|                                |                        |  | EXTENDED TO MAY 15, 2023  |                             |                            |  |  |  |  |  |
|--------------------------------|------------------------|--|---|-----------------------------|----------------------------|--|--|--|--|--|
|                                | Ω                      | 00   | Return of Organization Exempt Fron  | n Income Tax                | OMB No. 1545-0047          |  |  |  |  |  |
| For                            | m J                    | 90   | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code   |                             | 2021                       |  |  |  |  |  |
|                                |                        |  | Do not enter social security numbers on this form as it m   | ay be made public.          | Open to Public             |  |  |  |  |  |
| Depa<br>Inter                  | artment<br>nal Reve    | of the Treasury<br>enue Service  | Go to www.irs.gov/Form990 for instructions and the la   |                             | Inspection                 |  |  |  |  |  |
| ΑΙ                             | For th                 | e 2021 calend  | ar year, or tax year beginning $ m JUL1$ , $2021$ and ending  | <u>J</u> UN 30, 2022        |                            |  |  |  |  |  |
| B                              | Check if<br>applicab   | le: <b>C</b> Name o  | forganization   | D Employer identificat      | ion number                 |  |  |  |  |  |
|                                | Addre                  | ess WASH   | INGTON GLOBAL PUBLIC CHARTER SCHOOL   |                             |                            |  |  |  |  |  |
|                                | Name                   | pe Doing b   | usiness as  | 47-1118215                  | ;                          |  |  |  |  |  |
|                                | Initial<br>returr      | Number   | and street (or P.O. box if mail is not delivered to street address) Room/s  | uite E Telephone number     |                            |  |  |  |  |  |
|                                | Final<br>return        | 17   | SCHOOL STREET SW  | 202-796-24                  |                            |  |  |  |  |  |
|                                | termii<br>ated         | City or t  | own, state or province, country, and ZIP or foreign postal code   | G Gross receipts \$         | 6,197,912.                 |  |  |  |  |  |
|                                | Amer                   |  | INGTON, DC 20024  | H(a) Is this a group retur  |                            |  |  |  |  |  |
|                                | Appli<br>tion<br>pendi | <sup>ca-</sup> <b>F</b> Name a   | nd address of principal officer: ELIZABETH TORRES   | for subordinates?           | Yes 🔟 No                   |  |  |  |  |  |
|                                |                        | S  | CHOOL STREET SW, WASHINGTON, DC 2002  |                             | ded? Yes No                |  |  |  |  |  |
|                                |                        |  |   | 527 If "No," attach a list  | . See instructions         |  |  |  |  |  |
|                                |                        |  | INGTONGLOBAL.ORG  | H(c) Group exemption n      |                            |  |  |  |  |  |
|                                |                        |  | X Corporation Trust Association Other ► L   | /ear of formation: 2014 M S | tate of legal domicile: DC |  |  |  |  |  |
| Pa                             | art I                  | Summary  |   |                             |                            |  |  |  |  |  |
| e                              | 1                      | Briefly describ  | e the organization's mission or most significant activities: A COMMUN   | TTY SCHOOL OPEN             | I TO ALL                   |  |  |  |  |  |
| ano                            |                        |  | SCHOOL STUDENTS IN WASHINGTON, DC. IT   |                             | -                          |  |  |  |  |  |
| Governance                     | 2                      | Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets<br>Number of voting members of the governing body (Part VI, line 1a) |   |                             |                            |  |  |  |  |  |
| ğ                              | 3                      |  | 9<br>8  |                             |                            |  |  |  |  |  |
| જ                              | 4                      |  | al number of individuals employed in calendar year 2021 (Part V, line 2a)       5         al number of individuals employed in calendar year 2021 (Part V, line 2a)       5 |                             |                            |  |  |  |  |  |
| ties                           | 5                      |  |   |                             |                            |  |  |  |  |  |
| Activities &                   | 6                      |  | of volunteers (estimate if necessary)   |                             | 10                         |  |  |  |  |  |
| Ac                             |                        |  | d business revenue from Part VIII, column (C), line 12  |                             | 0.                         |  |  |  |  |  |
|                                | 0                      | Net unrelated  | business taxable income from Form 990-T, Part I, line 11  | Prior Year                  | Current Year               |  |  |  |  |  |
|                                | 8                      | Contributions  | and grants (Part VIII, line 1h)   | 1,150,052.                  | 1,435,658.                 |  |  |  |  |  |
| Revenue                        | 9                      |  |   | 4,903,789.                  | 4,761,923.                 |  |  |  |  |  |
| Svel                           |                        | 0  | ce revenue (Part VIII, line 2g)<br>come (Part VIII, column (A), lines 3, 4, and 7d)   | 0.                          | 0.                         |  |  |  |  |  |
| ď                              | 11                     |  | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 0.                          | 331.                       |  |  |  |  |  |
|                                | 12                     |  | - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 6,053,841.                  | 6,197,912.                 |  |  |  |  |  |
|                                | 13                     |  | nilar amounts paid (Part IX, column (A), lines 1-3)   | 0.                          | 0.                         |  |  |  |  |  |
|                                | 14                     |  | to or for members (Part IX, column (A), line 4)   | 0.                          | 0.                         |  |  |  |  |  |
| ŝ                              | 40                     | •  | compensation, employee benefits (Part IX, column (A), lines 5-10)   | 2,940,553.                  | 3,083,358.                 |  |  |  |  |  |
| Expenses                       | 16a                    |  | indraising fees (Part IX, column ( $\Delta$ ), line 11e)  | 0.                          | 18,000.                    |  |  |  |  |  |
| épe                            | b                      |  | ing expenses (Part IX, column (D), line 25) $\blacktriangleright$ 143, 349.   |                             |                            |  |  |  |  |  |
| Ш                              | 17                     | Other expense  | es (Part IX, column (A), lines 11a-11d, 11f-24e)  | 2,333,857.                  | 2,763,008.                 |  |  |  |  |  |
|                                | 18                     | Total expense  | s. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 5,274,410.                  | 5,864,366.                 |  |  |  |  |  |
|                                | 19                     | Revenue less   | expenses. Subtract line 18 from line 12   | 779,431.                    | 333,546.                   |  |  |  |  |  |
| s or                           |                        |  |   | Beginning of Current Year   | End of Year                |  |  |  |  |  |
| Net Assets or<br>Fund Balances | 20                     | Total assets (I  | Part X, line 16)  | 8,188,677.                  | 8,473,525.                 |  |  |  |  |  |
| t As<br>Id B                   | 21                     | Total liabilities  | (Part X, line 26)   | 6,442,762.                  | 6,394,064.                 |  |  |  |  |  |
| I Pur                          | 22                     |  | fund balances. Subtract line 21 from line 20  | 1,745,915.                  | 2,079,461.                 |  |  |  |  |  |
| _                              | art II                 | •  |   |                             |                            |  |  |  |  |  |
|                                | •                      |  | I declare that I have examined this return, including accompanying schedules and sta  |                             | lowledge and belief, it is |  |  |  |  |  |
| true                           | , corre                | ct, and complete   | . Declaration of preparer (other than officer) is based on all information of which prep  | arer has any knowledge.     |                            |  |  |  |  |  |
|                                |                        |  |   |                             |                            |  |  |  |  |  |

