	a to		se lis 3	stec	a above) wh	io received n	iore than				
												Form 9	9 <b>90</b> (2	2018)

832008 12-31-18

Form	990 (	/		OBAL PUB	LIC CHARTE	R SCHOOL	47-1118	215 Page <b>9</b>
	rt VII		nue					
		Check if Schedule O cont	ains a response	or note to any lir				
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
År,		Fundraising events						
lar İlar	d	Related organizations	1d					
Sin,		Government grants (contribut		487,618.				
er i	f	All other contributions, gifts, gran		1 - 000				
Ξŧ		similar amounts not included abor	ve 1f	17,902.				
out	-	Noncash contributions included in lines						
<u>a</u> O	h	Total. Add lines 1a-1f			505,520.			
	-	PER PUPIL APPRC		Business Code 900099		3 917 715		
vice	2 a	PER PUPIL FACIL		900099	3,817,715.	704,808.		
Ser	b	ACTIVITY FEES	<u></u>	900099	5,652.			
er a	C A	ADVERTISING		900099	100.	5,052.	100.	
Program Service Revenue	u e			500055	1000		1000	
Pro	f	All other program service reve						
					4,528,275.			
	3	Investment income (including		,				
		other similar amounts)						
	4	Income from investment of tax						
	5	Royalties		►				
			(i) Real	(ii) Personal				
	6 a	Gross rents	5,054.					
	b	Less: rental expenses	0.					
	С	Rental income or (loss)	5,054.					
					5,054.			5,054.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		····· ►				
Other Revenue	8 a	Gross income from fundraising including \$	of					
Re		contributions reported on line						
her		Part IV, line 18						
₹		Less: direct expenses		<u> </u>				
		Net income or (loss) from func Gross income from gaming ac		····· ►				
	эa	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale		<b>&gt;</b>				
Ī		Miscellaneous Revenu	e	Business Code				
Ī	11 a	REFUNDS & REIME	BURSEMEN	900099	2,619.			2,619.
	b							
	с							
	d							
	е	Total. Add lines 11a-11d			2,619.		4.0.0	
	12	Total revenue. See instructions		►	5,041,468.	4,528,175.	100.	
83200	9 12-31	-18						Form <b>990</b> (2018)

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cti	rt IX Statement of Functional Expense ion 501(c)(3) and 501(c)(4) organizations must comp		er organizations must co	mplete column (A).	
	Check if Schedule O contains a response		-		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		•		•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
ŧ	Benefits paid to or for members				
5	Compensation of current officers, directors,	4	105 050	1.5 . 0.10	
	trustees, and key employees	157,321.	137,259.	16,042.	4,02
3	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0 016 020			<b>F1 F</b> 2
7	Other salaries and wages	2,016,932.	1,760,724.	204,646.	51,56
3	Pension plan accruals and contributions (include	10.000	14 104	1 (50	4.1
	section 401(k) and 403(b) employer contributions)	16,260.	14,194.	1,650.	41
)	Other employee benefits	61,846.	54,068.	6,195.	1,58
)	Payroll taxes	175,807.	153,474.	17,839.	4,49
	Fees for services (non-employees):				
а	Management	0 700	0 4 4 1	204	
b	Legal	2,796.	2,441.	284.	7
С	Accounting	95,699.		95,699.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	175 024	114 607	F7 202	2 0 2
	column (A) amount, list line 11g expenses on Sch 0.)	175,024.	114,697.	57,292.	3,03
2	Advertising and promotion	90,868.	79,325.	9,220.	2,32
•	Office expenses	90,000.	19,343.	9,220.	۵,٫٫
	Information technology				
	Royalties	1,419,000.	1,238,746.	143,977.	36,27
;		1,419,000.	1,230,740.	145,577.	50,27
	Travel				
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates Depreciation, depletion, and amortization	17,654.	15,457.	1,769.	42
		25,330.	22,113.	2,569.	64
	Insurance	25,5501	22/1131	275051	
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DIRECT STUDENT EXPENSE	444,752.	444,752.		
b	PROFESSIONAL DEVELOPMEN	99,079.	86,493.	10,053.	2,53
ĉ	OTHER STAFF RELATED EXP	29,116.	25,417.	2,955.	74
d	DUES, FEES AND FINES	17,418.	15,250.	1,745.	42
	All other expenses	2,334.	2,043.	234.	5
-	Total functional expenses. Add lines 1 through 24e	4,847,236.	4,166,453.	572,169.	108,61
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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16590428 793927 17546

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,474,873. 1,392,565. Cash - non-interest-bearing 1 2 3 239,694. 4 5

2 Savings and temporary cash investments 3 Pledges and grants receivable, net 81,931. 4 Accounts receivable, net **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 7 Notes and loans receivable, net 7 8 8 Inventories for sale or use 33,105. 47,825. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 6,590,792. basis. Complete Part VI of Schedule D ...... 10a 709,741. 5,288,588. 5,881,051. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 50,000. 0. 15 Other assets. See Part IV, line 11 15 6,953,952. 7,535,680. 16 Total assets. Add lines 1 through 15 (must equal line 34) .... 16 392,687 490,378. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, \_iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 5,916,406. 6,408,767. 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 7,174. 25 Schedule D 6,413,958. 6,801,454. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 and complete lines 27 through 29, and lines 33 and 34. **Vet Assets or Fund Balances** 538,025. 732,439. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 1,787. 1,969. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 539,994. 734,226. Total net assets or fund balances 33 33 6,953,952. 7,535,680. 34 Total liabilities and net assets/fund balances\_\_\_\_\_ 34 Form 990 (2018)

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Form 990 (2018)

1

Form	1990 (2018) WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL	47-	1118215	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,041		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,841		
3	Revenue less expenses. Subtract line 2 from line 1	3			32.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	539	9,9	94.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	734	1,2	26.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Auc	lit		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2018)

