Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047 2017 Open to Public Inspection

<u>A F</u>	or the	e 2017 calendar year, or tax year beginning 00L 1, 201/ and	enaing U	UN 30, 2018					
B c	heck if pplicable Addreschang	WASHINGTON LEADERSHIP ACADEMI PUBLIC		D Employer identific	cation number				
	¬Name			47-4595801					
	_chang _Initial _return	Doing business as Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number					
	Final return	3015 ATH CTDFFT NF	Ttoom/suite	(240) 580-3371					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,428,495.				
	Ameno	washington, DC 20017		H(a) Is this a group re					
	Application	F Name and address of principal officer: ANADIADIA KANE		for subordinates	? Yes X No				
	pendir	SAME AS C ABOVE		H(b) Are all subordinates included? Yes No					
		empt status: $\boxed{\mathbf{X}}$ 501(c)(3) $\boxed{}$ 501(c) () \blacktriangleleft (insert no.) $\boxed{}$ 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)				
		e: > WWW.WASHINGTONLEADERSHIPACADEMY.ORG		H(c) Group exemption					
		organization: X Corporation	L Year	of formation: 2014 N	1 State of legal domicile: DC				
Pa	rt I	Summary	DOLLEDE	D G GG!!O! 7	DC LITTII				
ø		Briefly describe the organization's mission or most significant activities: TO P			ARS WITH				
Activities & Governance	l	THE KNOWLEDGE, SKILLS, AND HABITS REQUIRE			ala.				
/ern	l	Check this box if the organization discontinued its operations or dispose Number of voting members of the governing body (Part VI, line 1a)		1 . 1	ets. 5				
é	ı	Number of independent voting members of the governing body (Part VI, line 1b)		·····	5				
ფ		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			34				
ij		Total number of volunteers (estimate if necessary)			27				
Ęi		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
⋖		Net unrelated business taxable income from Form 990-T, line 34			0.				
				Prior Year	Current Year				
Φ	8	Contributions and grants (Part VIII, line 1h)		2,665,402.	6,420,349.				
au	9	Program service revenue (Part VIII, line 2g)		0.	0.				
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		931.	271.				
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,033.	7,875.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,669,366.	6,428,495.				
	ı	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	396.				
	ı	Benefits paid to or for members (Part IX, column (A), line 4)		1,422,166.	2,566,556.				
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Expenses	h	Total fundraising expenses (Part IX, column (A), line 25) 24, 3	24.	•	<u> </u>				
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,011,269.	1,623,223.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,433,435.	4,190,175.				
	ı	Revenue less expenses. Subtract line 18 from line 12		235,931.	2,238,320.				
or				ginning of Current Year	End of Year				
Net Assets or	20	Total assets (Part X, line 16)		1,022,605.	3,323,253.				
t As	21	Total liabilities (Part X, line 26)		159,396.	221,724.				
	22	Net assets or fund balances. Subtract line 21 from line 20		863,209.	3,101,529.				
	ırt II	Signature Block							
	-	Ities of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is				
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nicn preparer	nas any knowledge.					
C:	_	Signature of officer		Date					
Sigi Her		ANASTASIA KANE, EXECUTIVE DIRECTOR		Duto					
пеі	e	Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid		FRANK H. SMITH Frank H. Sm	ithe lo	2/07/19 of self-employe	P00639053				
	arer	Firm's name MARCUM LLP		Firm's EIN ▶	11-1986323				
-	Only	Firm's address 1899 L STREET, NW, SUITE 850							
		WASHINGTON, DC 20036		Phone no. (2					
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				
7320	01 11-2	3-17 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2017)				