| Sign        | Signature of officer                              |                                    | Date                       |
|-------------|---|------------------------------------|----------------------------|
| Here        | ELIZABETH TORRES, CEO                             |                                    |                            |
|             | Type or print name and title                      |                                    |                            |
|             | Print/Type preparer's name                        | Preparer's signature               | Date Check PTIN            |
| Paid        | MEENA BISHNOI                                     | Meren Signature                    | 5/12/2023 if pol480769     |
| Preparer    | Firm's name 🍃 JM&M                                |                                    | Firm's EIN ▶ 52–1853933    |
| Use Only    | Firm's address ⊾ 1730 RHODE ISLAN                 | D AVE, N.W., SUITE                 | 800                        |
|             | WASHINGTON, DC 2                                  | 0036                               | Phone no. 202 – 296 – 3306 |
| May the IF  | S discuss this return with the preparer shown abo | ove? See instructions              | X Yes No                   |
| 132001 12-0 | 2-21 LHA For Paperwork Reduction Act Note         | ce, see the separate instructions. | Form <b>990</b> (2021)     |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

|       | 990 (2021) WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL 47-1118215 Page 2  |
|-------|---|
| Pa    | t III Statement of Program Service Accomplishments  |
| 1     | Check if Schedule O contains a response or note to any line in this Part III  |
|       | TO DEVELOP ENTERPRISING AND COMPETITIVE GLOBAL CITIZENS THROUGH USING<br>A RIGOROUS, INTERNATIONALLY-BASED ACADEMIC AND CULTURAL CURRICULUM                           |
|       | THAT INTEGRATES PROJECT BASED-LEARNING, SERVICE LEARNING, TECHNOLOGY,   |
|       | AND LANGUAGE ACQUISITION.   |
| 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 4,951,229. including grants of \$ ) (Revenue \$ 4,762,254.)  |
|       | WASHINGTON GLOBAL IS A TUITION-FREE MIDDLE SCHOOL OPEN TO ALL STUDENTS  |
|       | IN WASHINGTON, D.C. THE SCHOOL OFFERS AN INTERNATIONAL, RESEARCH-BASED  |
|       | ACADEMIC PROGRAM TO DEVELOP STUDENTS COMPETITIVE ON THE GLOBAL LEVEL,<br>READY FOR COLLEGE AND CAREERS. THE PROGRAM INCLUDES PROJECT-BASED                            |
|       | LEARNING, SMALL LEARNING COMMUNITIES, TECHNOLOGY INSTRUCTION, ARTS, AND   |
|       | FOREIGN LANGUAGE CLASSES IN SPANISH AND KOREAN. WASHINGTON GLOBAL   |
|       | STRIVES FOR ALL STUDENTS TO BE HEALTHY AND ACTIVE THROUGH NUTRITION,  |
|       | PHYSICAL EDUCATION, ATHLETIC PROGRAMS, AND SERVICE LEARNING. THE  |
|       | SCHOOL'S FRAMEWORK CURRICULUM IS THE INTERNATIONAL BACCALAUREATE  |
|       | INTERNATIONAL MIDDLE YEARS CURRICULUM (IMYC), A RENOWN PROGRAM OF STUDY   |
|       | USED BY SCHOOLS THROUGHOUT THE WORLD.   |
|       |   |
| 4b    | (Code:         ) (Expenses \$) (Revenue \$)   |
|       |   |
|       |   |
|       |   |
|       |   |
|       |   |
|       |   |
|       |   |
|       |   |
|       |   |
|       |   |
| 4c    | (Code:) (Expenses \$ including grants of \$) (Revenue \$)   |
|       |   |
|       |   |
|       |   |
|       |   |
|       |   |
|       |   |
|       |   |
|       |   |
|       |   |
|       |   |
|       | Other program convises (Describe on Schedule O.)  |
| 4d    | Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 4e    | (Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses ►     4,951,229.   |
|       | Form <b>990</b> (2021)  |
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| 240   | 2<br>502 793927 17546 2021.05080 WASHINGTON GLOBAL PUBLIC CH 17546 1  |

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Form 990 (2021)

### WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL Part IV Checklist of Required Schedules

|        |   |     | Yes          | No       |
|--------|---|-----|--------------|----------|
| 1      | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?   |     |              |          |
|        | If "Yes," complete Schedule A   | 1   | X            |          |
| 2      | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions   | 2   | Х            |          |
| 3      | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   |     |              | v        |
|        | public office? If "Yes," complete Schedule C, Part I  | 3   |              | X        |
| 4      | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  |     |              | x        |
| 5      | during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i><br>Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   | 4   |              |          |
| 5      | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III   | 5   |              | х        |
| 6      | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to   |     |              |          |
|        | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6   |              | Х        |
| 7      | Did the organization receive or hold a conservation easement, including easements to preserve open space,   |     |              |          |
|        | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7   |              | X        |
| 8      | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  |     |              |          |
|        | Schedule D, Part III  | 8   |              | X        |
| 9      | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for   |     |              |          |
|        | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?   | -   |              | v        |
| 10     | If "Yes," complete Schedule D, Part IV  | 9   |              | X        |
| 10     | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments  | 10  |              | x        |
| 11     | or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i><br>If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,   | 10  |              | - 23     |
| ••     | 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 |              | X        |
| С      | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total   |     |              |          |
|        | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c |              | <u> </u> |
| 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   |     |              | v        |
|        | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d |              | X<br>X   |
| -      | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e |              |          |
| 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)? <i>If "Yes," complete Schedule D, Part X</i> | 11f | х            |          |
| 12a    | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |     |              |          |
|        | Schedule D, Parts XI and XII  | 12a | х            |          |
| b      | Was the organization included in consolidated, independent audited financial statements for the tax year?   |     |              |          |
|        | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b |              | Х        |
| 13     | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  | Х            |          |
| 14a    | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |              | 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  |     |              | x        |
| 16     | or more? <i>If "Yes," complete Schedule F, Parts I and IV</i><br>Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  | 14b |              |          |
| 15     |   | 15  |              | x        |
| 16     | The foreign organization? If "Yes," complete Schedule F, Parts II and IV<br>Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to  | 15  |              |          |
|        | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16  |              | х        |
| 17     | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,   |     |              | <u> </u> |
|        | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  | 17  | Х            |          |
| 18     | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  |     |              | _        |
|        | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18  |              | 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        |
|        | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>   | 20a |              | X        |
|        | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b |              | <u> </u> |
| 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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>                           | 21  |              | x        |
| 132003 |   |     | <b>990</b> ( | (2021)   |