832012 12-31-18

# 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.

OMB No. 1545-0047
2018
Open to Public Inspection

		of the Treasury nue Service			Attach to Form 990 or F v/Form990 for instruction			nformation			Open to Public Inspection
Nan	ne of t	the organizati		00 to www.ii 3.go				mormation.	Employer	ider	ntification number
itan				TNGTON GLO	BAL PUBLIC C	нарте	R SCH				1118215
Pa	rt I	Reason			All organizations must co						1110215
					(For lines 1 through 12, c	-			<u>.</u>		
1			•		on of churches described	,	,				
2	X	-			Attach Schedule E (Forn			•//~//)•			
3					anization described in se			ii)			
4					njunction with a hospital				(iiii) Enter	the ł	nosnital's name
•		city, and stat	-			40001100					loopital o hamo,
5		•		or the benefit of a co	ollege or university owned	d or opera	ted by a g	overnmental	unit describ	oed i	n
Ū				Complete Part II.)							
6					mental unit described in :	section 17	70(b)(1)(A)	(v).			
7					antial part of its support f				the general	bub	lic described in
				omplete Part II.)		5			5		
8					(1)(A)(vi). (Complete Part	t II.)					
9					in section 170(b)(1)(A)(		ed in conju	inction with a	land-grant	colle	ege
		or university	or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	, and state o	f the colleg	je or	
		university:									
10		An organizati	on that norma	ally receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	and g	ross receipts from
		activities rela	ted to its exen	npt functions - subje	ect to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its support	t fror	n gross investment
		income and ι	Inrelated busir	ness taxable income	e (less section 511 tax) fro	om busine	esses acqu	ired by the o	rganization	afte	r June 30, 1975.
		See section	<b>509(a)(2).</b> (Coi	mplete Part III.)							
11		An organizati	on organized a	and operated exclus	sively to test for public sa	fety. See	section 50	)9(a)(4).			
12					sively for the benefit of, to						
					ed in <b>section 509(a)(1)</b> o					Chec	k the box in
	_				of supporting organizatio						
а					supervised, or controlled						
					gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supp	orting
	_			complete Part IV, Se							
b					d or controlled in connec						
			-		anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	pon	ea
			. ,	t complete Part IV,		in connoc	tion with	and functions		od w	ith
С					ig organization operated s). <b>You must complete I</b>				iny integration	eu w	111,
d					porting organization oper				orted organi	izatic	n(c)
u	L				zation generally must sat						
					nplete Part IV, Sections				u an attent	.iveri	655
е		- ·	•	,	written determination fro				e II. Type III		
-			0		onally integrated support			· · <b>)</b> [ ·, · <b>)</b> [	· · · , · <b>,</b>   · · ·		
f	Ente		•								
g				n about the support						·	
	(	i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount o			<b>/i)</b> Amount of other
		organizatior	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	sup	port (see instructions)
										<u> </u>	
Tata											
Tota	41							1			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

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#### Schedule A (Form 990 or 990-EZ) 2018 WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL 47-1118215 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	
_	organization, check this box and stop	here					
	tion C. Computation of Publ						
	Public support percentage for 2018 (I					14	%
	Public support percentage from 2017						%
16a	33 1/3% support test - 2018. If the c	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the c	•					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstar	ices" test, check t	this box and <b>stop</b>	<b>here.</b> Explain in Pa	art VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	ed organization		▶∟
b	10% -facts-and-circumstances test	<b>t - 2017.</b> If the org	anization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	imstances" test, o	check this box and	<b>stop here.</b> Explai	n in Part VI how the	e
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instructior	ns 🕨 🛄

Schedule A (Form 990 or 990-EZ) 2018

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#### Schedule A (Form 990 or 990-EZ) 2018 WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL 47-1118215 Page 3 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.)

