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PUBLIC DISCLOSURE COPY

		** PUBLIC DISCLOSURE COPY	* *	
	Ω	nn Return of Organization Exempt Fron	n Income Tax	OMB No. 1545-0047
For	n Y	90 Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		2015
Depa	rtment	of the Treasury Do not enter social security numbers on this form as it m	ay be made public.	Open to Public
		Pue Service Information about Form 990 and its instructions is at ww		Inspection
A F	or th		JUN 30, 2016	
Bc	heck if	C Name of organization	D Employer identific	ation number
_	⊐Addre	WASHINGTON IO IING POBLIC CHARTER		
	_]chang _]Name		- 20.4	464054
	_chang _Initial	U		
	_returr Final	220 TAVIOR ST NE	Lite E Telephone number	635-1950
	⊥returr termii ated		G Gross receipts \$	10,170,699.
	Amer	^{ded} WASHINGTON, DC 20017	H(a) Is this a group re	
		F Name and address of principal officer: MAQUITA ALEXANDER	for subordinates	
	pend	^{ng} 220 TAYLOR ST. NE, WASHINGTON, DC 20017	H(b) Are all subordinates in	
11	ax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or		list. (see instructions)
		te: WWW.WASHINGTONYUYING.ORG	H(c) Group exemption	n number 🕨
κF	ⁱ orm o	f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨 📘 Y	ear of formation: 2006 N	State of legal domicile: DC
Pa	art I	Summary		
ě	1	Briefly describe the organization's mission or most significant activities: TO OPERA	TE A PUBLIC CI	HARTER
anc		SCHOOL IN A CHINESE/ENGLISH DUAL LANGUAGE IM		
'ern	2	Check this box Image: Check this box		
go	3			13 13
<u>م</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)	198	
Activities & Governance	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		13
ž	0	Total number of volunteers (estimate if necessary)		0.
Ă		Net unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)	768,012.	1,015,692.
Revenue	9	Program service revenue (Part VIII, line 2g)	9,099,072.	9,147,637.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,375.	2,644.
£		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,201.	4,726.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,876,660.	10,170,699.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	195,118.	414,727.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,704,219.	5,776,701.
sua	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) $106, 407.$	0.	0.
Expenses			2 0 0 0 7 0	0 704 000
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,060,070.	2,724,000.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,959,407. 917,253.	8,915,428. 1,255,271.
<u>_ s</u>	19	Revenue less expenses. Subtract line 18 from line 12		
Net Assets or Fund Balances	00	Tatal assats (Datt V, line 10)	Beginning of Current Year 22,339,757.	End of Year 23,094,126.
Asse Bala	20	Total assets (Part X, line 16)	14,080,294.	13,820,585.
Net / und	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	8,259,463.	9,273,541.
	art II	Signature Block	0,200,1000	5,2,0,0110
		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	knowledge and belief. it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep		

Sign	Signature of officer			Date
Here	MAQUITA ALEXANDER, HEA	D OF SCHOOL		
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	DAVID JONES			if self-employed P01361002
Preparer	Firm's name 🕞 JONES MARESCA &			Firm's EIN 52-1853933
Use Only	Firm's address ▶ 1730 RHODE ISLAN			
	WASHINGTON, DC 2	0036		Phone no. 202 – 296 – 3306
May the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

	WASHINGTON YU YING PUBLIC CHARTER
	990 (2015) SCHOOL 20-4464054 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: INSPIRING AND PREPARING YOUNG PEOPLE TO CREATE A BETTER WORLD BY
	CHALLENGING THEM TO REACH THEIR FULL POTENTIAL IN A NURTURING
	CHINESE/ENGLISH EDUCATIONAL ENVIRONMENT.
2	Did the organization undertake any significant program services during the year which were not listed on
-	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 7,371,670. including grants of \$ 414,727.) (Revenue \$ 9,152,363.)
	WASHINGTON YU YING IS ON THE LEADING EDGE OF ELEMENTARY EDUCATION BY
	COMBINING A CHINESE LANGUAGE IMMERSION PROGRAM WITH THE
	STATE-OF-THE-ART INTERNATIONAL BACCALAUREATE CURRICULUM FRAMEWORK.
	2015-2016 SCHOOL YEAR MARKED WASHINGTON YU YING'S SEVENTH YEAR WITH 551
	STUDENTS, REPRESENTING PRE-K 3, PRE-K 4, KINDERGARTEN, FIRST, SECOND,
	THIRD, FOURTH AND FIFTH GRADE. PRE-K STUDENTS ARE FULLY IMMERSED IN
	CHINESE EVERY DAY. KINDERGARTEN THROUGH FIFTH GRADES ALTERNATE BETWEEN
	THEIR CHINESE AND ENGLISH CLASSROOMS AND EXPERIENCE THE CURRICULUM
	FRAMEWORKS REPRESENTED BY THE IB PRIMARY YEARS PROGRAM.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
70	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 7,371,670.
53200	
12-16-	
530	2^{2} 116 793927 31900 2015.05020 WASHINGTON YU YING PUBLIC C 31900 1

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WASHINGTON YU YING PUBLIC C 31 20 5.05020

SCHOOL

Form 990 (2015)

Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in 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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

Form **990** (2015)

532003 12-16-15

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20-	4464054	Page 4

	1 990 (2015) SCHOOL 20-446	54054	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		x
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		x
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	. 2.70		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	. 23a		
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
00	Schedule L, Part I	. 25b		
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,"			v
	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):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	. 28 a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	. 28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	. 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	. 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	. 32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
. 2	If "Yes," complete Schedule R, Part V, line 2			x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	х	
		. 00		

Form **990** (2015)

532004 12-16-15

Form	990 (2015) SCHOOL 20-4464	054	P	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 54			
b	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	
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 198			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2.0		
39	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	55		
та	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country:	4 a		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
Fa		Fo		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		v
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 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			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
h	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			
~	Enter the amount of reserves on hand 13c			
	Did the experimetion receive any negative for independent consider during the terrorad	14a		X
		14a		<u> </u>
<u>u</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	U#0	L	1

Form 990 ((2015)	
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532005 12-16-15