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|        |   |            | Yes | No                 |
|--------|---|------------|-----|--------------------|
| 22     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on   |            |     |                    |
|        | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22         |     | X                  |
| 23     | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current   |            |     |                    |
|        | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete  |            | 37  |                    |
|        | 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  |            |     | x                  |
| L      | Schedule K. If "No," go to line 25a   | 24a<br>24b |     |                    |
|        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 240        |     |                    |
| U      |   | 24c        |     |                    |
| Ь      | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d        |     |                    |
|        | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  |            |     |                    |
|        | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a        |     | X                  |
| b      | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and  |            |     |                    |
|        | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete   |            |     |                    |
|        | Schedule L, Part I  | 25b        |     | Х                  |
| 26     | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current   |            |     |                    |
|        | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%   |            |     |                    |
|        | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  | 26         |     | X                  |
| 27     | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,   |            |     |                    |
|        | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled   |            |     | 37                 |
|        | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III  | 27         |     | X                  |
| 28     | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,  |            |     |                    |
| _      | instructions for applicable filing thresholds, conditions, and exceptions):<br>A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>                          |            |     |                    |
| а      | "Vas " somelete Schedule L. Dert IV   | 28a        |     | x                  |
| b      | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   | 20a<br>28b |     | X                  |
|        | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>   | 200        |     |                    |
| •      | "Yes," complete Schedule L, Part IV   | 28c        |     | x                  |
| 29     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29         |     | Х                  |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation   |            |     |                    |
|        | contributions? If "Yes," complete Schedule M  | 30         |     | X                  |
| 31     | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31         |     | X                  |
| 32     | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  |            |     |                    |
|        | Schedule N, Part II   | 32         |     | X                  |
| 33     | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  |            |     |                    |
|        | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33         |     | X                  |
| 34     | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and   |            |     | v                  |
| ~=     | Part V, line 1  | 34         |     | X<br>X             |
|        | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a        |     |                    |
| D      | 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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> | 35b        |     |                    |
| 36     | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  | 555        |     |                    |
| 00     | If "Yes," complete Schedule R, Part V, line 2   | 36         |     | x                  |
| 37     | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |            |     |                    |
|        | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37         |     | X                  |
| 38     | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  |            |     |                    |
|        | Note: All Form 990 filers are required to complete Schedule O   | 38         | Х   |                    |
| Pa     | t V Statements Regarding Other IRS Filings and Tax Compliance   |            |     |                    |
|        | Check if Schedule O contains a response or note to any line in this Part V  |            |     |                    |
|        |   |            | Yes | No                 |
| -      | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 21  |            |     |                    |
| b      |   | -          |     |                    |
| С      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  | 4-         | х   |                    |
| 12000  | (gambling) winnings to prize winners?   | Eorm       |     | <u> </u><br>(2021) |
| 132004 | 4   | 1 UIII     | 500 | (2021)             |
| ~      |   | 4          |     |                    |

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Form 990 (2021)

Part IV Checklist of Required Schedules (continued)

2021.05080 WASHINGTON GLOBAL PUBLIC CH 17546\_\_1

| 021)         | WASHINGTON         | GLOBAL       | PUBLIC     | CHARTER       | SCHOOL    |
|--------------|--------------------|--------------|------------|---------------|-----------|
| Statements F | Regarding Other II | RS Filings a | and Tax Co | ompliance (co | ontinued) |

Form 990 (2021)

Part V

|    |   |         |           |          | Yes          | No       |  |  |  |  |
|----|---|---------|-----------|----------|--------------|----------|--|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,                               |         | 49        |          |              |          |  |  |  |  |
|    | filed for the calendar year ending with or within the year covered by this return   | 2a      |           |          | x            |          |  |  |  |  |
| b  | If at least one is reported on line 2a, did the organization file all required federal employment tax retu                |         |           | 2b       | <u> </u>     |          |  |  |  |  |
| •  | <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction    |         |           |          |              | Х        |  |  |  |  |
|    |   |         |           | 3a<br>3b |              |          |  |  |  |  |
|    |   |         |           |          |              |          |  |  |  |  |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a |         |           |          |              |          |  |  |  |  |
|    | financial account in a foreign country (such as a bank account, securities account, or other financial                    | accou   | רג)?      | 4a       |              | X        |  |  |  |  |
| b  | If "Yes," enter the name of the foreign country   |         |           |          |              |          |  |  |  |  |
|    | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A                      |         | . ,       | <b>.</b> |              | х        |  |  |  |  |
|    | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                     |         |           | 5a       |              | X        |  |  |  |  |
|    | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa                |         |           | 5b       |              |          |  |  |  |  |
|    | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   |         |           | 5c       |              |          |  |  |  |  |
| Ja | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the                    | -       |           |          |              | х        |  |  |  |  |
|    | any contributions that were not tax deductible as charitable contributions?   |         |           | 6a       |              |          |  |  |  |  |
| b  | If "Yes," did the organization include with every solicitation an express statement that such contribu-                   |         | 0         |          |              |          |  |  |  |  |
| _  | were not tax deductible?  |         |           | 6b       |              |          |  |  |  |  |
|    | Organizations that may receive deductible contributions under section 170(c).   |         |           | _        |              | v        |  |  |  |  |
|    | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se        |         |           | 7a       |              | X        |  |  |  |  |
|    | If "Yes," did the organization notify the donor of the value of the goods or services provided?                           |         |           | 7b       |              |          |  |  |  |  |
| С  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w                    |         |           | _        |              | v        |  |  |  |  |
|    | to file Form 8282?  |         |           | 7c       |              | X        |  |  |  |  |
|    | If "Yes," indicate the number of Forms 8282 filed during the year   | 7d      | 10        | _        |              | v        |  |  |  |  |
| e  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of                  |         |           | 7e       |              | X<br>X   |  |  |  |  |
| f  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont                   |         |           | 7f       |              | <u> </u> |  |  |  |  |
|    | If the organization received a contribution of qualified intellectual property, did the organization file F               |         |           | 7g       |              |          |  |  |  |  |
|    | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz                 |         |           | 7h       |              |          |  |  |  |  |
| 3  | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained                             | d by th | Э         | _        |              |          |  |  |  |  |
|    |   |         |           | 8        |              |          |  |  |  |  |
| 9  | Sponsoring organizations maintaining donor advised funds.   |         |           |          |              |          |  |  |  |  |
|    |   |         |           | 9a       |              |          |  |  |  |  |
|    | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                         |         |           | 9b       |              |          |  |  |  |  |
| D  | Section 501(c)(7) organizations. Enter:   | I       |           |          |              |          |  |  |  |  |
|    | 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     |           |          |              |          |  |  |  |  |
| 1  | Section 501(c)(12) organizations. Enter:  | 1       |           |          |              |          |  |  |  |  |
|    | 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     |           |          |              |          |  |  |  |  |
|    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form                      |         |           | 12a      |              |          |  |  |  |  |
|    | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                     | 12b     |           |          |              |          |  |  |  |  |
|    | Section 501(c)(29) qualified nonprofit health insurance issuers.  |         |           |          |              |          |  |  |  |  |
| а  | Is the organization licensed to issue qualified health plans in more than one state?                                      |         |           | 13a      |              |          |  |  |  |  |
|    | <b>Note:</b> 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                          |         |           |          |              |          |  |  |  |  |
|    | •   | 13b     |           |          |              |          |  |  |  |  |
|    | Enter the amount of reserves on hand  |         |           |          |              |          |  |  |  |  |
|    | Did the organization receive any payments for indoor tanning services during the tax year?                                |         |           | 14a      |              | Х        |  |  |  |  |
|    | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu                     |         |           | 14b      |              |          |  |  |  |  |
| 5  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune                      |         |           |          |              |          |  |  |  |  |
|    | excess parachute payment(s) during the year?  |         |           | 15       |              | X        |  |  |  |  |
|    | If "Yes," see the instructions and file Form 4720, Schedule N.  |         |           |          |              |          |  |  |  |  |
| 6  | Is the organization an educational institution subject to the section 4968 excise tax on net investment                   | nt inco | me?       | 16       |              | X        |  |  |  |  |
|    | If "Yes," complete Form 4720, Schedule O.   |         |           |          |              |          |  |  |  |  |
| 7  | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in                      | any     |           |          |              |          |  |  |  |  |
|    | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? $\dots$                 |         |           | 17       |              |          |  |  |  |  |
|    | If "Yes," complete Form 6069.   |         |           |          |              |          |  |  |  |  |
|    | 5 12-09-21 5  |         |           |          | 1 <b>990</b> |          |  |  |  |  |
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| Form 990 | (2021) |
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### WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL 47-1118215