Form	990 (2017) CHARTER SCHOOL 47-4595801 Page 2	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:	
	WLA COMBINES BEST PRACTICES IN TEACHING AND LEARNING, WITH THE LATEST	
	IN EDUCATIONAL TECHNOLOGY TO CREATE AN UNPARALLELED HIGH SCHOOL	
	EXPERIENCE. STUDENTS WILL GRADUATE FROM WLA PREPARED FOR COLLEGE,	
	CAREER, AND LIVES OF PUBLIC LEADERSHIP.	
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 \$ 3 , 480 , 508 • including grants of \$ 396 •) (Revenue \$)
	WASHINGTON LEADERSHIP ACADEMY (WLA) IS A 9-12 PUBLIC CHARTER SCHOOL	,
	PROVIDING ITS STUDENTS WITH A RIGOROUS COLLEGE PREPARATORY CURRICULUM	_
	WITH AN EMPHASIS ON PUBLIC LEADERSHIP AND TECHNOLOGY. STUDENTS LEARN	_
	FOUR YEARS OF COMPUTER SCIENCE AND HAVE OPPORTUNITIES TO WORK WITH AND	-
	LEARN FROM LOCAL ORGANIZATIONS.	_
	BEART TROM BOCAL ORGANIZATIONS:	-
		_
		_
		_
		_
		_
		_
		_
4b	(Code:) (Expenses \$)
		_
		_
		_
		_
		_
		_
		_
4c	(Code:) (Expenses \$)
		_
		_
		_
		_
		_
		-
		-
		_
		_
	Others are serviced (Possella is Oshed Is Osh	_
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	_
4e	Total program service expenses ► 3,480,508.	

Form **990** (2017)

47-4595801

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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
			$\Omega\Omega\Omega$	

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
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		<u> X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
-	Schedule N, Part II	32		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
			000	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		<u></u>					
					Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	21						
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 re	portab	le gaming						
	(gambling) winnings to prize winners?			1c	Х				
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	34						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authorit	y over, a			x			
financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b If "Yes," enter the name of the foreign country: ▶									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccount	s (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
b	, , , , , , , , , , , , , , , , , , , ,								
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orgai	nization solicit						
	any contributions that were not tax deductible as charitable contributions?			6a		<u> X</u>			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts						
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).		_	7a		Х			
a									
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ired	_					
	to file Form 8282?			7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0	7e		Х			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
† ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual preparity, did the organization file.			7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g 7h					
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			/11					
0		•		8					
9	Sponsoring organization nave excess business noidings at any time during the year? Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
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.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
a Is the organization licensed to issue qualified health plans in more than one state?									
Note. See the instructions for additional information the organization must report on Schedule O.									
b Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c				7-			
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	e O		14b	000	(05 :=:			
				⊦∩rm	ココリ	(2017)			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 5									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
_	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
_	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6		5 6		X						
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0		- 22						
7a		7-		Х						
	more members of the governing body?	7a								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			Х						
•	persons other than the governing body?	7b								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	37							
a	The governing body?	8a	X	37						
b	Each committee with authority to act on behalf of the governing body?	8b		X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		37						
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b										
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b		X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► NONE									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	ailable)							
	for public inspection. Indicate how you made these available. Check all that apply									
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
	NATALIE GOULD - (240) 580-3371									
	3015 4TH STREET, NE, WASHINGTON, DC 20017									

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

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

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

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

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

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		Cei ai		liecto	Tuus	(66)	from	from related	other
	(list any hours for	directo				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	9e or (stee			nsated		(W-2/1099-MISC)	(** 27 1033 141100)	organization
	organizations	trust	nal tru		oyee	om pe				and related
	below	Individual trustee or director	Institutional trustee	Je	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	High	Forr			
(1) RACHEL TORRES	5.00									
CHAIR		Х		Х				0.	0.	0.
(2) LEA CRUSEY	4.00									
VICE CHAIR - UNTIL 12/2017		Х		Х				0.	0.	0.
(3) SURAJ PATEL	4.00								_	_
TREASURER - UNTIL 12/2017		Х		Х				0.	0.	0.
(4) RAJEEV KAUL	4.00									
TREASURER - AS OF 12/2017		Х		Х				0.	0.	0.
(5) ALEX SANCHEZ	4.00								_	_
SECRETARY - UNTIL 12/2017		Х		Х				0.	0.	0.
(6) JEANNE ALLEN	1.00									
BOARD MEMBER - UNTIL 07/2017		Х						0.	0.	0.
(7) SETH ANDREW	1.00								_	_
BOARD MEMBER - UNTIL 12/2017		Х						0.	0.	0.
(8) BEATRIZ CEJA-WILLIAMS	1.00									
BOARD MEMBER - UNTIL 12/2017		Х						0.	0.	0.
(9) DUANE ROLLINS	1.00								_	_
BOARD MEMBER - UNTIL 12/2017		Х						0.	0.	0.
(10) DANIELE SCHIFFMAN	1.00								_	_
BOARD MEMBER - UNTIL 12/2017		Х						0.	0.	0.
(11) MARIO SUTTON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) MILES TAYLOR	1.00								_	_
BOARD MEMBER - UNTIL 12/2017		Х						0.	0.	0.
(13) KHALIL THOMPSON	1.00								_	_
BOARD MEMBER - AS OF 04/2018		Х						0.	0.	0.
(14) VENUS VALLADARES	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(15) COURTNEY WRIGHT	1.00								_	_
BOARD MEMBER - UNTIL 12/2017	12.	Х						0.	0.	0.
(16) ANASTASIA KANE	40.00			_						
EXECUTIVE DIRECTOR	12.			Х				126,100.	0.	6,275.
(17) JOSEPH WEBB	40.00			_						
PRINCIPAL				X				120,716.	0.	5,350.