12530116 793927 31900

WASHINGTON YU YING PUBLIC CHARTER

orm 990 (2015) SCHOOL		20-4464			Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2	-		"No" r	respon	ise
to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule					Г
Check if Schedule O contains a response or note to any line in this Part VI			<u></u>		
ection A. Governing Body and Management				Yes	
1a Enter the number of voting members of the governing body at the end of the tax year	1a	13		res	┢
If there are material differences in voting rights among members of the governing body at the end of the tax year					
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	13			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relations					
officer, director, trustee, or key employee?			2		L
3 Did the organization delegate control over management duties customarily performed by or under					t
of officers, directors, or trustees, or key employees to a management company or other person?	-		3		
4 Did the organization make any significant changes to its governing documents since the prior Forr			4		T
5 Did the organization become aware during the year of a significant diversion of the organization's			5		T
6 Did the organization have members or stockholders?			6		T
7a Did the organization have members, stockholders, or other persons who had the power to elect or					Γ
more members of the governing body?			7a		
b Are any governance decisions of the organization reserved to (or subject to approval by) members					Γ
persons other than the governing body?			7b		
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the					
a The governing body?			8a	Х	
b Each committee with authority to act on behalf of the governing body?			8b		
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	reached at the				
organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
ection B. Policies (This Section B requests information about policies not required by the Internal	Revenue Code.)			-
		1		Yes	ļ
0a Did the organization have local chapters, branches, or affiliates?			10a		╞
b If "Yes," did the organization have written policies and procedures governing the activities of such					
and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	37	╞
1a Has the organization provided a complete copy of this Form 990 to all members of its governing b	ody before filing	the form?	11a	Х	L
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.				37	
			12a	X	╞
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give n			12b	X	╞
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If				v	
in Schedule O how this was done			12c	X	╞
3 Did the organization have a written whistleblower policy?			13	X X	╞
4 Did the organization have a written document retention and destruction policy?			14		╞
5 Did the process for determining compensation of the following persons include a review and appr		dent			
persons, comparability data, and contemporaneous substantiation of the deliberation and decisio			45	x	ł
a The organization's CEO, Executive Director, or top management official			15a	A X	╀
b Other officers or key employees of the organization			15b		┝
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 arrang	-		10-		
taxable entity during the year?b If "Yes," did the organization follow a written policy or procedure requiring the organization to eval			16a		┢
		ation			
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the or	-		16b		E
exempt status with respect to such arrangements?ection C. Disclosure			dol		L
7 List the states with which a copy of this Form 990 is required to be filed ► NONE					-
 8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99 	0.T (Section 501	(c)(3) control of	wailah		
for public inspection. Indicate how you made these available. Check all that apply.			Ivanab		
	ain in Schedule ())			
 9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, 		,	l finan	cial	
statements available to the public during the tax year.		st policy, and	man	Ciai	
State the name, address, and telephone number of the person who possesses the organization's	books and reco	rds: 🕨			
THE ORGANIZATION - 202-635-1950		us. -			_
220 TAYLOR ST. NE, WASHINGTON, DC 20017					_
ZZV INIDON DI ME, WASHINGION, DC ZUVI/				000	10
			Form	990	1.4
2006 12-16-15 6			Form	990	(4

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

SCHOOL

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)	(B)			(D)	(E)	(F)				
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	erson	is bot pr/trus	h an	compensation	compensation	amount of
	week		cer ar	ia a a I	lirecto	or/trus	itee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	l trus		ee	npen		(00-2/1099-00130)		and related
	below	d ual t	itiona		Uplo	st coi	5			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	key er	Highest compensated employee	-orme			
(1) MAURICE SMITH	2.00		_	_	-		_			
CHAIR		X		X				0.	0.	0.
(2) TOM PORTER	2.00									
TREASURER		X		X				0.	0.	0.
(3) NED CABOT	2.00									
VICE PRESIDENT AND ACTING SECRETARY		X		X				0.	0.	0.
(4) VINCENT BAXTER	2.00									
TRUSTEE		X						0.	0.	0.
(5) SARABETH BERMAN	2.00									
TRUSTEE		X						0.	0.	0.
(6) ABBY CARLSON	2.00									
TRUSTEE		Х						0.	0.	0.
(7) LESLIE GRIFFIN	2.00									
TRUSTEE		Х						0.	0.	0.
(8) JANE KANTER	2.00									
TRUSTEE		Х						0.	0.	0.
(9) CHRISTINA MURTAUGH	2.00									
TRUSTEE		Х						0.	0.	0.
(10) FATEMA SUMAR	2.00									
TRUSTEE		Х						0.	0.	0.
(11) MARCUS WALKER	2.00									
TRUSTEE		Х						0.	0.	0.
(12) JEVON WALTON	2.00									_
TRUSTEE		X						0.	0.	0.
(13) PAUL WANG	2.00									_
TRUSTEE		Х						0.	0.	0.
(14) MAQUITA ALEXANDER	40.00									
HEAD OF SCHOOL				х				121,495.	0.	6,835.
(15) STANLEY COWAN	40.00									
COO (07/15 - 06/16)				X				73,996.	0.	486.

532007 12-16-15

Form **990** (2015)

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Form	WASHINGT(990 (2015) SCHOOL	ON YU YI	IN	G I	PUE	3L]	IC	C	HARTER	20-4	464	054	P	age 8
	t VII Section A. Officers, Directors, Trus	tees. Kev Em	vola	rees	, and	d Hi	ahes	st C	Compensated Employe					<u>.go e</u>
	(A) Name and title	Name and title Average hours per					than o is both	one n an	(D) Reportable	(E) Reportable compensatio from related	on	am	(F) timate iount	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI			oensa om the anizat I relat	e ion ed
			-											
	Sub-total								195,491. 0.		0.		7,3	21. 0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								195,491.		0.		7.3	21.
2	Total number of individuals (including but n							no r	-	,000 of reportab	le			
	compensation from the organization 🕨													. 1
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											3	Yes	No X
4	For any individual listed on line 1a, is the su	im of reportab	le co	omp	ensa	atior	n anc	l ot	her compensation from	the organization				
5	and related organizations greater than \$15 Did any person listed on line 1a receive or a											4		X
	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J f	for si	uch	pers	son .					5		Х
1	Complete this table for your five highest co	mpensated ind	depe	ende	ent c	onti	racto	ors	that received more than	\$100.000 of cor	npens	ation fi	rom	
	the organization. Report compensation for	-	-											
	(A) Name and business								(B) Description of s	ervices	С	(C omper		n
NE	SIE WHITLOW STOKES, 370 , WASHINGTON, DC 20017						ACE		STUDENT MEAL SERVICES			188	8,5	46.
	LANA CAPITAL ENTERPRIS NNIE HELEN BURROUGHS AV						_		JANITORIAL S	ERVICES		120	0.3	69.
GEI	JERAL & MECHANICAL SER)7 SKIDMORE DRIVE, ANN	VICES							HVAC CONSTRU					74.
	CHBERG CONSTRUCTION, 1 IVE, GAITHERSBURG, MD		ວບເ	STI	RIZ	ΑL			CLASSROOM CONSTRUCTION			115,601.		01.
2	Total number of independent contractors (i	-	iot li	mite	d to		se lis 1	stec	l d above) who received m	ore than				
	\$100,000 of compensation from the organi	zacion 🗩					±				_	Form S	990 (2015)