Calendar year (or fiscal year beginning in)       (a) 2014       (b) 2015       (c) 2016       (d) 2017       (e) 2018         9 Amounts from line 6       10a Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from similar sources       10a Gross income from similar sources       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11<	
membership fees received. (Do not include any 'unusual grants.')	<b>(f)</b> Total
include any 'unusual grants'')	
2         Gross receipts from admissions, merchandles sold or services pair-formed, or facilities furnished in any activity that is related to the organization's tax exempt purpose         Image: Comparison of the compariso	
metchandise sold or services performed, or fallies furnished in any activity that is related to the organization's bareking purpose       Image: Comparison of Comparison o	
3 Gross receipts from activities that are not an unellated trade or bus- iness under section 513	
are not an unrelated trade or bussiness under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf Tax revenues levied for the organization without charge The value of services or facilities furnished by a governmental unit to fat an unrevenues levied for the organization without charge Tax new revenues levied for the organization of the organization without charge Tax new revenues levied for the organization of the organization unrevenues levied for misers that exceed from disqualified persons D ensure is folded on lines 1, 2, and S received from disqualified persons D ensure is folded on lines 1, 2, and S received from disqualified persons D ensure is folded on lines 1, 2, and S received from disqualified persons D ensure is folded on lines 1, 2, and S received from disqualified persons D ensure is folded on lines 1, 2, and S received from disqualified persons D ensure is folded on lines 1, 2, and S received from disqualified persons D ensure is folded on lines 1, 2, and S received from disqualified persons D ensure is folded on lines 1, 2, and S received from disqualified persons D ensure is folded on lines 1, 2, and S received from disqualified persons D ensure is folded on lines 1, 2, and S received from disqualified persons D ensure is folded on lines 1, 2, and S received from disqualified persons D ensure is folded on lines 1, 2, and S received from disqualified persons D ensure is folded on lines 1, 2, and S received from disqualified persons S ensure is folded on lines 1, 2, and S received from disqualified persons S ensure is folded on lines 1, 2, and S received from disqualified persons S ensure is folded on lines 1, 2, and S received from disqualified persons S ensure is folded on lines 1, 2, and S received from disqualified persons S ensure is folded on lines 1, 2, and S received from disqualified persons S ensure is folded on lines 1, 2, and S received from disqualified persons S ensure is folded on lines 1, and 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
4 Tax revenues levied for the organization'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.       Image: Control of the organization without charge.         6 Total. Add lines 1 through 5	
furnished by a governmental unit to the organization without charge	
6       Total. Add lines 1 through 5	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts induced on lines 3 received from other than disqualified persons that access the grader of 5,000 m 56 of the amount on line 13 for the year         6 Add lines 7a and 7b	
b Arounts included on lines 2 and 3 received to mother than disquilled points in the sear       image: the point on lines 2 and 3 received to mother the pear         c Add lines 7a and 7b       image: the pear       image: the pear         c Add lines 7a and 7b       image: the pear         Section B. Total Support       image: the pear         Calendar year (or fiscal year beginning in) b       (a) 2014       (b) 2015       (c) 2016       (d) 2017       (e) 2018         9 Amounts from line 6       image: the pear       image: the pear       image: the pear       image: the pear         10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources in a dividend pear       image: the pear       image: the pear         b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975       image: the pear       image: the pear         c Add lines 10a and 10b       image: the pear       image: the pear       image: the pear         11 Net income from unrelated business is regularly carried on insels of capital assets (Explain in Part VI)       image: the pear       image: the pear         12 Other income. Do net include gian assets (Explain in Part VI)       image: the pear       image: the pear       image: the pear         13 Total Support percentage from 2018 (line 8, column (f), divided by line 13, column (f)       image: the pear       image:	
c Add lines 7a and 7b       c <td></td>	
8       Public support. (subtract line 1: term line 1)         Section B. Total Support       Calendar year (or fiscal year beginning in) ▶       (a) 2014       (b) 2015       (c) 2016       (d) 2017       (e) 2018         9       Amounts from line 6       Image: Comparison of the comparison of t	
Section B. Total Support         Calendar year (or fiscal year beginning in) ▶       (a) 2014       (b) 2015       (c) 2016       (d) 2017       (e) 2018         9 Amounts from line 6	
9 Amounts from line 6       10a Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from similar sources       10a Gross income from similar sources         b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975       10a Gross income from interest, dividends, payments         c Add lines 10a and 10b       10a Gross included in line 10b, whether or not the business is regularly carried on core from unrelated business is activities not included in line 10b, whether or not include gain or loss from the sale of capital assets (Explain in Part VI.)       11a Total support. (Add lines 9, 10c, 11, and 12.)         13 Total support excentage for 2018 (line 8, column (f), divided by line 13, column (f))       15         16 Public support percentage for 2018 (line 10c, column (f), divided by line 13, column (f))       17         18 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))       17         17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))       17         18 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))       17         18 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))       17         19 a3 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization         33 1/3% su	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       Image: Complex Compl	(f) Total
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 <ul> <li>c Add lines 10a and 10b</li> <li>choice from unrelated businesses activities not included in line 10b, whether or not the business is regularly carried on</li> <li>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organizatio check this box and stop here</li> </ul> <li>Section C. Computation of Public Support Percentage</li> <li>15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))</li> <ul> <li>15 16</li> </ul> <li>Section D. Computation of Investment Income Percentage</li> <li>17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))</li> <li>17 18 Investment income percentage for 2017 Schedule A, Part III, line 17</li> <li>18 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization</li> <li>20 Private foundation. If the organization</li>	
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check this box and stop here         Section C. Computation of Public Support Percentage         15       Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))         16       Public support percentage from 2017 Schedule A, Part III, line 15         17       Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))         18       Investment income percentage from 2017 Schedule A, Part III, line 17         18       Investment income percentage from 2017 Schedule A, Part III, line 17         19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization         b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization         20       Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	
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15       Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))       15         16       Public support percentage from 2017 Schedule A, Part III, line 15       16         Section D. Computation of Investment Income Percentage         17       Investment income percentage from 2017 Schedule A, Part III, line 15       17         18       Investment income percentage from 2017 Schedule A, Part III, line 17       18         19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization         20       Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	
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<ul> <li>19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions</li> </ul>	%
<ul> <li>more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions</li> </ul>	%
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20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	
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#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

16

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	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (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 <b>Part VI.</b>	11c		
-	tion B. Type I Supporting Organizations	110		
			Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	NO
1				
	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 <b>Part VI</b> 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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> 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 yea(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 ins	truction	<u>s).</u>	
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			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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		
2	-	20		
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	25		
•	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	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 <b>Part VI</b> the role played by the organization in this regard.	3b		
832025	5 10-11-18 Schedule A (Form S	າອບ or 99	σU-EΖ)	2018

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## Schedule A (Form 990 or 990-EZ) 2018 WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL 47-1118215 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

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 <b>Part VI</b> ):			
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	y integrat	ed Type III supporting or	anization (see

instructions).