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

|        | Check if Schedule O contains a response or note to any line in this Part VI   |          |              | X          |  |  |  |  |  |  |
|--------|---|----------|--------------|------------|--|--|--|--|--|--|
| Sec    | tion A. Governing Body and Management   |          |              |            |  |  |  |  |  |  |
|        |   |          | Yes          | No         |  |  |  |  |  |  |
| 1a     | Enter the number of voting members of the governing body at the end of the tax year1a   | 9        |              |            |  |  |  |  |  |  |
|        | If there are material differences in voting rights among members of the governing body, or if the governing   |          |              |            |  |  |  |  |  |  |
|        | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.   |          |              |            |  |  |  |  |  |  |
| b      | Enter the number of voting members included on line 1a, above, who are independent 1b   | 3        |              |            |  |  |  |  |  |  |
| 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?  |          |              |            |  |  |  |  |  |  |
| 3      | Did the organization delegate control over management duties customarily performed by or under the direct supervision                                     |          |              |            |  |  |  |  |  |  |
|        | of officers, directors, trustees, or key employees to a management company or other person?   | 3        |              | x          |  |  |  |  |  |  |
| 4      | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4        |              | Х          |  |  |  |  |  |  |
| 5      | Did the organization become aware during the year of a significant diversion of the organization's assets?  | 5        |              | Х          |  |  |  |  |  |  |
| 6      | Did the organization have members or stockholders?  | 6        |              | X          |  |  |  |  |  |  |
|        | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or  |          |              |            |  |  |  |  |  |  |
| 74     |   | 7a       |              | x          |  |  |  |  |  |  |
| Ь      | more members of the governing body?<br>Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | 14       |              |            |  |  |  |  |  |  |
| D      | never the state of the service head of  | 7b       |              | x          |  |  |  |  |  |  |
| 0      | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                         | 70       |              | - 23       |  |  |  |  |  |  |
| 8      |   | 0-       | x            |            |  |  |  |  |  |  |
| a      | The governing body?   | 8a       | X            |            |  |  |  |  |  |  |
|        | Each committee with authority to act on behalf of the governing body?   | 8b       |              |            |  |  |  |  |  |  |
| 9      | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the                                      |          |              | 37         |  |  |  |  |  |  |
|        | organization's mailing address? If "Yes," provide the names and addresses on Schedule O   | 9        |              | X          |  |  |  |  |  |  |
| Sec    | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  |          |              |            |  |  |  |  |  |  |
|        |   |          | Yes          | No         |  |  |  |  |  |  |
| 10a    | 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    | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                               | 11a      | X            |            |  |  |  |  |  |  |
| b      | Describe on Schedule O the process, if any, used by the organization to review this Form 990.   |          |              |            |  |  |  |  |  |  |
| 12a    | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a      | X            |            |  |  |  |  |  |  |
|        | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                       | 12b      | Х            |            |  |  |  |  |  |  |
|        | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe  |          |              |            |  |  |  |  |  |  |
|        | on 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?   |          |              |            |  |  |  |  |  |  |
| ~      | The organization's CEO, Executive Director, or top management official  | 15a      | x            |            |  |  |  |  |  |  |
| a<br>h |   |          |              | x          |  |  |  |  |  |  |
| D      | Other officers or key employees of the organization   | 15b      |              | - 11       |  |  |  |  |  |  |
| 40.    | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  |          |              |            |  |  |  |  |  |  |
| 16a    | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a                                     | 10       |              | x          |  |  |  |  |  |  |
| _      | taxable entity during the year?   | 16a      |              | ~          |  |  |  |  |  |  |
| b      | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation                              |          |              |            |  |  |  |  |  |  |
|        | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's  |          |              |            |  |  |  |  |  |  |
|        | exempt status with respect to such arrangements?  | 16b      |              |            |  |  |  |  |  |  |
| 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(                             | 3)s only | ) availa     | able       |  |  |  |  |  |  |
|        | for public inspection. Indicate how you made these available. Check all that apply.   |          |              |            |  |  |  |  |  |  |
|        | Own website Another's website X Upon request Other (explain on Schedule O)  |          |              |            |  |  |  |  |  |  |
| 19     | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a                             | nd fina  | ncial        |            |  |  |  |  |  |  |
|        | 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  |          |              |            |  |  |  |  |  |  |
|        | ELIZABETH TORRES - 202-796-2415   |          |              |            |  |  |  |  |  |  |
|        | 525 SCHOOL STREET SW, WASHINGTON, DC 20024  |          |              |            |  |  |  |  |  |  |
| 132004 | § 12-09-21  | Form     | 1 <b>990</b> | (202-      |  |  |  |  |  |  |
|        | 6   |          |              | 、 <u>-</u> |  |  |  |  |  |  |
| 40     |   |          |              | -          |  |  |  |  |  |  |

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| Form 990 (2021)  | WASHINGTON                             | GLOBAL        | PUBLIC            | CHARTER | SCHOOL | 47-1118215 | Page <b>7</b> |  |  |  |  |  |
|--|--|---------------|-------------------|---------|--------|------------|---------------|--|--|--|--|--|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated |  |               |                   |         |        |            |               |  |  |  |  |  |
| Employees,   | Employees, and Independent Contractors |               |                   |         |        |            |               |  |  |  |  |  |
| Check if Schedu  | ule O contains a response              | or note to an | y line in this Pa | art VII |        |            |               |  |  |  |  |  |

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and title                                 | <b>(B)</b><br>Average                                   | (do                            | not c                 | (C<br>Pos<br>heck                | <b>C)</b><br>ition | l<br>than                       | one    | <b>(D)</b><br>Reportable                     | <b>(E)</b><br>Reportable                      | <b>(F)</b><br>Estimated                                  |
|---|---|--------------------------------|-----------------------|----------------------------------|--------------------|---------------------------------|--------|--|---|--|
|   | hours per<br>week<br>(list any                          | offi                           |                       | unless person<br>er and a direct |                    |                                 |        | compensation<br>from<br>the                  | compensation<br>from related<br>organizations | amount of<br>other<br>compensation                       |
|   | hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer                          | Key employee       | Highest compensated<br>employee | Former | organization<br>(W-2/1099-MISC/<br>1099-NEC) | (W-2/1099-MISC/<br>1099-NEC)                  | from the<br>organization<br>and related<br>organizations |
| <pre>(1) ELIZABETH TORRES, ED.D. MEMBER AND CEO</pre> | 40.00   | x                              |                       | x                                |                    |                                 |        | 166,130.                                     | 0.  | 12,134.  |
| (2) HOWARD MEBANE<br>PRINCIPAL                        | 40.00   |                                |                       |                                  |                    | x                               |        | 127,093.                                     | 0.  | 5,012.   |
| (3) TERESA R. CURRISTINE, PH.D.                       | 2.00  |                                |                       |                                  |                    |                                 |        |  |   |  |
| CHAIR<br>(4) ALEXANDRA ZEILER                         | 2.00  | X                              |                       | X                                |                    |                                 |        | 0.   | 0.  | 0.   |
| VICE-CHAIR  | 2.00  | x                              |                       | x                                |                    |                                 |        | 0.   | 0.  | 0.   |
| (5) LINDA BROWN<br>SECRETARY                          | 2.00  | x                              |                       | x                                |                    |                                 |        | 0.   | 0.  | 0.   |
| (6) CANDICE CLOOS HANEY                               | 2.00  |                                |                       |                                  |                    |                                 |        |  |   | 0  |
| TREASURER (7) VANESSA HARVEY-LYKES                    | 2.00  | X                              |                       | X                                |                    |                                 |        | 0.   | 0.  | 0.   |
| MEMBER  |   | x                              |                       |                                  |                    |                                 |        | 0.   | 0.  | 0.   |
| (8) CARLOS ARDILLA                                    | 2.00  |                                |                       |                                  |                    |                                 |        |  |   | •  |
| MEMBER  | 2 00  | X                              |                       |                                  |                    |                                 |        | 0.   | 0.  | 0.   |
| (9) DANIEL BREWER<br>MEMBER UNTIL FEBRUARY 2022       | 2.00  | x                              |                       |                                  |                    |                                 |        | 0.   | 0.  | 0.   |
| (10) SHANGLA JOSEPH<br>MEMBER UNTIL SEPTEMBER 2021    | 2.00  | x                              |                       |                                  |                    |                                 |        | 0.   | 0.  | 0.   |
| (11) NIKIA STEINER                                    | 2.00  |                                |                       |                                  |                    |                                 |        |  |   |  |
| MEMBER AS OF SEPTEMBER 2021                           |   | X                              |                       |                                  |                    |                                 |        | 0.   | 0.  | 0.   |
| (12) KESHA HILARY<br>MEMBER AS OF FEBRUARY 2022       | 2.00  | x                              |                       |                                  |                    |                                 |        | 0.   | 0.  | 0.   |
|   |   |                                |                       |                                  |                    |                                 |        |  |   |  |
|   |   |                                |                       |                                  |                    |                                 |        |  |   |  |
|   |   |                                |                       |                                  |                    |                                 |        |  |   |  |
|   |   |                                |                       |                                  |                    |                                 |        |  |   |  |
|   |   |                                |                       |                                  |                    |                                 |        |  |   |  |
| 132007 12-09-21                                       |   |                                |                       |                                  |                    |                                 |        |  |   | Form <b>990</b> (2021)                                   |