532008 12-16-15

WASHINGTON	YU	YING	PUBLIC	CHARTER
WASHINGTON	YU	YING	PUBLIC	CHARTER

Form	990) (2	2015) SCHOO)L				20-4464	054 Page 9
Pa	rt VI	IÌÌ	Statement of Rever	nue					
			Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
				·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
a, o Am			Fundraising events						
lar,			Related organizations						
ini ini			Government grants (contribut		847,607.				
rtion S	f	f	All other contributions, gifts, gran	ts, and					
ibut			similar amounts not included abo	ve 1f	168,085.				
d d	ç	g	Noncash contributions included in lines	1a-1f: \$					
aSu	ł	h	Total. Add lines 1a-1f			1,015,692.			
					Business Code				
e	2 a	а	PER PUPIL APPROPRIATIO	NS	900099	6,522,031.	6,522,031.		
Program Service Revenue	ł	b	PER PUPIL FACILITY ALL	OWANCE	900099	1,721,324.	1,721,324.		
Se	Ċ	с	PROGRAM SERVICE FEES		611710	904,282.	904,282.		
eve	c	d							
2 B R	e	е							
<u>م</u>	f	f	All other program service reve	enue					
	ç	g	Total. Add lines 2a-2f			9,147,637.			
	3		Investment income (including						
			other similar amounts)			2,644.			2,644.
	4								
	5		Royalties		F				
			-	(i) Real	(ii) Personal				
	6 a	а	Gross rents						
	ł	b	Less: rental expenses						
			Rental income or (loss)						
				·····					
			Gross amount from sales of	(i) Securities	(ii) Other				
	-		assets other than inventory						
	t		Less: cost or other basis						
			and sales expenses						
	c		Gain or (loss)						
			Net gain or (loss)	L					
Other Revenue		а	Gross income from fundraisin including \$	g events (not					
švei			contributions reported on line						
å			Part IV, line 18						
the	ł		Less: direct expenses						
0			Net income or (loss) from func						
			Gross income from gaming ac						
			Part IV, line 19						
	ł		Less: direct expenses						
			Net income or (loss) from gam						
			Gross sales of inventory, less						
			and allowances	а					
	b Less: cost of goods sold b								
			Net income or (loss) from sale						
			Miscellaneous Revenu		Business Code				
Ī	11 a	а	MISCELLANEOUS		900099	4,726.	4,726.		
	ł	b							
	c	с							
	C	d	All other revenue						
			Total. Add lines 11a-11d			4,726.			
	12		Total revenue. See instructions.			10,170,699.	9,152,363.	0	, .
53200	9 12-	16-							Form 990 (2015)

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Form 990 (2015)

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to any line in this Part IX								
		(A)	(B)	(C)	(D)				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising				
			expenses	general expenses	expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	414,727.	414,727.						
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
5	-	240,253.	203,385.	34,452.	2,416.				
•	trustees, and key employees	240,233.	205,505.	51,152.	2,410.				
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)		2 084 008						
7	Other salaries and wages	4,695,337.	3,974,827.	673,293.	47,217.				
8	Pension plan accruals and contributions (include	~~	F A 446	10	~~~				
	section 401(k) and 403(b) employer contributions)	87,547.	74,113.	12,554.	880.				
9	Other employee benefits	417,761.	353,654.	59,906.	4,201.				
10	Payroll taxes	335,803.	284,274.	48,152.	3,377.				
11	Fees for services (non-employees):								
а	Management								
b	Legal	15,970.	6,564.	9,406.					
	Accounting	137,370.		137,370.					
	Lobbying								
	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25,								
	column (A) amount, list line 11g expenses on Sch O.)	339,468.	94,082.	212,281.	33,105.				
12	Advertising and promotion								
13	Office expenses	73,422.	62,155.	10,528.	739.				
14	Information technology	27,061.	22,909.	3,880.	272.				
15	Royalties	,							
16	Occupancy	382,928.	324,166.	54,911.	3,851.				
17	Travel		,						
18	Payments of travel or entertainment expenses								
10	for any federal, state, or local public officials								
10									
19 20	Conferences, conventions, and meetings	381,496.	322,955.	54,705.	3,836.				
20 21	Interest	551,450.	522,555.	54,7050	5,050.				
21 22	Payments to affiliates Depreciation, depletion, and amortization	509,089.	430,968.	73,001.	5,120.				
22		61,183.	51,794.	8,774.	615.				
23	Insurance Other expenses, Itemize expenses not covered	01,103.	51,754.	5,774•	010.				
24	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.)	658,213.	658,213.						
a	OTHER STAFF-RELATED EXP	77,341.	65,473.	11,090.	778.				
b				16,709.	//0.				
С	DUES, FEES, AND FINES	44,120.	27,411.						
d	OTHER GENERAL EXPENSE	16,339.		16,339.					
	All other expenses	0 01 - 400	7 271 674		100 400				
25	Total functional expenses. Add lines 1 through 24e	8,915,428.	7,371,670.	1,437,351.	106,407.				
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)								

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Form **990** (2015)

Form	990	(201)

	n 990 (20-	4464054 Page 11
Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	4,976,233.	1	6,131,395.
	2	Savings and temporary cash investments	508,830.	2	508,916.
	3	Pledges and grants receivable, net	183,719.	3	146,382.
	4	Accounts receivable, net	9,516.	4	7,154.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified 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			
st		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
◄	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	101,022.	9	121,060.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 18,001,860.	16 202 654		1 - 000 004
	b	Less: accumulated depreciation 10b 2,078,036.	16,303,654.	10c	15,923,824.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	256,783.	14 15	255,395.
	15	Other assets. See Part IV, line 11	22,339,757.	15 16	23,094,126.
	16 17	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses	574,328.	17	472,403.
	18	Grants payable	0,1,0100	18	
	19	Deferred revenue	5,665.	19	1,490.
	20	Tax-exempt bond liabilities	12,863,008.	20	12,454,008.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
abi		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	394,664.	23	409,000.
	24	Unsecured notes and loans payable to unrelated third parties		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	0.4.0		100 001
		Schedule D	242,629.	25	483,684.
	26	Total liabilities. Add lines 17 through 25	14,080,294.	26	13,820,585.
		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and			
ces	07	complete lines 27 through 29, and lines 33 and 34.	8,207,464.	27	9,230,750.
alan	27 28	Unrestricted net assets	51,999.	21	42,791.
β	20		51,555	20	12,,910
ŭ	25	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶□		25	
۲ ۲		and complete lines 30 through 34.			
ţs (30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
∋t A	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	8,259,463.	33	9,273,541.
	34	Total liabilities and net assets/fund balances	22,339,757.	34	23,094,126.
					Form 990 (2015)