1

Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18

### Schedule A (Form 990 or 990-EZ) 2018 WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL 47-1118215 Page 7

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <u>(continued)</u>	
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	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
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	he organization is responsiv	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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		GTON GLOBAL PUBLIC CHARTER SCHOOL 47-1118215 Page vide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b,	4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; I Section D, lines 5, 6, and 8; and Part V.	Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)	,, ., ., .,,,,
32028 10-11-1	18	Schedule A (Form 990 or 990-EZ)
		20 2018.05080 WASHINGTON GLOBAL PUBLIC CH 17546_

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

#### \*\* PUBLIC DISCLOSURE COPY \*\*

### **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

2018

Employer identification number

	4	7	_	1	1	1	8	2	1	5
--	---	---	---	---	---	---	---	---	---	---

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL

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

#### General Rule

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

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

Employer identification number

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47-1118215

#### WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL

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 X Person Payroll 473,974. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

823452 11-08-18

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22 2018.05080 WASHINGTON GLOBAL PUBLIC CH 17546\_2 Name of organization

### WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	

Employer identification number

47-1118215

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Schedule I	B (Form 990, 990-EZ, or 990-PF) (2018)			Page <b>4</b>
Name of o	rganization			Employer identification number
WASHI	NGTON GLOBAL PUBLIC CHA	RTER SCHOOL		47-1118215
Part III		ions to organizations described in a through (e) and the following line er charitable, etc., contributions of \$1,000 or	try For organizations	) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of git	ft	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of git	ft	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of git	ft	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of git	ft	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ansferor to transferee
823454 11-08	8-18	24	Schedule	e B (Form 990, 990-EZ, or 990-PF) (2018)

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SCHEDULE D

Department of the Treasury

(Form 990)
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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.



Internal Revenue Service Name of the organization

WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL

Employer identification number 47-1118215

Pa			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts
			(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	-	
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o	, , , , , ,	
Pa	t II Conservation Easements. Complete if the org	enization annuverad "Vea" on Form 000 F	
1			art iv, me 7.
	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		prically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
~	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form of	Held at the End of the Tax Year
-	day of the tax year.		
a	Total number of conservation easements		
a	Total acreage restricted by conservation easements		
с	Number of conservation easements on a certified historic structure		
d			
~	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year►		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		Yes No
~	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cons	servation easements during the year
7	Amount of evenences incurred in monitoring, increasing, hand	ling of violations, and enforcing concerned	tion accomente during the year
7	Amount of expenses incurred in monitoring, inspecting, hand \$	ing of violations, and emorcing conservat	tion easements during the year
8	Does each conservation easement reported on line 2(d) abov	a satisfy the requirements of section 170	
0			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation		
5	include, if applicable, the text of the footnote to the organizat	-	
	conservation easements.		the organization's accounting for
Pa	rt III Organizations Maintaining Collections of	Art. Historical Treasures. or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		pent and balance sheet works of art
	historical treasures, or other similar assets held for public exh		-
	the text of the footnote to its financial statements that descri		···· ··· ······ ·····, p·······, ···· ····,
b	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art historical
~	treasures, or other similar assets held for public exhibition, ec		
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
			<b>.</b> .
2	If the organization received or held works of art, historical trea		
2	the following amounts required to be reported under SFAS 1		gan, provide
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2018
	1 10-29-18		

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		TON GLOBAL	PUB	LIC CI	HARTER	SCHOO	ь 4	7-11	1821	5 Pa	ige <b>2</b>
Pa	t III Organizations Maintaining C	Collections of A	rt, Hist	orical T	reasures,	or Othe	r Simila	r Asse	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	e following that	at are a sig	gnificant us	se of its	collectio	n item	3
	(check all that apply):										
а	Public exhibition	c			change progr	ams					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's c			•	-			e in Parl	XIII.		
5	During the year, did the organization solicit of		-						٦		1
De	to be sold to raise funds rather than to be m								Yes		No
Pa	<b>t IV</b> Escrow and Custodial Arran		ete if the	organizati	on answered	"Yes" on	Form 990,	Part IV,	line 9, or	•	
	reported an amount on Form 990, Pa		dia wa ƙawa				in a lucal a al				
1a	Is the organization an agent, trustee, custod								Yes		
h	on Form 990, Part X?	and complete the fe	llowing t					····· L	l tes		No
D		and complete the ic	nowing t	able.					Amoun	+	
~	Beginning halance						1c		Amoun		
	Beginning balance Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII										]
Pa	t V Endowment Funds. Complete	if the organization ar	nswered	"Yes" on F	orm 990, Par	t IV, line 1	0.				
	· · · ·	(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back 🛛 (	<b>d)</b> Three yea	ars back	(e) Four	years l	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column	(a)) held as:						
а	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
с	Temporarily restricted endowment	%									
-	The percentages on lines 2a, 2b, and 2c sho	-									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held	and administe	ered for th	ie organiza	tion	I	V	
	by:								2=(1)	Yes	No
	(i) unrelated organizations								3a(i)		
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organization	ations listod as roqui									
4	Describe in Part XIII the intended uses of the				·				30		
Pa	t VI Land, Buildings, and Equipn	0	JWINCITE	unus.							
	Complete if the organization answere		0. Part IV	. line 11a.	See Form 99	0. Part X.	line 10.				
	Description of property	(a) Cost or c	1		t or other		cumulated		(d) Boo	k value	 3
		basis (investr		• •	(other)		reciation		.,		
1a	Land										
	Buildings										
	Leasehold improvements				40,162.	6	33,07		5,70		
	Equipment			2	50,630.		76,67	0.	17	3,90	50.
	Other										
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	nn (B), line	10c.)				5,88	1,0	51.

Schedule D (Form 990) 2018

832052 10-29-18

Schedule D	(Form 990) 2018	WASHINGTON	GLOBAL	PUBLIC	CHARTER	SCHOOL	47-1118215	Page 3
Part VII	Investments - O	ther Securities.						