732007 11-28-17

Form 990 (2017)

Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	ΙΗις	gnes	t C	ompensated Employee	s (continued)			
(A)	(B)	D. Maria		(D)	(E)			(F)				
Name and title	Average Position (do not check more than one box, unless person is both an							Reportable	Reportable			mated
	week					s both r/trust		compensation from	compensation from related	- 1		ount of ther
	(list any	ctor						the	organization			ensation
	hours for	r direc				ted		organization	(W-2/1099-MIS			m the
	related	stee o	ruste		•	pensat		(W-2/1099-MISC)			_	nization
	organizations below	ual tru	ional t		ployee	t com						related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	izations
		=	=	0	×	Τ ω	ш.					
										\dashv		
										\dashv		
4.01.11						Щ		246,816.		0.	11	,625.
1b Sub-total								240,010.		0.		<u>,025.</u> 0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								246,816.		0.	11	,625.
Total number of individuals (including but n							re		000 of reportable			70231
compensation from the organization		-				,			oo orroportuor			2
										ſ	\	res No
3 Did the organization list any former officer,	•			•		•		•				
line 1a? If "Yes," complete Schedule J for s											3	X
4 For any individual listed on line 1a, is the su	•		•					•	J			X
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a			•								4	^A
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com											5	х
Section B. Independent Contractors	ipiete Scrieduit	: J /(JI SU	ICII Ļ	<i>Jers</i>	<i>011</i> .					J	
Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ntra	actor	s th	nat received more than \$	100,000 of comp	oensat	tion fron	n
the organization. Report compensation for	the calendar ye	ear e	ndin	ıg wi	ith c	or wit	hin T	the organization's tax ye	ear.			
(A) Name and business	address							(B) Description of s	ervices	С	(C) ompens	sation
TOP SPANISH CAFE & CATERI		• ,	3	54:	1		\dashv	2 000p. 10 0 0	5,11,000		0,00	
GEORGIA AVENUE, NW, WASHI	NGTON,	DĊ	2	00	10			FOOD SERVICES	S		108	,158.
							\dashv					
							\dashv					
2 Total number of independent contractors (ii \$100,000 of compensation from the organize		ot lin	nitec	to t	thos <u>1</u>	e list -	ed	above) who received mo	re than			

Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to anv lin	e in this Part VIII			
				 	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
တ္ တ	1 a	Federated campaigns	1a					012 011
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
ତ୍ର ପ୍ର		Fundraising events						
ffts, r A		Related organizations						
ig G		Government grants (contributi		384,882.				
Sir		All other contributions, gifts, grant						
e të	•	similar amounts not included abov		035.467.				
를 를 를	a	Noncash contributions included in lines						
S P		Total. Add lines 1a-1f		•	6,420,349.			
<u> </u>		Total Aca miles 14 11		Business Code				
σ.	2 a			Business Code				
Nice	2 u b							
ser iue	C							
E S	d							
gra Re	e							
Program Service Revenue		All other program service reve	nue					
		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			271.			271.
	4	Income from investment of tax						
	5	Royalties		· ·				
		y	(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		>				
		Gross amount from sales of	(i) Securities					
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
une	8 a	Gross income from fundraising including \$						
eve		contributions reported on line	1c). See					
Other Revenu		Part IV, line 18	a					
the	b	Less: direct expenses						
Ò		Net income or (loss) from fund						
		Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sales	s of inventory	<u></u>				
		Miscellaneous Revenue		Business Code				
		STUDENT SERVICE	S	900099	5,395.			5,395.
	b	MISCELLANEOUS		900099	2,480.			2,480.
	С							
		All other revenue			7 075			
		Total. Add lines 11a-11d			7,875.	•	•	0 146
	12	Total revenue. See instructions.)	6,428,495.	0.	0.	8,146.

Sectio	on 501(c)(3) and 501(c)(4) organizations must compl			plete column (A).	
	Check if Schedule O contains a respons	e or note to any line in t	this Part IX(B)	(C)	(D)
	ot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	396.	396.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	263,741.	144,806.	105,749.	13,186
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	1,978,013.	1,783,062.	191,658.	3,293
	Pension plan accruals and contributions (include	, , , , , , , , , , , , , , , , , , , ,	, , , , , , ,	,	, ,
	section 401(k) and 403(b) employer contributions)	32,286.	31,202.	1,084.	
	Other employee benefits	117,084.	101,448.	14,822.	814
	Payroll taxes	175,432.	150,277.	23,846.	1,309
	Fees for services (non-employees):	27071011	200,2770	2370101	
	-				
	Management	11,924.	11,924.		
	Legal	107,929.	11,044	107,929.	
	Accounting	101,525.		101,020•	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,	294,381.	256,325.	37,509.	E / 1
	column (A) amount, list line 11g expenses on Sch O.)	7,986.		37,309.	547
	Advertising and promotion		7,986.	42 200	20
	Office expenses	186,817.	144,225.	42,288.	304
	Information technology	1,419.	1,215.	193.	11
	Royalties	654 545	550 000	00 550	4 06
6	Occupancy	651,517.	558,098.	88,559.	4,860
	Travel	34,913.	34,913.		
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
)	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	79,439.	68,111.	11,328.	
3	Insurance	18,550.		18,550.	
	Other expenses. Itemize expenses not covered 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.)	120 222	100 000		
	STUDENT FOOD SERVICE	120,232.	120,232.		
	CURRICULUM DURG AND FERRO	46,888.	46,888.	41 000	
	DUES AND FEES	44,328.	2,500.	41,828.	
	STUDENT MATERIALS	16,900.	16,900.		
	All other expenses	4 100 155	2 400 700	605 010	04.00
	Total functional expenses. Add lines 1 through 24e	4,190,175.	3,480,508.	685,343.	24,324
6	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Check here

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

Form 990 (2017)