532011 12-16-15

WASHINGTON	YU	YING	PUBLIC	CHARTER
SCHOOL				

Form	990 (2015) SCHOOL	20-	4464054	e Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,17		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,91		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,25		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,25		
5	Net unrealized gains (losses) on investments	5	-24	1,1	.93.
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	9,27	/3,5	541.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			-	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 reviewed	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	X	
	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?			X	
	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	dit		
	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	ired aud	lit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2015)

532012 12-16-15

SCHEDULE A		Dublic Che	rity Status on	א ייים	slia Cr	unnart		OMB No. 1545-0047
(Form 990 or 990-EZ)			rity Status an					2015
		•	nization is a section 50 [.] 47(a)(1) nonexempt cha			or a section		2010
Department of the Treasury			Attach to Form 990 or F	orm 990-	EZ.			Open to Public
Internal Revenue Service	Informati	on about Schedule A	(Form 990 or 990-EZ) and	its instruct	ions is at ^w	ww.irs.gov/fo	rm990.	Inspection
Name of the organizati			YING PUBLIC	CHART	ER			identification number
	SCHO							0-4464054
Part I Reason	for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instruction	S.	
The organization is not a	a private found	ation because it is: ((For lines 1 through 11, c	heck only	one box.)			
	nvention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)(⁻	1)(A)(i).		
			Attach Schedule E (Forn					
			anization described in s e					
		ation operated in co	njunction with a hospital	l describe	d in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
city, and stat								
	•		llege or university owned	d or opera	ted by a g	overnmental	unit describ	ed in
		complete Part II.)						
	<i>,</i> 0	0	nental unit described in			.,		an de Barral e a colle a al Sa
-		-	intial part of its support f	rom a gov	ernmental	unit or from	ne general	public described in
		omplete Part II.)	(1)(A)(vi). (Complete Par	F 11 \				
,			than 33 1/3% of its sup		contributi	one mombor	shin foos a	nd gross receipts from
		, ()	ct to certain exceptions,	•		,	. ,	0
			(less section 511 tax) fr					
		mplete Part III.)					gamzation	
		. ,	ively to test for public sa	fety. See	section 50	09(a)(4).		
	-	-	ively for the benefit of, to	•			arry out the	purposes of one or
more publicly	/ supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	5 09(a)(3). C	heck the box in
lines 11a thro	ough 11d that	describes the type o	of supporting organizatio	n and con	nplete line	s 11e, 11f, an	d 11g.	
a 🗌 Type I. A s	upporting orga	nization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	giving
the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	upporting
organizatio	n. You must c	omplete Part IV, Se	ections A and B.					
b 🔄 Type II. A s	supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	ving
control or r	nanagement o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		t complete Part IV,						
	-		g organization operated				Illy integrate	ed with,
			s). You must complete I					
	-		oorting organization oper				-	
	-		zation generally must sat	•		-	d an attent	veness
		,	nplete Part IV, Sections written determination fro					
	0		nally integrated support			а турет, туре	in, type in	
•		• •						
g Provide the follow								
(i) Name of supp	-	(ii) EIN			rganization	(v) Amount o	fmonetary	(vi) Amount of
organization	ו		(described on lines 1-9 above (see instructions))	listed i governing		support		other support (see
			above (see instructions))	Yes	No	instruct	ions)	instructions)
Total								
LHA For Paperwork Re	duction Act N	lotice, see the Instr	ructions for			Scho	dule <u>A</u> (For	m 990 or 990-EZ) 2015
Form 990 or 990-EZ.						0010		

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Schedule A (Form 990 or 990 EZ) 2015 SCHOOL

Part II

20-4464054 Page 2

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 \dots						
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.						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						
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						
	Gross receipts from related activities,	etc. (see instructi	ons)	•	•	12	
13	First five years. If the Form 990 is for	the organization'				on 501(c)(3)	
	organization, check this box and stop	here			-		
See	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2015 (I	ine 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2015. If the c					nore, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	า			
b	33 1/3% support test - 2014. If the c						
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						
	¥			· · · · ·		adula A (Earm 99	

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990 EZ) 2015 SCHOOL

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	5 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
U	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	-						
78	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 201	5 (f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) o	rganization,
_							>
	ction C. Computation of Publ						
	Public support percentage for 2015 (column (f))		15	%
	Public support percentage from 2014					16	%
Sec	ction D. Computation of Investion	stment Incom	ne Percentage	•			
17	Investment income percentage for 20	15 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from a					18	%
19a	33 1/3% support tests - 2015. If the	organization did	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and	l line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	zation	
b	33 1/3% support tests - 2014. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1	/3% , and
	line 18 is not more than 33 1/3%, che	ck this box and s	stop here. The org	anization qualifies	as a publicly supp	ported organiz	zation
20	Private foundation. If the organization	n did not check a	<u>u box on line 14, 19</u>	a, or 19b, check t	this box and see in	structions)
	23 09-23-15						m 990 or 990-EZ) 2015
				15			
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Schedule A (Form 990 or 990-EZ) 2015 SCHOOL Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b 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 (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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Schedule A (Form 990 or 990-EZ) 2015

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

16

Sche		-446405	4 Pa	age 5
Pa	rt IV 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 Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
_	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			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	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 instruction	ons):		
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		,	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e instructions		
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	0-		
	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 Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
•	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
L.	trustees of each of the supported organizations? Provide details in <i>Part VI.</i>	<u>3a</u>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
		SD		

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Schedule A (Form 990 or 990-EZ) 2015