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

#### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule	D (Form	990)	2018

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Sche	edule D (Form 990) 2018 WASHINGTON GLOBAL PUBLIC C	CHARTER	SCHOOL	47-	1118215 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per	Returr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,041,468.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	. 2b			
с					
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1				5,041,468.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с					0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,041,468.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten		Expenses pe	er Retu	ırn.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Staten	a.			ırn. 4,847,236.
	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	a. 			
1	Reconciliation of Expenses per Audited Financial Staten           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	a. 			
1 2	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	a. <b>2a</b>			
1 2 a	Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	a. <b>2a</b> <b>2b</b>			
1 2 a	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	a. <b>2a</b> <b>2b</b> <b>2c</b>			4,847,236.
1 2 a b c	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	a. 2a 2b 2c 2c			4,847,236.
1 2 b c d	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	a. 2a 2b 2c 2c			4,847,236.
1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	a. 2a 2b 2c 2c			4,847,236.
1 2 b c d 3	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	a. 2a 2b 2b 2c 2d  2d			4,847,236.
1 2 6 6 8 4	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	a. 2a 2b 2b 2c 2d  2d 			4,847,236. 0. 4,847,236.
1 2 d c d e 3 4 a b	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	a. 2a 2b 2c 2c 2d 4a 4b		1 2e 3 4c	4,847,236. 0. 4,847,236. 0.
1 2 d e 3 4 b c 5	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	a. 2a 2b 2c 2c 2d  4a  4b		1 2e 3 4c	4,847,236. 0. 4,847,236.

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

#### PART X, LINE 2:

WASHINGTON GLOBAL BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX

POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS

THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS OR THAT WOULD HAVE AN EFFECT

ON ITS TAX-EXEMPT STATUS. THERE ARE NO UNRECOGNIZED TAX BENEFITS OR

LIABILITIES THAT NEED TO BE RECORDED.

832054 10-29-18

16590428 793927 17546

SCHEDULE E       Schools         (Form 990 or 990-EZ)       Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.         Department of the Treasury Internal Revenue Service       Attach to Form 990 or Form 990-EZ.         Go to www.irs.gov/Form990 for the latest information.							
Name	e of the organizatio	n Employer					
		WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL 4	7-1	118	215		
Pa	rtl						
			r		YES	NO	
1	-	tion have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			v		
-		strument, or in a resolution of its governing body?		1	Х		
2	-	tion include a statement of its racially nondiscriminatory policy toward students in all its brochures,		-	х		
•		ther written communications with the public dealing with student admissions, programs, and scholarsh	ips?	2			
3	•	on publicized its racially nondiscriminatory policy through newspaper or broadcast media during the on for students, or during the registration period if it has no solicitation program, in a way that makes					
	-	o all parts of the general community it serves? If "Yes," please describe. If "No," please explain.					
	16			3	х		
	THE SCHOO	L IS A PUBLIC CHARTER SCHOOL AND IS OPERATING UNDER		0			
		T WITH DC GOVERNMENT. REVENUE PROCEDURE 75-50 DOES	-				
	NOT APPLY		-				
			-				
			_				
4	Does the organiza	tion maintain the following?	_				
а	Records indicating	the racial composition of the student body, faculty, and administrative staff?		4a	Х		
b	Records documer	ting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis	?	4b		X	
с	Copies of all catal	ogues, brochures, announcements, and other written communications to the public dealing with studer	nt				
		ams, and scholarships?		4c	Х		
d		rial used by the organization or on its behalf to solicit contributions?		4d	Х		
		No" to any of the above, please explain. If you need more space, use Part II.					
		ROCEDURE 75-50 DOES NOT APPLY TO PUBLIC CHARTER					
	SCHOOLS.						
-	Dece the evenesing		—				
5	-	tion discriminate by race in any way with respect to:		Fa		x	
		r privileges?		5a 5b		X	
0	Employment of fac	es?	·····	50 50		X	
с д	Scholarships or of	her financial assistance?	·····	5d		X	
u e	Educational policie	ss?		5u 5e		X	
f	Use of facilities?		·····	5f	L	X	
g	Athletic programs	?		5g		X	
h	Other extracurricu	lar activities?		5h		Х	
		/es" to any of the above, please explain. If you need more space, use Part II.					

 6a
 Does the organization receive any financial aid or assistance from a governmental agency?
 6a
 X

 b
 Has the organization's right to such aid ever been revoked or suspended?
 6b
 X

 b
 If you answered "Yes" on either line 6a or line 6b, explain on Part II.
 6b
 X

 7
 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II
 7
 X

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

Schedule E (Form 990 or 990-EZ) 2018

832061 10-15-18

Schedule E (Form 990 or 990-EZ) 2018 WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL 47-1118215 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:

THE SCHOOL RECEIVES GOVERNMENT FINANCIAL ASSISTANCE FROM OSSE (OFFICE OF

THE STATE SUPERINTENDENT OF EDUCATION).

LINE 7 - EXPLANATION OF RACIAL NONDISCRIMINATION COMPLIANCE:

THE SCHOOL IS A PUBLIC CHARTER SCHOOL AND IS OPERATING UNDER A CONTRACT

WITH THE DC GOVERNMENT, REVENUE PROCEDURE 75-50 DOES NOT APPLY.

Schedule E (Form 990 or 990-EZ) 2018

832062 10-15-18

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SC	HEDULE J	Compensation Information		OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	19	2
•		Compensated Employees		20	10	)
Dena	tment of the Treasury	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	e of the organizatio		Employer i			mber
_		WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL	47-1	L11821	5	
Pa	rt I Question	s Regarding Compensation				<u> </u>
					Yes	No
1a		iate box(es) if the organization provided any of the following to or for a person listed on Forn	n 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		cation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
~	•			1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rrs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which if a	ay of the following the filing organization used to establish the componentian of the organiz	ation's			
5		ny, of the following the filing organization used to establish the compensation of the organiz actor. Check all that apply. Do not check any boxes for methods used by a related organizat				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		compensation consultant Compensation survey or study				
		ther organizations Approval by the board or compensation of	ommittee			
			Johnmittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	-	e payment or change-of-control payment?		4a		х
b		ceive payment from, a supplemental nonqualified retirement plan?				X
с		ceive payment from, an equity-based compensation arrangement?				Х
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а				5a		X
b		ation?				X
		or 5b, describe in Part III.				
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r	net earnings of:				
а	The organization?			6a		X
b		ation?				X
	If "Yes" on line 6a	or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment				
		nes 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			
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		ז 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forr	n 990	) 2018