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Form **990** (2021)

| Form 990 (2021) WASHINGT  | ON GLOBA   | AL              | ΡŪ                    | JBI                             | JI(                                | <u> </u>                        | CH.     | ARTER                   | SCHOOL                                     | 47-1  | 118        | 215                     | Pa  | age <b>8</b>   |
|---|--|-----------------|-----------------------|---------------------------------|------------------------------------|---------------------------------|---------|-------------------------|--|---|------------|-------------------------|---|----------------|
| Part VII Section A. Officers, Directors, Trus   |  | ploy            | vees                  |                                 |                                    | ghe                             | st C    |                         |  | es (continued)  |            |                         |   |                |
| <b>(A)</b><br>Name and title  | (B)<br>Average<br>hours per<br>week                                  | box             | not c<br>, unle       | Posi<br>heck<br>ss per<br>d a d | ition<br><sup>more</sup><br>rson i | than<br>is bot                  | h an    | Repo<br>compe           | <b>D)</b><br>ortable<br>ensation           | ( <b>E)</b><br>Reportable<br>compensatio                | on         | an                      | (F)<br>stimate<br>nount o                                 |                |
|   | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | tee or director | Institutional trustee | Officer                         |                                    | Highest compensated<br>employee | Former  | tl<br>organ<br>(W-2/109 | om<br>he<br>nization<br>99-MISC/<br>9-NEC) | from relate<br>organizatior<br>(W-2/1099-MI<br>1099-NEC | ns<br>SC/  | com<br>fr<br>org<br>and | other<br>pensation the<br>anizati<br>d relate<br>anizatio | e<br>ion<br>ed |
|   | -  |                 |                       |                                 |                                    |                                 |         |                         |  |   |            |                         |   |                |
|   |  |                 |                       |                                 |                                    |                                 |         |                         |  |   |            |                         |   |                |
|   |  |                 |                       |                                 |                                    |                                 |         |                         |  |   |            |                         |   |                |
|   |  |                 |                       |                                 |                                    |                                 |         |                         |  |   |            |                         |   |                |
|   |  | -               |                       |                                 |                                    |                                 |         |                         |  |   |            |                         |   |                |
|   |  |                 |                       |                                 |                                    |                                 |         |                         |  |   |            |                         |   |                |
| 1b Subtotal   |  |                 |                       |                                 |                                    |                                 |         | 29                      | 3,223.                                     |   | 0.         | 1                       | 7,14  | 46.            |
| c Total from continuation sheets to Part V<br>d Total (add lines 1b and 1c)   | II, Section A  | · · · · · · · · | ·····                 |                                 |                                    | ·····                           |         | 29                      | 0.<br>3,223.                               |   | 0.<br>0.   |                         | ,1  | 0.             |
| 2 Total number of individuals (including but r<br>compensation from the organization ►  | not limited to th  | nose            | liste                 | ed at                           | SOVe                               | e) wł                           | סר no r | eceived mor             | re than \$100                              | ),000 of reportab                                       | ble        |                         | Yes   | 2<br>No        |
| <b>3</b> Did the organization list any <b>former</b> officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> a   | such individual  |                 |                       |                                 |                                    |                                 |         |                         |  |   |            | 3                       |   | X              |
| <ul> <li>4 For any individual listed on line 1a, is the s and related organizations greater than \$15</li> <li>5 Did any person listed on line 1a receive or</li> </ul> | 0,000? If "Yes,  | " со            | mple                  | ete S                           | Sche                               | edule                           | ə J i   | for such indi           | ividual                                    |   |            | 4                       | x   |                |
| rendered to the organization? <i>If</i> "Yes," con<br>Section B. Independent Contractors  |  |                 |                       |                                 |                                    |                                 |         |                         |  |   |            | 5                       |   | X              |
| 1 Complete this table for your five highest co<br>the organization. Report compensation for   |  |                 |                       |                                 |                                    |                                 |         |                         | zation's tax                               |   | npens<br>I |                         |   |                |
| (A)<br>Name and business<br>CHARTER SCHOOL INCUBATOR  |  |                 | VE<br>VE              |                                 |                                    |                                 |         | Des                     | <b>(B)</b><br>scription of s               | services  | С          | <b>(C</b><br>Compe      | <b>;)</b><br>nsatior                                      | 1              |
| 15938 DERWOOD ROAD, ROCKVILLE, MD 20855<br>EDOPS, 1611 CONNECTICUT AVE. NW, SUITE   |  |                 |                       |                                 |                                    |                                 |         | FINANC                  | E, BID                                     |   |            |                         | 9,54  |                |
| 200, WASHINGTON, DC 2000  | 9  |                 |                       |                                 |                                    |                                 |         | DATA S                  | UPPORT                                     |   |            | 11                      | 0,9:  | 24.            |
|   |  |                 |                       |                                 |                                    |                                 |         |                         |  |   |            |                         |   |                |
| 2 Total number of independent contractors (<br>\$100,000 of compensation from the organ   | U U  | not li          | mite                  | d to                            |                                    | se lis<br>2                     | stec    | d above) whe            | o received n                               | nore than   |            |                         |   |                |
|   |  |                 |                       |                                 |                                    | -                               |         |                         |  |   |            | Form                    | <b>990</b> (2   | 2021)          |