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t Year Ial)
Year

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

Schedule A (Form 990 or 990-EZ) 2015

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Schod	ule A (Form 990 or 990-EZ) 2015 SCHOOL	IING FUBLIC C		0-4464054 Page 7
Part		(a)(3) Supporting Org	anizations (continued)	0 1101001 Page7
Sectio	n D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe	mot nurnoses		Ourrent real
-	Amounts paid to perform activity that directly furthers exemptions			
	progenizations, in excess of income from activity	or purposes of supported		
	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
-	Amounts paid to acquire exempt-use assets		0	
	Qualified set-aside amounts (prior IRS approval required)			
-	Other distributions (describe in Part VI). See instructions.			
-	Fotal annual distributions. Add lines 1 through 6.			
-	Distributions to attentive supported organizations to which the	he organization is responsive	3	
	provide details in Part VI). See instructions.			
	Distributable amount for 2015 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
10 1		(i)	(ii)	(iii)
Sectio	n E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
1 [Distributable amount for 2015 from Section C, line 6			
2 (Underdistributions, if any, for years prior to 2015			
(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
с				
d	From 2013			
el	From 2014			
f	Fotal of lines 3a through e			
g /	Applied to underdistributions of prior years			
h /	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
j I	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 [Distributions for 2015 from Section D,			
I	ine 7: \$			
a /	Applied to underdistributions of prior years			
b /	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	nstructions).			
	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
-	Breakdown of line 7:			
а				
b				
	Excess from 2013			
-	Excess from 2014			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15

WASHINGTON	YU	YING	PUBLIC	CHARTER
SCHOOL				

s.)	 	

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2015

Employer identification number

Name of the organization	Name	of the	organization
--------------------------	------	--------	--------------

Schedule B

(Form 990, 990-EZ.

Department of the Treasury

Internal Revenue Service

or 990-PF)

WASHINGTON	YU	YING	PUBLIC	CHARTER
SCHOOL				

20-4464054

- · ··				
Organization	type	(check	one):

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

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

General Rule

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

Special Rules

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

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

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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization WASHINGTON YU YING PUBLIC CHARTER SCHOOL

Employer identification number

20 - 4464054

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 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Х Person Payroll 847,607. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523452 10-26-15

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Schedule B (Form 990, 990-EZ, or 990-PF) (201

Name of organization WASHINGTON YU YING PUBLIC CHARTER SCHOOL

Employer identification number

20 - 4464054

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I \$ Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523453 10-26-15 23

Page 3

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ime of organ	GTON YU YING PUBLIC CH	ARTER		Employer identification numb		
CHOOL				20-4464054		
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete c	ributions to organizations describ columns (a) through (e) and the fo	ollowing line ent	501(c)(7), (8), or (10) that total more than \$1,00		
	completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions of \$1,00	0 or less for the ye	ear. (Enter this info. once.) 🕨 \$		
a) No. from	Use duplicate copies of Part III if addition					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
-			-			
-			-			
		(e) Transfer of	gift			
	T		D. I.			
-	Transferee's name, address, ar	10 ZIP + 4	Rela	tionship of transferor to transferee		
-						
-						
a) No. from						
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
-			_			
-			-			
		(e) Transfer of	gift			
	Transferee's name, address, ar	nd 7IP + 4	Rela	tionship of transferor to transferee		
			Tield			
-		[
-						
a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Part I				(d) Description of now girl is need		
-			-			
-		(-) T urneferref				
		(e) Transfer of	giπ			
	Transferee's name, address, a	nd ZIP + 4	Rela	tionship of transferor to transferee		
-						
-		[
-						
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
-						
-			-			
\vdash	(e) Transfer of gift					
		.,	-			
\vdash	Transferee's name, address, a	nd ZIP + 4	Rela	tionship of transferor to transferee		
-						
-						
3454 10-26-1	5			Schedule B (Form 990, 990-EZ, or 990-PI		

SCI	HEDULE D Supplement	al Financial Statements	OMB No. 1545-0047				
	(Form 990) ► 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.						
Depart Interna	Open to Public orm990. Inspection						
Nam	Employer identification number 20 – 4464054						
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or A	ccounts.Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin						
		.,,	b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3 4	Aggregate value of grants from (during year)Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in		ds				
•	are the organization's property, subject to the organization's	-					
6	Did the organization inform all grantees, donors, and donor						
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose confer	ring				
Par		-	line 7.				
1	Purpose(s) of conservation easements held by the organizat	·					
	Preservation of land for public use (e.g., recreation or Protection of natural habitat						
	Protection of natural nabitat	Preservation of a certified his	storic structure				
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a co	inservation easement on the last				
-	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
			2b				
с	Number of conservation easements on a certified historic st	ructure included in (a)	2c				
d	Number of conservation easements included in (c) acquired						
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, reveal year		lization during the tax				
4	Number of states where property subject to conservation ea Does the organization have a written policy regarding the pe						
5	violations, and enforcement of the conservation easements	0 , 1 , 0	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting						
7	Amount of expenses incurred in monitoring, inspecting, han \$	dling of violations, and enforcing conservation ea	sements during the year				
8	Does each conservation easement reported on line 2(d) abo and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservat	•					
	include, if applicable, the text of the footnote to the organiza	ttion's financial statements that describes the org	ganization's accounting for				
Par	t III Organizations Maintaining Collections of	of Art Historical Treasures or Other	Similar Assets				
1 41	Complete if the organization answered "Yes" on Form		Similar Assets.				
1a	If the organization elected, as permitted under SFAS 116 (A		nd balance sheet works of art.				
	historical treasures, or other similar assets held for public ex						
	the text of the footnote to its financial statements that descri						
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement and b	alance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public ser	vice, provide the following amounts				
	relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		► \$				
~			▶ \$				
2	If the organization received or held works of art, historical tree the following amounts required to be reported under SEAS		provide				
а	the following amounts required to be reported under SFAS Revenue included on Form 990, Part VIII, line 1		▶ \$				
	Assets included in Form 990, Part X						
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2015				
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WASHINGTON	YU	YING	PUBLIC	CHARTER
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	dule D (Form 990) 2015 SCHOOL							4464054	
Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Othe	r Similar A	ssets(contin	ued)
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	at are a sig	nificant use o	f its collectior	items
	(check all that apply):								
а	Public exhibition	c	1 🗌	Loan or exc	hange progr	ams			
b	Scholarly research	e	•	Other					
с	Preservation for future generations								
4	Provide a description of the organization's c	ollections and expla	in how t	hey further t	he organizat	ion's exerr	npt purpose in	Part XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	asures, or oth	er similar a	assets		
	to be sold to raise funds rather than to be m	aintained as part of	the orga	anization's co	ollection?			Yes	🗌 No
Par	t IV Escrow and Custodial Arran							t IV, line 9, or	
	reported an amount on Form 990, Pa			Ū					
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	- contributior	ns or other as	ssets not i	ncluded		
	on Form 990, Part X?		-					Yes	No
h	If "Yes," explain the arrangement in Part XIII								
			Jiowing					Amount	
•	Paginning balance						10	Amount	
	Beginning balance								
	Additions during the year								
e	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on F						y?	Yes	No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i	if the organization ar	1		1				
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back 🛛 🕻	d) Three years b	oack (e) Four	years 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								
	End of year balance	-							
2	Provide the estimated percentage of the cur	rent vear end baland	ce (line 1	1 a. column (;	a)) held as:			I	
	Board designated or quasi-endowment		%	. 9, 00.0000000000000					
b	Permanent endowment	%							
	Temporarily restricted endowment	%							
C	The percentages on lines 2a, 2b, and 2c sho								
20			otion th	at are hold a	and administ	arad far th	o organization		
38	Are there endowment funds not in the posse	ession of the organiz	ation in	at are neiu a	and administe	ered for th	e organization		
	by:								Yes No
	(i) unrelated organizations								
	(ii) related organizations								
b	If "Yes" on line 3a(ii), are the related organization				•			3b	
4	Describe in Part XIII the intended uses of the		owment	funds.					
Par	t VI Land, Buildings, and Equipm	nent.							
	Complete if the organization answere	d "Yes" on Form 99	0, Part I	V, line 11a. S	See Form 990	0, Part X, I	ine 10.		
	Description of property	(a) Cost or o			t or other		cumulated	(d) Book	value
		basis (invest	ment)		(other)	depi	reciation		
1a	Land				0,000.),000.
	Buildings			14,16	54,311.	1,5	24,667.	12,639	,644.
	Leasehold improvements								
	Equipment			76	7,549.	5	53,369.	214	1,180.
	Other			1	-		-		
	Add lines 1a through 1e. (Column (d) must e	aual Form 990 Part	X. colu	mn (B), line 1	10c.)		•	15,923	3,824.
		,	, - 5.01	,_,,	- /				