Part X | Balance Sheet

Part X	Balance Sheet					
	Check if Schedule O contains a response or not	e to any lin	e in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			465,173.	1	2,881,347
2	Savings and temporary cash investments			101,262.	2	101,532
3	Pledges and grants receivable, net			166,188.	3	51,349
4	Accounts receivable, net			4,797.	4	22,773
5	Loans and other receivables from current and fo					
	trustees, key employees, and highest compensa					
	Part II of Schedule L		5			
6	Loans and other receivables from other disqualit					
	section 4958(f)(1)), persons described in section	•	,			
	employers and sponsoring organizations of sect					
,	employees' beneficiary organizations (see instr).		· ·		6	
Assets 7	Notes and loans receivable, net				7	
A As	Inventories for sale or use				8	
9	B			61,480.	9	72,136
	Land, buildings, and equipment: cost or other	 		02,7200		/ _ 4
.00	basis. Complete Part VI of Schedule D	102	330,840.			
b			141,724.	188,725.	10c	189,116
11	Less: accumulated depreciation Investments - publicly traded securities			100//250	11	103,110
12	Investments - other securities. See Part IV, line 1				12	
13	Investments - program-related. See Part IV, line				13	
14					14	
15		ngible assets er assets. See Part IV, line 11				
16	Total assets. Add lines 1 through 15 (must equal			34,980. 1,022,605.	15 16	5,000 3,323,253
17	Accounts payable and accrued expenses			140,853.	17	219,263
18	Grants payable	110,0331	18	213,203		
19	Deferred revenue			18,543.	19	2,461
20	Tax-exempt bond liabilities			20,0101	20	
21	Escrow or custodial account liability. Complete I				21	
00	Loans and other payables to current and former					
ies Zz	key employees, highest compensated employee					
Liabilities	Complete Part II of Schedule L				22	
<u>s</u> 23	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelated	•			24	
25	Other liabilities (including federal income tax, pa				27	
23	parties, and other liabilities not included on lines					
	Schedule D				25	
26	Total liabilities. Add lines 17 through 25			159,396.	26	221,724
	Organizations that follow SFAS 117 (ASC 958					•
_ω	complete lines 27 through 29, and lines 33 an					
ဦ 27	Unrestricted net assets			763,209.	27	1,133,082
<u>ē</u> 28	Temporarily restricted net assets			100,000.	28	1,968,447
29	Permanently restricted net assets		29			
<u> </u>	Organizations that do not follow SFAS 117 (A	SC 958), c	heck here			
<u> </u>	and complete lines 30 through 34.					
ई 30	Capital stock or trust principal, or current funds				30	
ဖ္တို 31	Paid-in or capital surplus, or land, building, or ec				31	
Net Assets or Fund Balances 22	Retained earnings, endowment, accumulated in				32	
ž 33	Total net assets or fund balances			863,209.	33	3,101,529
34	Total liabilities and net assets/fund balances			1,022,605.	34	3,323,253

Form **990** (2017)

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,	42	8,4	95 .			
2	Total expenses (must equal Part IX, column (A), line 25)	2			0,1				
3									
4									
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	3,	10	1,5	29.			
Part XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII								
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin		:						
	Act and OMB Circular A-133?	_		За		Х			
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit								
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b					
				Form	990	(2017)			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. WASHINGTON LEADERSHIP ACADEMY PUBLIC

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

CHARTER SCHOOL 47-4595801 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

47-4595801 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	(4) = 0.0	(2) 23 : :	(5) = 5 : 5	(4,) = 0 + 0	(5) = 5	(1) 10101
	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 instruction	nns)			12	
	First five years. If the Form 990 is for	· ·		d fourth or fifth ta			
	organization, check this box and stor	· ·			•		
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2017 (li			olumn (f))		14	%
	Public support percentage from 2016		•	***		15	%
	33 1/3% support test - 2017. If the c						
	stop here. The organization qualifies					<i>,</i>	
b	33 1/3% support test - 2016. If the o		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			=	· ·		
h	10% -facts-and-circumstances test						
J	more, and if the organization meets the	_					
	organization meets the "facts-and-circ						·
18	Private foundation. If the organization		-	•			
	ato roundation. Il the organizatio	ala not oncon a l		a, 100, 17a, 01 17k		dule A (Form 990	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	siow, picase comp	olete i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	<u> </u>					
7	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	(-,	(-,	X=7 =	(-7	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(-)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	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	J	, ,	, ,	•	(/ (/)	· —
<u> </u>	check this box and stop here	a Cumpart Da					>
	ction C. Computation of Publi					T I	
	Public support percentage for 2017 (li					15	<u>%</u>
	Public support percentage from 2016					16	%
	ction D. Computation of Inves			10 1 (0)		147	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	7 is not
198	a 33 1/3% support tests - 2017. If the						▶ □
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2016. If the	-	-				
•	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	30		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	O.		
	9b		
	9с		
	10a		
0	10b 90 or 99	N E 7	2017
IJ	20 UI 33	·ບ-EZ	ZU 1/