Schedule J (Form 990) 2018	Schedu			)			
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0.	153,040.	179.	5,920.	0.	0.	146,941.	(1) ELIZABETH TORRES, ED.D. (i)
on prior Form 990			compensation	(iii) Other reportable compensation	(ii) Bonus & incentive compensation	(i) Base compensation	(A) Name and Title
(F) Compensation	(E) Total of columns	(D) Nontaxable	(C) Retirement and	SC compensation	(B) Breakdown of W-2 and/or 1099-MISC compensation	(B) Breakdown of	
lividual.	=) amounts for that inc	able column (D) and (E	ection A, line 1a, applic	form 990, Part VII, S	he total amount of F	dividual must equal t	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.
structions, on row (ii).	s, described in the ins	m related organization:	zation on row (i) and fro	ion from the organiz	J, report compensat	ported on Schedule 990, Part VII.	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.
		additional space is needed.	te copies if additional s	loyees. Use duplica:	Compensated Emp	yees, and Highest (	Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if
Page 2		215	OL 47-1118215	ARTER SCHO	PUBLIC CH	WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL	Schedule J (Form 990) 2018 WASHING

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n 990) 2018	Schedule J (Form 990) 2018	832113 10-26-18 33
Ē.	. Also complete this part for any additional 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.
Page <b>3</b>	47-1118215	Schedule J (Form 990) 2018 WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL Part III Supplemental Information

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL

Employer identification number 47 - 1118215

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INTERNATIONALLY-BASED ACADEMIC AND CULTURAL CURRICULUM, WHICH

INTEGRATES PROJECT-BASED LEARNING, SERVICES-LEARNING, TECHNOLOGY, AND

LANGUAGE ACQUISITION TO DEVELOP ENTERPRISING AND COMPETITIVE GLOBAL

CITIZENS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOREIGN LANGUAGE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: OFFERS INTERACTIVE, STIMULATING, REAL-WORLD, PROJECT BASED LEARNING DELIVERED THROUGH THEMATIC UNITS SUCH AS RESILIENCE, ENTREPRENEURSHIP, AND CREATIVITY. THESE THEMES ARE WOVEN INTO THE STUDENTS' ENGLISH LANGUAGE ARTS ("ELA"), MATH, SCIENCE, AND SOCIAL STUDIES COURSES WHERE THEY ARE WORKING TOWARDS MASTERING THE COMMON CORE STATE STANDARDS ("CCSS"). THE IMYC ALSO PROVIDES THE FRAMEWORK FOR THESE THEMES TO SUPPORT ART, INFORMATION AND COMMUNICATIONS TECHNOLOGY ("ICT"), AND PHYSICAL EDUCATION CURRICULA.

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

THE 990 IS FIRST REVIEWED BY THE CEO. AFTER THE INITIAL REVIEW, THE FORM

990 IS DISTRIBUTED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO SUBMISSION TO IRS.

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

 BOARD
 MEMBERS
 ARE
 REQUIRED
 TO
 COMPLETE
 AND
 SIGN
 A
 CONFLICT
 OF
 INTEREST
 FORM

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form
 990 or 990-EZ.
 Schedule
 O (Form 990 or 990-EZ) (2018)

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Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL	Employer identification number 47-1118215
ATTESTING TO ANY CONFLICTS THAT THEY MAY HAVE, OR PERCEIV	ED TO HAVE, WHEN
THEY JOIN THE BOARD. THE BOARD CHAIR MONITORS COMPLIANCE	WHEN A NEW BOARD
MEMBER JOINS THE BOARD. BOARD MEMBERS ARE REQUIRED TO DIS	CLOSE ANY
CONFLICTS AT ANY TIME AND RECUSE THEMSELVES PER THE SCHOO	L'S BYLAWS AS
APPROPRIATE.	

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

THE OFFICERS' COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. COMPENSATION IS SET AND ADJUSTED USING COMPARABLE DATA WITH CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION. THE MOST RECENT SALARY REVIEW ON OFFICERS WAS IN JUNE OF 2019.

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

WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL MAKES ITS GOVERNING DOCUMENTS,

CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE

PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED ITS AUDIT OVERSIGHT PROCESS OR ITS

PROCESS OF SELECTION OF AN INDEPENDENT ACCOUNTANT DURING THE YEAR.