Schedule D (Form 990) 2015

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Scheduc ():Exm (90) 2015 SCHOOL 20-4464054 Page 5 Plant WI Investments - Other Securities. (e) Method of valuation: asswered 'Yes' on Form 900, Part IV, line 11b. See Form 900, Part X, line 12. (f) Francial derivatives (e) Method of valuation: Cost or end-of-year market value (f) Francial derivatives (e) Method of valuation: Cost or end-of-year market value (f) (g) Other (e) Method of valuation: Cost or end-of-year market value (f) (g) Other (f) (f) (f) (g) (f) (f) (f) (f) (g) (f) (f) (f) (f) (g) (f) (f) (f) (f) (g) (g) (g) (g) (g)	66110.01	YU YING PUR	BLIC CHARTER	20	
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(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) INTEREST RATE SWAP (3) CAPITAL LEASE OBLIGATION (4) (5) (6) (7) (8) (9)	(5)				
(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) INTEREST RATE SWAP 439,543. (3) CAPITAL LEASE OBLIGATION 44,141. (4) (5) (6) (7) (8) (9)	(6)				
(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 (1) Federal income taxes (2) INTEREST RATE SWAP (3) CAPITAL LEASE OBLIGATION (4) (5) (6) (7) (8) (9)	(7)				
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) INTEREST RATE SWAP (3) CAPITAL LEASE OBLIGATION (4) (5) (6) (7) (8) (9)					
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 (1) Federal income taxes (2) INTEREST RATE SWAP (3) CAPITAL LEASE OBLIGATION (4) (5) (6) (7) (8) (9)					
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 (a) Description of liability (b) Book value (2) INTEREST RATE SWAP 439,543. (3) CAPITAL LEASE OBLIGATION 44,141. (4) (b) (c) (5) (c) (c) (6) (c) (c) (7) (c) (c) (8) (c) (c) (9) (c) (c)		e 15.)		►	
1. (a) Description of liability (b) Book value (1) Federal income taxes (a) CAPITAL SWAP 439,543. (3) CAPITAL LEASE OBLIGATION 44,141. (4) (b) Book value (5) (c) (6) (c) (7) (c) (8) (c) (9) (c)					
(1) Federal income taxes (1) Federal income taxes (2) INTEREST RATE SWAP 439,543. (3) CAPITAL LEASE OBLIGATION 44,141. (4) (4) (5) (5) (6) (7) (8) (9)		on Form 990, Part IV		n 990, Part X, line 2	5.
(2) INTEREST RATE SWAP 439,543. (3) CAPITAL LEASE OBLIGATION 44,141. (4) (4) (5) (6) (7) (8) (9) (100,100,100,100,100,100,100,100,100,100			(b) Book value		
(3) CAPITAL LEASE OBLIGATION 44,141. (4) (5) (5) (6) (7) (7) (8) (9)					
(4) (5) (6) (7) (8) (9)	(-)				
(5) (6) (7) (7) (8) (7) (9) (100, 100, 100, 100, 100, 100, 100, 100,	(0)		44,141.		
(6) (7) (8) (9)					
(7) (8) (9)					
(8) (9)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▲ 83,684.			402 604		
	Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.) 🕨	483,684.		

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 🚺

WASHINGTON Y	U YING	PUBLIC	CHARTER

	edule D (Form 990) 2015 SCHOOL				4464054 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	nents With	n Revenue per R	eturi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	la.			
1	Total revenue, gains, and other support per audited financial statements			1	9,961,856.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-241,193.		
b	Donated services and use of facilities	2b	32,350.		
с	Recoveries of prior year grants	2c			
d					
е				2e	-208,843.
3	Subtract line 2e from line 1			3	10,170,699.
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				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	10,170,699.
				-	
Pa	rt XII Reconciliation of Expenses per Audited Financial State			Retu	
Pa		ments Wit		Retu	irn.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial State	ments Wi t ^{:a.}	th Expenses per	Retu	
	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ments Wi t ^{:a.}	th Expenses per		irn.
1	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ments Wit	th Expenses per		irn.
1 2	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 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	ments Wit	th Expenses per		irn.
1 2 a	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 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	2a 2b	th Expenses per		irn.
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 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	2a 2a 2b 2c	th Expenses per		ırn. 8,947,778.
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 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.)	2a 2b 2c 2d	th Expenses per 32,350.		ırn. 8,947,778. 32,350.
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 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	2a 2a 2b 2c 2d	th Expenses per 32,350.	1	ırn. 8,947,778.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 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.)	2a 2a 2b 2c 2d	th Expenses per 32,350.	1 2e	ırn. 8,947,778. 32,350.
1 2 b c d e 3	Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12 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:	2a 2a 2b 2c 2d	th Expenses per 32,350.	1 2e	ırn. 8,947,778. 32,350.
1 2 b c d 3 4	Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12 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	2a 2a 2b 2c 2d	th Expenses per 32,350.	1 2e	ırn. 8,947,778. 32,350.
1 2 a b c d e 3 4 a	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 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	2a 2b 2c 2d 2d 4a 4b	th Expenses per 32,350.	1 2e	ırn. 8,947,778. 32,350. 8,915,428. 0.
1 2 d 6 3 4 b 5	Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12 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.)	2a 2b 2c 2d 2d 4a 4b	th Expenses per 32,350.	1 2e 3	ırn. 8,947,778. 32,350. 8,915,428.