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|  | n 990 (i |  |                     | GLOBAL PI         | UBLIC CHAR                  | TER SCHOOL                                   | 47-1118                              | 215 Page <b>9</b>   |
|--|----------|--|---------------------|-------------------|-----------------------------|--|--------------------------------------|---|
|  | rt VII   |  | venue               |                   |                             |  |                                      |   |
|  |          | Check if Schedule O c                        | contains a respoi   | nse or note to an |                             | II   |                                      |   |
|  |          |  |                     |                   | <b>(A)</b><br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512 - 514 |
| nts<br>nts   | 1 a      | Federated campaigns                          | 1a                  |                   |                             |  |                                      |   |
| Contributions, Gifts, Grants and Other Similar Amounts |          |  | 1b                  |                   |                             |  |                                      |   |
| s, G   | с        | Fundraising events                           | 1c                  |                   |                             |  |                                      |   |
| Gift   |          |  | 1d                  |                   |                             |  |                                      |   |
| ns,<br>šimi  | е        | Government grants (contr                     | ibutions) <b>1e</b> | 1,423,31          | 6.                          |  |                                      |   |
| er S   | f        | All other contributions, gifts,              | -                   | 10.04             |                             |  |                                      |   |
| Oth  |          | similar amounts not included                 |                     | 12,34             | 2.                          |  |                                      |   |
| ont<br>nd (  | -        |  |                     |                   |                             | 0  |                                      |   |
| aC   | h        | Total. Add lines 1a-1f                       |                     |                   | 1,435,65                    | <u>.</u>                                     |                                      |   |
| •  | •        | PER PUPIL APP                                |                     | Business Co       |                             | 1.4,049,651                                  |                                      |   |
| Program Service<br>Revenue                             | 2 a<br>b | PER PUPIL FAC                                |                     | 90009             |                             |  |                                      |   |
| Ser  |          | I HK TOTTH THE                               |                     |                   |                             |  | •                                    |   |
| m<br>ver   | c<br>d   |  |                     |                   |                             |  |                                      |   |
| Be   | e        |  |                     |                   |                             |  |                                      |   |
| Pro  | f        | All other program service                    | revenue             | _                 |                             |  |                                      |   |
|  | q        | Total. Add lines 2a-2f                       |                     |                   | ▲,761,92                    | 3.   |                                      |   |
|  | 3        | Investment income (includ                    |                     |                   |                             |  |                                      |   |
|  |          | other similar amounts)                       |                     |                   |                             |  |                                      |   |
|  | 4        | Income from investment of                    |                     |                   |                             |  |                                      |   |
|  | 5        | Royalties                                    |                     | <b>)</b>          | •                           |  |                                      |   |
|  |          |  | (i) Real            | (ii) Persona      | al                          |  |                                      |   |
|  | 6 a      | Gross rents                                  | 6a                  |                   |                             |  |                                      |   |
|  |          | Less: rental expenses $\dots$                | 6b                  |                   |                             |  |                                      |   |
|  |          | Rental income or (loss)                      | 6c                  |                   |                             |  |                                      |   |
|  |          | Net rental income or (loss)                  |                     |                   | •                           | _  |                                      |   |
|  | 7 a      | Gross amount from sales of                   | (i) Securiti        | es (ii) Other     |                             |  |                                      |   |
|  |          | assets other than inventory                  | 7a                  |                   |                             |  |                                      |   |
| e  | a        | Less: cost or other basis and sales expenses | 76                  |                   |                             |  |                                      |   |
| evenue   | •        | Gain or (loss)                               | 7b<br>7c            |                   |                             |  |                                      |   |
| ñ  |          | Net gain or (loss)                           |                     |                   | •                           |  |                                      |   |
| er I   |          | Gross income from fundraisir                 |                     | <b>/</b>          | -                           |  |                                      |   |
| Other I  | • •      | including \$                                 | -                   |                   |                             |  |                                      |   |
|  |          | contributions reported on                    |                     |                   |                             |  |                                      |   |
|  |          | Part IV, line 18                             |                     | 8a                |                             |  |                                      |   |
|  | b        | Less: direct expenses                        |                     | 8b                |                             |  |                                      |   |
|  |          | Net income or (loss) from                    | -                   |                   | ►                           |  |                                      |   |
|  | 9 a      | Gross income from gamin                      |                     |                   |                             |  |                                      |   |
|  |          | Part IV, line 19                             |                     | 9a                |                             |  |                                      |   |
|  |          | Less: direct expenses                        |                     | 9b                |                             |  |                                      |   |
|  |          | Net income or (loss) from                    |                     | ·                 |                             |  |                                      |   |
|  | iu a     | Gross sales of inventory, I                  |                     | 100               |                             |  |                                      |   |
|  | L        | and allowances<br>Less: cost of goods sold   |                     | 10a<br>10b        |                             |  |                                      |   |
|  |          | Net income or (loss) from                    |                     |                   |                             |  |                                      |   |
|  | U U      |  | Sales of Inventor   | Business Co       | de                          |  |                                      |   |
| Miscellaneous<br>Revenue                               | 11 a     | REFUNDS & REI                                | MBURSEME            |                   |                             | 1. 331                                       | •                                    |   |
| ane  | b        |  |                     | -                 |                             |  | 1                                    |   |
| sells  | c        |  |                     | -                 |                             |  |                                      |   |
| Aisc   | d        | All other revenue                            |                     |                   |                             |  |                                      |   |
| <  |          | Total. Add lines 11a-11d                     |                     |                   | ▶ 33                        |  |                                      |   |
|  | 12       | Total revenue. See instructio                | ons                 |                   | 6,197,91                    | 2.4,762,254                                  | . 0.                                 |   |
| 13200  | 9 12-09  | -21  |                     |                   |                             |  |                                      | Form <b>990</b> (2021   |