Pa	t IV Supporting Organizations (continued)			
	, and the second		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
360	tion B. All Type III Supporting Organizations		V	N _a
4	Did the expenientian provide to each of its supported expenientians, by the last day of the fifth month of the		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	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	• •	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
Ü	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst.	ructions	L	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting orga	ınization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)				
Secti	on D - Distributions		,	Current Year			
1	Amounts paid to supported organizations to accomplish exer						
2	Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3				
_4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
_6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2017 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
		(i)	(ii)	(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2017						
a							
b	From 2013						
c	From 2014						
d	From 2015						
<u>e</u>	From 2016						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2017 distributable amount						
<u>i</u>	Carryover from 2012 not applied (see instructions)						
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2017 from Section D,						
	line 7: \$						
<u>a</u>	Applied to underdistributions of prior years						
<u> </u>	Applied to 2017 distributable amount						
c	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2017, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2017. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2018. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2013						
	Excess from 2014						
	Excess from 2015						
<u>a</u>	Excess from 2016						
_	Excess from 2017						

Schedule A (Form 990 or 990-EZ) 2017

WASHINGTON LEADERSHIP ACADEMY PUBLIC

Schedule A	(Form 990 or 990-EZ) 2017 CHARTER SCHOOL	47-4595801	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	or 17b; Part III, line 12; 1 and 2; Part IV, Section V, Section B, line 1e; Pa	C,

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

Name of the organization

WASHINGTON LEADERSHIP ACADEMY PUBLIC CHARTER SCHOOL

Employer identification number

47-4595801

Organization type (check one):

Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization WASHINGTON LEADERSHIP ACADEMY PUBLIC CHARTER SCHOOL

Employer identification number

47-4595801

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 4,100,737.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 57,798.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$19,676 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization WASHINGTON LEADERSHIP ACADEMY PUBLIC CHARTER SCHOOL

Employer identification number

47-4595801

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received				
Part I	Description of noncash property given	(See instructions.)	Date received				
	COMPUTERS						
2							
		\$\\$\	03/15/18				
(a)		(c)					
No. from	(b)	FMV (or estimate)	(d)				
Part I	Description of noncash property given	(See instructions.)	Date received				
rarti							
		^Ψ					
(a)	(4.)	(c)	(-1)				
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received				
Part I	Description of noncasti property given	(See instructions.)	Date received				
(a)							
No.	(b)	(c)	(d)				
from	Description of noncash property given	FMV (or estimate)	Date received				
Part I		(See instructions.)					
		\$					
(a)		(c)					
No.	(b)	FMV (or estimate)	(d)				
from	Description of noncash property given	(See instructions.)	Date received				
Part I		, ,					
		\$					
(a)		(c)					
No.	(b)	FMV (or estimate)	(d)				
from	Description of noncash property given	(See instructions.)	Date received				
Part I		(222 322 3230)					
		—— _¢					
453 11 <u>-</u> 01.		Sahadula B (Farm 0	90 990-F7 or 990-PF) (2				

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization Employer identification number WASHINGTON LEADERSHIP ACADEMY PUBLIC CHARTER SCHOOL 47-4595801 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WASHINGTON LEADERSHIP ACADEMY PUBLIC CHARTER SCHOOL

Employer identification number 47-4595801

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a hist	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	ement is located -	
5	Does the organization have a written policy regarding the period	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing cons	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170((h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
Da	conservation easements.	Art Historical Transcripto or Ot	hay Cincilay Assata
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	"	,
	historical treasures, or other similar assets held for public exh		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			·
2	If the organization received or held works of art, historical trea		l gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2017