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 YU YING PUBLIC CHARTER SCHOOL HAS ADOPTED THE ACCOUNTING OF
UNCERTAINTY IN INCOME TAXES AS REQUIRED BY THE INCOME TAXES TOPIC OF THE
FASB ACCOUNTING STANDARDS CODIFICATION. WASHINGTON YU YING PUBLIC CHARTER
SCHOOL HAS ANALYZED ITS TAX POSITIONS, AND HAS CONCLUDED THAT NO LIABILITY
FOR UNRECOGNIZED TAX BENEFITS SHOULD BE RECORDED RELATED TO ANY UNCERTAIN
TAX POSITIONS TAKEN ON RETURNS FILED FOR OPEN TAX YEARS (2012-2014), OR
EXPECTED TO BE TAKEN IN ITS 2015 TAX RETURN. WASHINGTON YU YING PUBLIC
CHARTER SCHOOL IS NOT AWARE OF ANY TAX POSITIONS FOR WHICH IT BELIEVES
THAT THERE IS A REASONABLE POSSIBILITY THAT THE TOTAL AMOUNTS OF
UNRECOGNIZED TAX BENEFITS WILL CHANGE MATERIALLY IN THE NEXT TWELVE
MONTHS.
532054 09-21-15 Schedule D (Form 990) 2015 28

Schedule D (Form 990) 2015 SCHOOL 20-446405 Part XIII Supplemental Information (continued)	
532055 Schedule D (For	m 990) 2015
532055 09-21-15 29	

12530116 793927 31900 2015.05020 WASHINGTON YU YING PUBLIC C 31900_1

(For	m 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ment of the Treasury Attach to Form 990 or Form 990-EZ.	MB No. 20 Open to rspect	15 Publ)
Name	e of the organization WASHINGTON YU YING PUBLIC CHARTER Employer iden			
_	SCHOOL 20-4	464	054	
Par			VEO	
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	x	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	-		
2	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2		x
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the	_		
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II THE SCHOOL IS A PUBLIC CHARTER SCHOOL AND IS OPERATING UNDER	3		X
	A CONTRACT WITH THE DC GOVERNMENT REVENUE PROCEDURE 75-50			
	DOES NOT APPLY TO PUBLIC CHARTER SCHOOLS.			
	Describe evention resident the following?			
4	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	x	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4a 4b		X
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
Ū	admissions, programs, and scholarships?	4c	x	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II. REVENUE PROCEDURE 75 - 50 DOES NOT APPLY TO PUBLIC CHARTER SCHOOLS.			
5	Does the organization discriminate by race in any way with respect to:	_		v
	Students' rights or privileges?	5a		X X
	Admissions policies?	5b		X
	Employment of faculty or administrative staff?	5c 5d		X
	Scholarships or other financial assistance? Educational policies?	5a 5e		X
	Use of facilities?	5e 5f		X
	Athletic programs?	5g		X
	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	x	
	Has the organization's right to such aid ever been revoked or suspended?	6b		X
-	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7		X
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 99	30 or 99	90-EZ)	(2015)

532061 10-02-15

20-4464054 Page 2

 Schedule E (Form 990 or 990-EZ) (2015) SCHOOL
 20-446

 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 THE DISTRICT OF

COLUMBIA, DEPARTMENT OF EDUCATION FOR THE TITLE II, FEDERAL DEPARTMENT OF

AGRICULTURE SCHOOL LUNCH PROGRAM, IDEA GRANTS AND FEDERAL CONGRESSIONAL

APPROPRIATIONS.

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 TO PUBLIC

CHARTER SCHOOLS.

532062 10-02-15

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Schedule E (Form 990 or 990-EZ) (2015)

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2015.05020 WASHINGTON YU YING PUBLIC C 31900_1

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		Go Compl	Grants and Oth vernments, ar ete if the organizatio	nd Individua on answered "Yes" Attach to For	ls in the Ŭn i ' on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 2015 Open to Public
Name of the organizati			ion about Schedule I PUBLIC CHA		s instructions is a	t www.irs.gov/form99	0.	Employer identification number
Part I General In	SCHOOL	nd Assistance						20-4464054
	zation maintain records		amount of the grants	s or assistance the	arantees' eligibilit	v for the grants or as	sistance and the selec	tion
•	award the grants or assis		•		• •			
	IV the organization's pro							
Part II Grants an	d Other Assistance to	Domestic Organi	zations and Domesti	i c Governments. C	Complete if the org	anization answered "	/es" on Form 990, Par	t IV, line 21, for any
recipient th	hat received more than S	\$5,000. Part II car	be duplicated if addit	tional space is need	ded.	(f) Mathead of	İ	
	ddress of organization vernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DISTRICT OF COLUM SCHOOL - 3220 16T WASHINGTON, DC 20	•	46-1143189	501(C)(3)	414,727.	0.			EDUCATIONAL ASSISTANCE.
2 Enter total numb	per of section 501(c)(3) a	nd government or	ganizations listed in th	ne line 1 table	1		1	·
	per of other organization							
	Reduction Act Notice							Schedule I (Form 990) (2015)

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

Schedule I (Form 990) (2015)

SCHOOL

20-4464054

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

MINIMAL MONITORING IS CONSIDERED NECESSARY.