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| CU   | on 501(c)(3) and 501(c)(4) organizations must comp   | olete all columns. All oth | er organizations must co    | mplete column (A).                    |                         |
|------|--|----------------------------|-----------------------------|---------------------------------------|-------------------------|
|      | Check if Schedule O contains a respons   |                            |                             |                                       |                         |
| 0 1  | not include amounts reported on lines 6b,  | (A)                        | (B)                         | (C)                                   | (D)                     |
| b, ( | 8b, 9b, and 10b of Part VIII.  | Total expenses             | Program service<br>expenses | Management and general expenses       | Fundraising<br>expenses |
| I    | 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  |                            |                             |                                       |                         |
| 5    | Grants and other assistance to foreign   |                            |                             |                                       |                         |
|      | organizations, foreign governments, and foreign  |                            |                             |                                       |                         |
|      | individuals. See Part IV, lines 15 and 16<br>Benefits paid to or for members                               |                            |                             |                                       |                         |
|      | Compensation of current officers, directors,   |                            |                             |                                       |                         |
|      | trustees, and key employees  | 194,226.                   | 166,196.                    | 23,229.                               | 4,80                    |
|      | 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   | 2,478,633.                 | 2,120,922.                  | 296,440.                              | 61,27                   |
|      | Pension plan accruals and contributions (include   |                            |                             |                                       |                         |
|      | section 401(k) and 403(b) employer contributions)  | 48,561.                    | 41,553.                     | 5,808.                                | 1,20                    |
|      | Other employee benefits  | 134,789.                   | 115,337.                    | 16,120.                               | 3,33                    |
|      | Payroll taxes  | 227,149.                   | 194,367.                    | 27,167.                               | 5,61                    |
|      | Fees for services (nonemployees):  |                            |                             |                                       |                         |
| а    | Management   |                            |                             |                                       |                         |
| b    | Legal  | 22,670.                    | 19,398.                     | 2,712.                                | 56                      |
| С    | Accounting   | 98,740.                    |                             | 98,740.                               |                         |
| d    | Lobbying   |                            |                             |                                       |                         |
| е    | Professional fundraising services. See Part IV, line 17  | 18,000.                    |                             |                                       | 18,00                   |
| f    | Investment management fees   |                            |                             |                                       |                         |
| g    | Other. (If line 11g amount exceeds 10% of line 25,   | 100 410                    | 140 486                     |                                       | 0 00                    |
|      | column (A), amount, list line 11g expenses on Sch 0.)  | 170,419.                   | 140,476.                    | 27,646.                               | 2,29                    |
|      | Advertising and promotion  | 121 470                    | 91 295                      | F0 041                                |                         |
|      | Office expenses  | 131,479.                   | 71,375.                     | 58,041.                               | 2,06                    |
|      | Information technology   | 45,574.                    | 38,996.                     | 5,451.                                | Ι,ΙΖ                    |
|      | Royalties  | 864,073.                   | 739,373.                    | 103,340.                              | 21,36                   |
|      |  | 004,075.                   | 133,313.                    | 103,340.                              | 21,50                   |
|      | Travel<br>Payments of travel or entertainment expenses   |                            |                             |                                       |                         |
|      | for any federal, state, or local public officials  |                            |                             |                                       |                         |
|      | Conferences, conventions, and meetings   |                            |                             |                                       |                         |
|      | Interest   | 381,097.                   | 326,098.                    | 45,578.                               | 9,42                    |
|      | Payments to affiliates   | ,                          | 0_0,000                     |                                       | 27                      |
|      | Depreciation, depletion, and amortization  | 384,691.                   | 329,175.                    | 46,007.                               | 9,50                    |
|      | Insurance  | 33,563.                    | 28,719.                     | 4,014.                                |                         |
|      | Other expenses. Itemize expenses not covered   | -                          |                             | · · · · · · · · · · · · · · · · · · · |                         |
|      | above. (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A), |                            |                             |                                       |                         |
|      | amount, list line 24e expenses on Schedule 0.)   |                            |                             |                                       |                         |
| а    | DIRECT STUDENT EXPENSE   | 551,300.                   | 551,300.                    |                                       |                         |
| b    | OTHER STAFF RELATED EXP  | 60,422.                    | 51,702.                     | 7,226.                                | 1,49                    |
| с    | PROFESSIONAL DEVELOPMEN  | 10,472.                    | 8,961.                      | 1,252.                                | 25                      |
| d    | DUES, FEES AND FINES   | 8,508.                     | 7,281.                      | 1,017.                                | 21                      |
| е    | All other expenses   |                            |                             |                                       |                         |
|      | Total functional expenses. Add lines 1 through 24e   | 5,864,366.                 | 4,951,229.                  | 769,788.                              | 143,34                  |
|      | Joint costs. Complete this line only if the organization   |                            |                             |                                       |                         |
|      | reported in column (B) joint costs from a combined   |                            |                             |                                       |                         |
|      | educational campaign and fundraising solicitation.   |                            |                             |                                       |                         |

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Form **990** (2021)

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Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net