832212 10-10-18

Form <b>990-T</b>	E	Exempt Orga				e Tax R	etur	n	OMB N	0. 1545-0687
	For cal	endar year 2018 or other tax y	and proxy tax unception of the proxy tax unception of tax un			JUN 30	, 201	L9 .	2	018
Department of the Treasury nternal Revenue Service			v.irs.gov/Form990T for i	nstructio	ns and the latest in	formation.		).	Open to Pi 501(c)(3) O	ublic Inspection rganizations O
Check box if address changed		Name of organization (	Check box if name of	changed	and see instructions	.)		(Emp	loyer identif bloyees' trus uctions.)	fication numbe st, see
Exempt under section	Print	WASHINGTON	GLOBAL PUBI	TC (	HARTER S	CHOOT.			,	18215
$\mathbf{X}$ 501( $\mathbf{c}$ )( $3$ )	Print Or		m or suite no. If a P.O. bo					E Unre	lated busine	ess activity coo
408(e) 220(e)	Туре	525 SCHOOL		, 000 m				(See	instructions	)
408A530(a)			ovince, country, and ZIP o	or foreigr	n postal code					
529(a)		WASHINGTON						900	099	
Book value of all assets at end of year	o n	F Group exemption nun	hber (See instructions.)			t	401/2	\ <b>.</b>		Othou true
T, 535, 6 T Enter the number of the c		tion's uprelated trades or	pe 🕨 🚺 50 I(C) cor	poration 1	501(c) tru			) trust		_ Other trus
trade or business here	•			±		ribe the only ( one, complete	,			2
describe the first in the bl				arts I and						' <b>,</b>
business, then complete l				uno rum			on additio		0.01	
During the tax year, was			affiliated group or a pare	nt-subsi	diary controlled grou	ıp?	►	Y	es X	No
If "Yes," enter the name a										
J The books are in care of						lephone numb				
Part I Unrelated		de or Business In	come	-	(A) Income	(B	) Expense	S		(C) Net
1a Gross receipts or sale										
<b>b</b> Less returns and allow		A line 7)	<b>c</b> Balance ►	1c 2						
<ol> <li>Cost of goods sold (S</li> <li>Gross profit. Subtract</li> </ol>		A, line 7)		3						
<b>4a</b> Capital gain net incom				4a					-	
		art II, line 17) (attach For		4b						
		sts		40						
		ship or an S corporation (		5						
6 Rent income (Schedu		····· ···· ····· · · · · · · · · · · ·		6						
,		me (Schedule E)		7						
		and rents from a controlled		8						
9 Investment income of	a sectio	on 501(c)(7), (9), or (17)	organization (Schedule G	9						
10 Exploited exempt activ	ity inco	me (Schedule I)		10						
11 Advertising income (S	chedule	e J)		11						
12 Other income (See ins		, , , , , , , , , , , , , , , , , , , ,		12						
13 Total. Combine lines	3 throu	gh 12		13		0.				
		ot Taken Elsewhe					.)			
							,	1.44	1	
		rectors, and trustees (Sch						14 15		
								16		
								17		
18 Interest (attach sche	dule) (se	ee instructions)						18		
								19		
20 Charitable contributio	ons (See	e instructions for limitatio	n rules)					20		
		562)								
22 Less depreciation cla	imed or	n Schedule A and elsewhe	ere on return		22a			22b		
23 Depletion								23		
24 Contributions to defe	rred co	mpensation plans						24		
								25		
		chedule I)						26		
		hedule J)						27		
		nedule)						28		
		14 through 28						29		
		ncome before net operatir	-			)		30 31		
	-	loss arising in tax years b ncome. Subtract line 31 fi						31		(
- Unicialed Nasiliess l	ινανις II	ioonio. oubliaut IIIIE o F II						1 02	1	<b>990-T</b> (20

Part I	T (2018)	WASHINGTON GLOBAL PUBLIC CHARTER SCHOO Total Unrelated Business Taxable Income	OL	47-11	18215	Pa
		of unrelated business taxable income computed from all unrelated trades or businesses (s	see instru	ctions)	33	
		ints paid for disallowed fringes				
35		ction for net operating loss arising in tax years beginning before January 1, 2018 (see inst	ructions)			
36		of unrelated business taxable income before specific deduction. Subtract line 35 from the				
	lines	33 and 34			. 36	
37	Speci	fic deduction (Generally \$1,000, but see line 37 instructions for exceptions)				1,00
38	Unre	ated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	e 36,			
	enter	the smaller of zero or line 36			38	
Part I		Fax Computation				
39	Orga	nizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		🕨	▶ 39	
40		s Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount				
		Tax rate schedule or 🛛 Schedule D (Form 1041)			▶ 40	
41		r tax. See instructions				
42	Alterr	ative minimum tax (trusts only)			42	
43	Tax o	n Noncompliant Facility Income. See instructions				
44		Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	
		Fax and Payments				
		n tax credit (corporations attach Form 1118; trusts attach Form 1116)				
		credits (see instructions)	45b			
		al business credit. Attach Form 3800				
		for prior year minimum tax (attach Form 8801 or 8827)				
е	Total	credits. Add lines 45a through 45d			45e	
46	Subtr	act line 45e from line 44 taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8		<u>.</u>		
47						
48	Total	tax. Add lines 46 and 47 (see instructions)				
49		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2				
50 a	a Paym	ents: A 2017 overpayment credited to 2018	50a			
b	2018	estimated tax payments	50b			
C	; Tax d	eposited with Form 8868	50c	3,276	<b>5</b> .	
		n organizations: Tax paid or withheld at source (see instructions)				
e	Backi	ıp withholding (see instructions)	50e			
		for small employer health insurance premiums (attach Form 8941)	50f			
g	) Other	credits, adjustments, and payments: 🔲 Form 2439				
		Form 4136 Other Total 🕨	50g			
51	Total	payments. Add lines 50a through 50g				3,21
52					. 52	
53	Tax o	ue. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		🕨	► <b>5</b> 3	
54	Over	payment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		🕨	▶ 54	3,21
55	Enter	the amount of line 54 you want: Credited to 2019 estimated tax		Refunded 🕨	► 55	3,2'
Part \	VI S	Statements Regarding Certain Activities and Other Informat	ion (se	e instructions)		
56	At an	time during the 2018 calendar year, did the organization have an interest in or a signature	e or othei	r authority		Yes
	overa	a financial account (bank, securities, or other) in a foreign country? If "Yes," the organizatio	on may ha	ave to file		
	FinCE	N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	e foreign	country		
	here					
57	Durin	g the tax year, did the organization receive a distribution from, or was it the grantor of, or t	ransferor	r to, a foreign trust?		
		s," see instructions for other forms the organization may have to file.				
58		the amount of tax-exempt interest received or accrued during the tax year <b>&gt;</b> \$				
	Ur	der penalties of perjury, I declare that I have examined this return, including accompanying schedules and rect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	statement	ts, and to the best of my k	nowledge and belie	f, it is true,
Sign	0	rect, and complete. Declaration of preparer (other than taxpayer) is based on an information of which prepa	arer nas an	iy knowledge.		
lere		CEO			May the IRS discust the preparer shown	
		Signature of officer Date Title			instructions)?	Yes
		Print/Type preparer's name Preparer's signature Di	ate	Check	if PTIN	
Paid				self- employe		
i aiu	aror	DAVID JONES				61002
Drong	arei			Firm's EIN		853933
Prepa	Only	Firm's name JONES MARESCA & MCQUADE PA				
Prepa Use C	Only	1730 RHODE ISLAND AVE, N.W.,	SUI	TE 8		
-	Only		SUI		202-296	-3306