	t III Organizations Maintaining Co		t. Histo	rical Tre	asures o	r Other			/	Page Z
_	·								, , , , ,	
3	Using the organization's acquisition, accession	i, and other record	s, cneck a	any of the	rollowing that	are a sig	nificant us	e or its c	ollection it	ems
	(check all that apply):									
а	Public exhibition	d			hange progra					
b	Scholarly research	е	• 🗀 0	Other						
С	Preservation for future generations									
4	Provide a description of the organization's coll							e in Part	XIII.	
5	During the year, did the organization solicit or							_	_	
_	to be sold to raise funds rather than to be main								Yes	No
Par	t IV Escrow and Custodial Arrange		ete if the	organizatio	n answered	"Yes" on	Form 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodian								7	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fol	llowing ta	ble:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on For	m 990, Part X, line	21, for es	scrow or cu	ustodial acco	unt liabilit	:y?	L	Yes	No
	If "Yes," explain the arrangement in Part XIII. C									
Par	t V Endowment Funds. Complete if	the organization an	swered "	Yes" on Fo	orm 990, Part	IV, line 1	0.			
		(a) Current year	(b) Pr	ior year	(c) Two yea	rs back	(d) Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	A dissiplinations are seen									
g	End of year balance									
2	Provide the estimated percentage of the current		e (line 1a.	column (a)) held as:					
а		,	- (· g,		,,					
b	Permanent endowment	%	_^							
	Temporarily restricted endowment									
·	The percentages on lines 2a, 2b, and 2c shoul									
32	Are there endowment funds not in the possess	•	ation that	are held ar	nd administer	red for the	organizat	ion		
Ou	by:	sion of the organize	illori triat	arc ricid ai	ia aariiiiistoi	ca for the	organizat	.1011	Г	res No
	-								3a(i)	110
									3a(ii)	
h	(ii) related organizations	one listed as requir	od on Sol	hodulo D2					3b	
J J	Describe in Part XIII the intended uses of the o								SD	
Par	t VI Land, Buildings, and Equipme		willelit lu	nus.						
1 311	Complete if the organization answered) Part IV	line 11a S	See Form 990	Part X I	ine 10			
	Description of property	(a) Cost or o			or other		cumulated	1	(d) Book	valuo
	Description of property	basis (investr			(other)		reciation	1	(u) book	value
10	Land	<u> </u>		24010	, , , , , ,	G C C	. 55.44.011			
	Land Ruildings									
	Buildings				2,133.		83	1	1	,302.
	Leasehold improvements				9,675.		61,85		97	,822.
	Equipment				9,032.		$\frac{01,03}{79,04}$		۱ و	, <u>822.</u> ,992.
	Other						-		1 2 0	,99 <u>2.</u>
rota	. Add lines 1a through 1e. (Column (d) must ear	uai Form 990. Part .	x. columi	า (B). line 1	UC.)				エロラ	,

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 CHARTER SCH	00Г		4 /	-45956Ul Page
Part VII Investments - Other Securities.	5 000 D 1 11/	" 11 0 5 000	D 177 II 10	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, (b) Book value			d-of-year market value
	(b) Book value	(c) Method of	Valuation. Cost of en	u-or-year market value
(1) Financial derivatives				
(2) Closely-held equity interests(3) Other				
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11c. See Form 990	Part X line 13	
(a) Description of investment	(b) Book value			d-of-year market value
(1)	. ,	.,		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.		•		
Complete if the organization answered "Yes"	on Form 990, Part IV,	, line 11d. See Form 990,	Part X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV,		n 990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)			_	
(4)				
(5)			-	
(6)				
(7)			-	
(8)				
<u>(9)</u>			-	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.) ►			