Department of the Treasury Internal Revenue Service	Complete if the organ exh to Form 990. Infor	ization answere xplanations, and mation about Sc	any additional inf hedule K (Form 99	90, Part IV	, line 24a. 1 Part VI.	Provide descri				Ope Insp	20 en to l pectio		
SCHOOL	ON YU YING PU	BLIC CHAR	TER						loyer i 0 – 4			n num	ber
Part I Bond Issues (a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	ie price	(f) Descripti	on of purpose	(g) De	efeased	(h) On t of iss		(i) Poo	
								Yes	No		No	-	No
A DISTRICT OF COLUMBIA	53-6001131	NONE	10/01/14	1351	5000.	TO REFIN	ANCE		x		x		X
В													
c													
D													
Part II Proceeds						В	c						
1 Amount of bonds retired			A			В					D		
2 Amount of bonds legally defeased													
3 Total proceeds of issue			13,51	5,000.									
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds													
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds													
8 Credit enhancement from proceeds													
9 Working capital expenditures from procee	eds			4,642.									
10 Capital expenditures from proceeds				1,920.									
11 Other spent proceeds			9,78	5,438.									
12 Other unspent proceeds													
13 Year of substantial completion			20)15			ļ						
			Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a current													
15 Were the bonds issued as part of an adva				X			ļļ						
16 Has the final allocation of proceeds been	made?		X										
17 Does the organization maintain adequate books and real	cords to support the final allocation	of proceeds?	Х										
Part III Private Business Use													
			A			B	C C	•			D		
1 Was the organization a partner in a partne			Yes	No X	Yes	No	Yes	No		Yes		No	
which owned property financed by tax-ex				Ă			┨────┤─						
2 Are there any lease arrangements that ma bond-financed property?				х									
10-22-15 LHA For Paperwork Reduction Act N	lotice, see the Instructio	ns for Form 990.	34						Schee	dule K	(Forn	n 990)	2015

Schedule K (Form 990) 2015 SCHOOL			20-	4464054				Page 2
Part III Private Business Use (Continued)								
		4		В	(0	[)
3a Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1.141-12 and 1.145-2?		X						
Part IV Arbitrage								
		4		В	(0	[)
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?	Х							
4a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Schedule K (Form 990) 2015

Schedule K (Form 990) 2015 SCHOOL	20-4464054 Page 3							
Part IV Arbitrage (Continued)								
	Α		В		С		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of								
section 148?		X						
Part V Procedures To Undertake Corrective Action			-		-			
	Α		В		Ç		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation is not available under applicable								
regulations?		X						
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedul	e K (see inst	ructions).					
SCHEDULE K								
THE SERIES 2014 BOND WAS ISSUED TO REFINANCE EXI								
APPROVED CONSTRUCTION COSTS, AND PAY APPROVED LO	AN COST	rs rela	ATED TO	THE				
TAX-EXEMPT DEBT.								

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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Employer identification number 20-4464054

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

SCHOOL

WASHINGTON YU YING PUBLIC CHARTER SCHOOL DOES NOT HAVE A COMMITTEE WITH

WASHINGTON YU YING PUBLIC CHARTER

AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

THE FINANCE COMMITTEE REVIEWS THE FORM 990 AND THEN FORWARDS TO THE BOARD

OF TRUSTEES FOR REVIEW AND APPROVAL PRIOR TO FILING.

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

NEW TRUSTEES HAVE TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE UPON JOINING THE BOARD. IN ADDITION, ALL TRUSTEES, THE COO, AND THE HEAD OF SCHOOL ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY. THE COMPLETED QUESTIONNAIRES ARE THEN REVIEWED BY THE SECRETARY AND THE HEAD OF SCHOOL TO DETERMINE IF ANY FURTHER ACTION IS NEEDED WHEN ACTUAL OR APPARENT CONFLICTS OF INTEREST EXIST, SUCH PERSON WILL BE ASKED TO RECUSE HIM/HERSELF FROM PARTICIPATING IN THE DISCUSSION AND DECISION OF THE TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF TRUSTEES EVALUATE THE HEAD OF SCHOOL'S PERFORMANCE ANNUALLY AND SET THE SALARY INCREASE. ACCORDINGLY, COMPARABLE SALARY DATA FOR A SIMILAR POSITION IN THE DISTRICT OF COLUMBIA IS CONSIDERED IN THE COMPENSATION ARRANGEMENT DECISION. THE BOARD CHAIR THEN DISCUSSES THEPERFORMANCE EVALUATION AND COMPENSATION ARRANGEMENT DECISION WITH THE HEAD OF SCHOOL. THE LAST COMPENSATION REVIEW FOR THE HEAD OF SCHOOL WAS DONE IN 2016 AND CHIEF OPERATING OFFICER'S LAST COMPENSATION REVIEW WAS JUNE, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015) 5322 i i 09-02-15 37 12530116 793927 31900 2015.05020 WASHINGTON YU YING PUBLIC C 31900 1

Schedule O (Form 990 or 990-EZ) (2015) Page							
Name of the organization	WASHINGTON SCHOOL	YU YING PU	JBLIC CHARTER		Employer identification number $20-4464054$		
CONDUCTED IN	MARCH 2015.	THE HEAD	OF SCHOOL USED	A COMPE	NSATION SURVEY		

(FROM EDFUEL) TO HELP SET THE COO SALARY.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE UPON

REQUEST, THE FORM 990 IS AVAILABLE ON THE WEBSITE GUIDESTAR.ORG AND

DCPCSB.ORG.

FORM 990, PART XII, LINE 2C:

THIS PROCEDURE HAS NOT CHANGED FROM THE PRIOR YEAR.

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Form 8868	
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(Rev. January 2014)

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

File a separate application for each return.

OMB No. 1545-1709

0 1

Department of the Treasury
Internal Revenue Service

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number

Type or print File by the due date for filing your return, See	Name of exempt organization or other filer, see instructions. WASHINGTON YU YING PUBLIC CHARTER SCHOOL	Employer identification number (EIN) or $20-4464054$		
	Number, street, and room or suite no. If a P.O. box, see instructions. 220 TAYLOR ST, NE	Social security number (SSN)		
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20017			

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above) THE ORGANIZATIO	06	Form 8870			12
 The books are in the care of ▶ 220 TAYLOR ST. Telephone No. ▶ 202-635-1950 If the organization does not have an office or place of business If this is for a Group Return, enter the organization's four digit (box ▶]. If it is for part of the group, check this box ▶	s in the Ur Group Exe and atta required t organiza , an	Fax No. ► 202-635-1950 hited States, check this box	s is for memb	the whole group, c ers the extension is The extension	
Change in accounting period					
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			
nonrefundable credits. See instructions. 3a \$				0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b					0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,					
by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$				0.	
Caution. If you are going to make an electronic funds withdrawal instructions.	(direct de	bit) with this Form 8868, see Form 8453	-EO ar	nd Form 8879-EO fo	r payment
LHA For Privacy Act and Paperwork Reduction Act Notice, 523841 04-01-15	see instr	actions.		Form 8868 (Re	∍v. 1-2014)

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