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Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation 🕨 N/A	7				
1 Inventory at beginning of year	1		6 Inventory at end of year					
2 Purchases	2		7 Cost of goods sold. Si					
3 Cost of labor			from line 5. Enter here	and in F	Part I,			
4 a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section				Yes	No
<b>b</b> Other costs (attach schedule)			property produced or a	,				
5 Total. Add lines 1 through 4b				-				
Schedule C - Rent Income		Property an	d Personal Property	Lease	ed With Real Pro	per	t <b>v)</b>	
(see instructions)	<b>,</b>						- , ,	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age f	<b>3(a)</b> Deductions directl columns 2(a) a	y conne Ind 2(b)	cted with the income (attach schedule)	in		
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). En n (A)	ter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	►		0.
Schedule E - Unrelated Del	bt-Financed	Income (see	instructions)					
		(	2. Gross income from		3. Deductions directly control to debt-finan			
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductior (attach schedule)	IS
(1)								
(2)								
(3)								
(4)								
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis Illocable to nced property n schedule)	6. Column 4 divided by column 5		<ul><li>7. Gross income reportable (column 2 x column 6)</li></ul>		8. Allocable deduct (column 6 x total of cc 3(a) and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)			%			+		
	1		1 /0		nter here and on page 1, Part I, line 7, column (A).		Enter here and on pag Part I, line 7, column	
Totala			⊾		0			0.
Totals Total dividends-received deductions in	oludad in column		▶					0.
Total ulviuenus-received deductions if		10						0.

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Schedule F - Interest,	Annuitie	es, Roya	lties, a	nd Rent	s From Co	ontroll	ed Organiz	zatio	<b>ns</b> (see ins	struction	ns)	
				1	Controlled O							
1. Name of controlled organization		2. Employer 3. Net un		nrelated income <b>4.</b> To		al of specified nents made	5. Part of column 4 tha included in the control organization's gross inc		rolling	<b>6.</b> Deductions directly connected with income in column 5		
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organi	i		( )	0 7-1-1	- f : fi		10 Deut of a chu		a ta ta ali ala al	44 0		
7. Taxable Income	8. Net unrelated income (loss) (see instructions) 9.		<b>9.</b> Total	otal of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income			<ol> <li>Deductions directly connected with income in column 10</li> </ol>			
(1)												
(2)												
(3)												
(4)							Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).			Add columns 6 and 11. Enter here and on page 1, Part I,		
							line o,	column (	_		line 8, column (B).	
Totals						►			0.		0 .	
Schedule G - Investme (see instr		me of a	Sectio	ו 501(c)(	(7), (9), or	(17) Or	ganizatio	า				
1. Description of income				2. Amount of	income	<b>3.</b> Deductions directly connected (attach schedule) <b>4.</b> Set- (attach schedule)		asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)			
(1)												
(2)												
(3)												
(4)												
					Enter here and Part I, line 9, co				•		Enter here and on page <sup>-</sup> Part I, line 9, column (B).	
Totals				►		0.					0.	
Schedule I - Exploited (see instru	Exempt				r Than Ac	lvertisi	ng Incom	e				
1. Description of exploited activity	unrelated incom	2. Gross lated business ncome from de or business 3. Expenses directly connected with production of unrelated business income		4. Net incom from unrelated business (co minus colum gain, comput through	l trade or Ilumn 2 n 3). If a e cols. 5	e or 5. Gross inco from activity t is not unrelat		hat attributa		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).		
(1)												
(2) (3) (4)												
(3)												
(4)												
	page 1	re and on , Part I, col. (A).	page	ere and on 1, Part I, , col. (B).							Enter here and on page 1, Part II, line 26.	
Totals 🛌 🕨		0.		0.							0	
Schedule J - Advertisi												
Part I Income From	Periodio	als Rep	orted c	on a Con	solidated	Basis						
1. Name of periodical		2. Gross advertising income	adv	<b>3.</b> Direct ertising costs	or (loss) (c col. 3). If a g		e 5. Circula income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)												
(2)												
(3)												

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►

Totals (carry to Part II, line (5)) .

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	<b>3.</b> Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		<b>6.</b> Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)							
(2)							
(3)							
(4)							
Totals from Part I 📃 🕨 🕨	0.	0	•		•	0.	
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).		Enter here and on page 1, Part II, line 27.			
Totals, Part II (lines 1-5) 🕨	0.	0	•			0.	
Schedule K - Compensatio	n of Officers,	Directors, ar	d Trustees (see ir	structions)			
1. Name			2. Title	3. Percer time devot busine	ed to	npensation attributable unrelated business	
(1)					%		
(2)					%		
(3)					%		
(4)					%		
Total. Enter here and on page 1, Part II, li	ine 14	I				0.	

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#### FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

TRANSIT AND PARKING BENEFITS PROVIDED TO EMPLOYEES

TO FORM 990-T, PAGE 1