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

Schedule D (Form 990) 2017

47-4595801 Page 4

Pai	t XI Reconciliation of Revenue per Audited Financial St		Revenue per Re	turn.					
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.							
1	Total revenue, gains, and other support per audited financial statements			1	6,585,418.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1							
а	Net unrealized gains (losses) on investments								
b	Donated services and use of facilities		156,923.	-					
С	Recoveries of prior year grants			-					
d	Other (Describe in Part XIII.)	2d			456.000				
е	Add lines 2a through 2d			2e	156,923.				
3	Subtract line 2e from line 1			3	6,428,495.				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1							
а	Investment expenses not included on Form 990, Part VIII, line 7b			-					
b	Other (Describe in Part XIII.)	4b		_	0				
С	Add lines 4a and 4b			4c	0.				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1: † XII Reconciliation of Expenses per Audited Financial S	2.) totomonto With	Evnances per [5	6,428,495.				
Pa			Expenses per r	returi	l .				
	Complete if the organization answered "Yes" on Form 990, Part IV,			1 . 1	4 247 000				
1	Total expenses and losses per audited financial statements			1	4,347,098.				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	156 000						
a	Donated services and use of facilities		156,923.	-					
b	Prior year adjustments								
C	Other losses			-					
d	Other (Describe in Part XIII.)			1	156 923				
e	Add lines 2a through 2d			2e 3	156,923. 4,190,175.				
3	Subtract line 2e from line 1			3	4,100,170				
4	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	40							
a				-					
b	Other (Describe in Part XIII.) Add lines 4a and 4b			4c	0.				
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line			5	4,190,175.				
	T XIII Supplemental Information.	16.)			1/130/1/30				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4: Part IV. lines 1b	and 2b: Part V. line 4	: Part X	(, line 2; Part XI,				
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			,	,				
		•							
PAI	RT X, LINE 2:								
WLA PERFORMED AN EVALUATION OF UNCERTAINTY IN INCOME TAXES FOR THE YEAR									
ENI	DED JUNE 30, 2018, AND DETERMINED THAT	THERE WERE	NO MATTER	S TI	HAT WOULD				
REÇ	QUIRE RECOGNITION IN THE FINANCIAL STAT	TEMENTS OR	THAT MAY H	AVE	ANY				
EFI	ECT ON ITS TAX-EXEMPT STATUS.								

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection Employer identification number 47-4595801

Name of the organization WASHINGTON LEADERSHIP ACADEMY PUBLIC CHARTER SCHOOL Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	١.,	Х	
2	other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	1	Λ	
2	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2		Х
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
Ū	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3		Х
	WLA IS A PUBLIC CHARTER SCHOOL AND IS OPERATING UNDER A			
	CONTRACT WITH THE DC GOVERNMENT. REVENUE PROCEDURE 75-50 DOES			
	NOT APPLY TO PUBLIC CHARTER SCHOOLS.			
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b		<u> </u>
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	Х	37
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d		X
	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.			
	BCHOOLD:			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		Х
	Admissions policies?	5b		X
	Employment of faculty or administrative staff?	5с		X
	Scholarships or other financial assistance?	5d		X
	Educational policies?	5e		_X_
	Use of facilities?	5f		_X_
g	Athletic programs?	5g		_X_
h	Other extracurricular activities?	5h		_X_
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
C -		C-	Х	
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Δ	X
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Λ
7	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	7		X
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II			77

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

Schedule E (Form 990 or 990-EZ) 2017

WASHINGTON LEADERSHIP ACADEMY PUBLIC

Schedule E (Form 990 or 990-EZ) 2017 CHARTER SCHOOL 47-4595801 Page	ge 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.	
Also provide any other additional information.	
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:	
WLA RECEIVES GRANT REVENUE FROM DC'S OFFICE OF THE STATE SUPERINTENDENT OF	·
EDUCATION, THE U.S. DEPARTMENT OF EDUCATION, THE U.S. DEPARTMENT OF	
AGRICULTURE, AND THE FEDERAL COMMUNICATIONS COMMISSION.	
LINE 7 - EXPLANATION OF RACIAL NONDISCRIMINATION COMPLIANCE:	
WLA IS A PUBLIC CHARTER SCHOOL AND IS OPERATING UNDER A CONTRACT WITH THE	
DC GOVERNMENT. REVENUE PROCEDURE 75-50 DOES NOT APPLY TO PUBLIC CHARTER	
SCHOOLS.	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

WASHINGTON LEADERSHIP ACADEMY PUBLIC CHARTER SCHOOL

Employer identification number 47-4595801

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

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

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

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

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

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

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

THE EXECUTIVE DIRECTOR IS DETERMINED BASED ON OBSERVING SALARY LEVELS OF OTHER SIMILAR ORGANIZATIONS. WLA HIRED AN INDEPENDENT COMPENSATION CONSULTANT TO PERFORM THIS COMPENSATION SURVEY. ANY SALARY CHANGES ARE REVIEWED AND APPPROVED BY THE BOARD OF DIRECTORS AND DOCUMENTED IN THE BOARD OF DIRECTOR'S MEETING MINUTES. THE LAST COMPENSATION REVIEW WAS PERFORMED IN MARCH 2017.

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

Schedule O (Form 990 or 990-EZ) (2017)