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

| S       Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       5         9       Controlled entity or family member of any of these persons       5         9       Prepaid expenses and deferred charges       7         10       Land, buildings, and equipment: cost or other       10a       7, 527, 224.         10       Land, buildings, and equipment: cost or other       10a       7, 527, 224.         11       Investments - publicly traded securities       11       12         12       Investments - publicly traded securities       11       12         13       Investments - program-telated. See Part IV, line 11       13         14       Itagible assets       14         15       Other assets. Add lines 1 through 15 fmust equal line 33)       8, 188, 677.       16       8, 473, 525.         16       Grants payable       18       20       20       21       21         21       Exerver or cutodial accourt happet be and courder expenses       453, 806.       17       433, 156.         17       Accounts payable and accourd expenses       453, 806.       17       433, 156.         18       Getarts payable       18       20 </th <th></th> <th>4</th> <th>Accounts receivable, net</th> <th>258,993.</th> <th>4</th> <th>256,299.</th>   |        | 4   | Accounts receivable, net   | 258,993.   | 4   | 256,299.   |
|--|--------|-----|--|------------|-----|------------|
| generating of analy member of any of these persons       5         in Lans and other receivables from other disqualified persons (as defined under section 4958(c)(3)(b)       6         in Ventories for sale or use       7         is Inventories for sale or use       8         in Ventories for sale or use       129,120.9         is Inventories for sale or use       129,120.9         is Inventories for sale or use       100         is Land, buildings, and equipment: cost or other       100         is Complete Part VI of Schedule D       100         is Complete Part VI of Schedule D       101         is Complete Part VI of Schedule D       122         is Complete Part VI of Schedule D       122         is Complete Part VI of Schedule D       122         is Control assets. See Part IV, line 11       13         is Control assets. Add lines 1 through 15 (must equal line 33)       8,188,677.16         is Grants payable       19         is Control assets. Add lines 1 through 15 (must equal line 33)       8,188,677.16         is Grants payable       19         is Convor custodial account liability. Complete Part V of Schedule D       21         is Convor custodial account liability. Complete Part V of Schedule D       22         is Convor custodial account liability. Complete Part V of Schedule D   |        | 5   |  |            |     |            |
| 6       Loans and other receivables from other disqualified persons (as defined under section 4958(i)(1)), and persons described in section 4958(i)(3)(8)       6         7       Notes and loans receivable, net       8         9       Prepaid expenses and deferred charges       129,120.9         10a       Land, buildings, and equipment: cost or other basis. Complete Part Vi of Schedule D       10b       1,779,200.5         b       Less: accumulated depreciation       10b       1,779,200.5       5,959,981.1       10c       5,748,024.1         11       Investments - publicly traded securities       11       12       11       11         12       Investments - commendated. See Part IV, line 11       13       13       14         13       Investments - publicly traded securities       50,000.15       50,000.15       50,000.0         16       Total assets. Add lines 1 through 15 (must equal line 33)       8,188,677.1       16       8,473,525.1         17       Accounts payable and account liabilities       20       21       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       22       23       5,988,956.23       5,960,906.906.906.906.906.906.906.906.906.906.  |        |     | trustee, key employee, creator or founder, substantial contributor, or 35% |            |     |            |
| generation         under section 4958(h(1)), and persons described in section 4958(h(3)(B)         6           7         Notes and loans receivable, net         7           8         Inventories for sale or use         8           9         Prepaid expenses and deferred charges         129,120.9           10a         Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D         10a           11         Investments - publicly traded socurities         111           12         Investments - publicly traded socurities         111           13         Investments - program-related. See Part IV, line 11         13           14         Intagble assets         50,000.15         50,000.15           15         Total assets. Add lines 1 through 15 (must equal line 33)         8,188,677.16         8,473,525.1           16         Total assets. Add lines 1 through 15 (must equal line 33)         8,188,677.16         8,473,525.1           16         Total assets and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons         22         22           21         Eacrow or custodial account liability. Complete Part V of Schedule D         22         23           22         Eacrow or custodial account inability. Complete Par   |        |     | controlled entity or family member of any of these persons                 |            | 5   |            |
| gg       7       Notes and loans receivable, net       7         g       Inventories for sale or use       8         9       Prepaid expenses and deferred charges       129,120.9       101,638.8         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       7,527,224.1       10b         11       Investments - publicly traded securities       111       12       11         12       Investments - publicly traded securities       111       12         11       Investments - publicly traded securities       11       12         11       Investments - publicly traded securities       11       12         12       Investments - publicly traded securities       11       12         13       Investments - publicly traded securities       50,000.16       50,000.16         16       Other assets. See Part IV, line 11       50,000.16       50,000.16         16       Total assets. Add lines 1 through 15 (must equal line 33)       8,188,677.16       8,473,525.1         17       Accounts payable and accrued expenses       453,806.17       433,158.1         19       Deferred revenue       18       19         21       Excore or stotal account liability. Complete Part V of Schedule D       22 </td <th>6</th> <td>Loans and other receivables from other disqualified persons (as defined</td> <td></td> <td></td> <td></td>   |        | 6   | Loans and other receivables from other disqualified persons (as defined    |            |     |            |
| 8       Inventories for sale or use       8         9       Prepaid expenses and deferred charges       129,120.       8         10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       17,527,224.         b Less: accumulated depreciation       10b       1,779,200.       5,959,981.       10c       5,748,024.         11       Investments - publicly traded securities       11       12       11       12       11       12         12       Investments - program-related. See Part IV, line 11       13       14       13       14         13       Investments - program-related. See Part IV, line 11       13       14       50,000.       15       50,000.         16       Total assets. See Part IV, line 11       13       14       50,000.       15       50,000.         17       Accounts payable and accrued expenses       453,806.       17       433,158.       18         10       Deferred revenue       19       20       20       21       20       21         21       Lass and other payables to any current or former officer, director, trust, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22       23       5,988,956.       23       5,960,  |        |     | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  |            | 6   |            |
| 8       Inventories for sale or use       8         9       Prepaid expenses and deferred charges       129,120.       9         10a       Land, buildings, and equipment: cost or other basis. Complete Part Vi of Schedule D       10a       7,527,224.         b       Less: accumulated depreciation       10b       1,779,200.       5,959,981.       10c       5,748,024.         11       Investments - publicly traded securities       11       11       122       11         13       Investments - program-related. See Part IV, line 11       13       11       11         14       Intangible assets       14       50,000.       15       0,000.         16       Other assets. See Part IV, line 11       50,000.       15       0,000.       16         16       Other assets. Add lines 1 through 15 (must equal line 33)       8,188,677.       16       8,473,525.         17       Accounts payable and accrued expenses       453,806.       17       433,158.         18       Grants payable       19       20       20       20       20         21       Less and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22       22       2  | Assets | 7   | Notes and loans receivable, net  |            | 7   |            |
| 10a       Land, buildings, and equipment: cost or other       10a       11a       11a       11a       11a         10a       Land, buildings, and equipment: cost or other       10a       7,527,224.       10a       5,959,981.       10c       5,748,024.         11       Investments - publicly traded securities       111       11a       11a       11a       11a         12       Investments - other securities. See Part IV, line 11       13a       11a       11a       11a         13       Investments - other securities. See Part IV, line 11       13a       11a       11a         14       Intrangible assets. See Part IV, line 11       50,000.       15       50,000.         16       Total assets. Add lines 1 through 15 (must equal line 33)       8,188,677.       16       8,473,525.         17       Accounts payable and accrued expenses       453,806.       17       433,158.         18       Deferred revenue       19       20       20       21         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       21       22         22       Loans and other payables to unrelated third parties       22       5,988,956.       23       5,960,906.         23       Secured motrgages and notes payable  |        | 8   |  |            | 8   |            |
| basis. Complete Part VI of Schedule D         10a         7,527,224.<br>10b         10c         5,748,024.           11         Investments - publicly traded securities         11         10c         5,748,024.           12         Investments - oblight traded securities.         11         11         12           12         Investments - program-related. See Part IV, line 11         13         14           13         Investments - program-related. See Part IV, line 11         13           14         Intrastreats. Add lines 1 through 15 (must equal line 33)         8,188,6777.16         8,473,525.           17         Accounts payable         18         20         20           21         Leass and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member persons         22           23         Secured mortgages and notes payable to unrelated third parties         24         24           24         Other liabilities. Add lines 17 through 25         6,4422,7622.26         6,394,064.           24         Other liabilities. Add lines 17 through 25         6,4422,7622.26         6,394,064.           25         Other liabilities. Add lines 17 through 25         22,079,461.         40.28         0           25         Ca total li  | Ř      | 9   |  | 129,120.   | 9   | 101,638.   |
| 11       Investments - publicly traded securities       11         12       Investments - other securities. See Part IV, line 11       12         13       Investments - program-related. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. See Part IV, line 11       13         16       Total assets. Add lines 1 through 15 (must equal line 33)       8 , 188 , 677       16 8 , 473 , 525 .         17       Accounts payable and accrued expenses       453 , 806 .       17 4 33 , 158 .         19       Deferred revenue       19       20         20       Escrow or custodial account liability. Complete Part IV of Schedule D       21         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       5 , 988 , 956 .       23         23       Secured mortgages and notes payable to unrelated third parties       24       24         24       Other liabilities included on lines 17.24). Complete Part X of Schedule D       26       6 , 442 , 762 .       26       6 , 394 , 064 .         28       Total liabilititises. Add lines 17 through 25 <td< td=""><td rowspan="2"></td><th>10a</th><td></td><td></td><td></td><td></td></td<>  |        | 10a |  |            |     |            |
| 11       Investments - publicly traded securities       11         12       Investments - other securities. See Part IV, line 11       12         13       Investments - program-related. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. See Part IV, line 11       13         16       Total assets. Add lines 1 through 15 (must equal line 33)       8 , 188 , 677       16 8 , 473 , 525 .         17       Accounts payable and accrued expenses       453 , 806 .       17 4 33 , 158 .         19       Deferred revenue       19       20         20       Escrow or custodial account liability. Complete Part IV of Schedule D       21         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       5 , 988 , 956 .       23         23       Secured mortgages and notes payable to unrelated third parties       24       24         24       Other liabilities included on lines 17.24). Complete Part X of Schedule D       26       6 , 442 , 762 .       26       6 , 394 , 064 .         28       Total liabilititises. Add lines 17 through 25 <td< td=""><th></th><td>basis. Complete Part VI of Schedule D 10a 7,527,224.</td><td></td><td></td><td></td></td<>  |        |     | basis. Complete Part VI of Schedule D 10a 7,527,224.                       |            |     |            |
| 12       Investments - other securities. See Part IV, line 11       12         13       Investments - program-related. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. See Part IV, line 11       50,000.       15       50,000.         16       Total assets. Add lines 1 through 15 (must equal line 33)       8,188,677.       16       8,473,525.         17       Accounts payable and accrued expenses       453,806.       17       433,158.         19       Deferred revenue       19       12         21       Escrow or custodial account liabilities       20       21         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22       23       Secured mortgages and notes payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties       24       25       6,442,762.       26       6,394,064.         28       Net assets without donor restrictions       1,745,875.       27       2,079,461.         29       Capital stock or trust principal, or current funds       29       29       20,079,461.         29   |        | b   | Less: accumulated depreciation 1,779,200.                                  | 5,959,981. | 10c | 5,748,024. |
| 13       Investments - program-related. See Part IV, line 11       13         14       14         15       Other assets. Add lines 1 through 15 (must equal line 33)       8, 188, 677.       16       8, 473, 525.         17       Accounts payable and accrued expenses       453, 806.       17       433, 1158.         18       Grants payable and accrued expenses       453, 806.       17       433, 1158.         19       Deferred revenue       19       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       20         21       Escrow or custodial account g. substantial contributor, or 35% controlled entity or family member of any of these persons       22       23         23       Secured mortgages and notes payable to unrelated third parties       24       24         25       Other liabilities, not included on lines 17:24). Complete Part X of Schedule D       25       25         26       Total liabilitites. Add lines 17 through 25       6, 442, 762.       28       6, 394, 064.         28       Net assets with donor restrictions       1, 745, 875.       27       2, 079, 461.         29       Capital stock or trust principal, or current funds       29       0       0         29       Capital stock or trust principal, or curre  |        | 11  | Investments - publicly traded securities                                   |            | 11  |            |
| 14       Intangible assets         15       Other assets. See Part IV, line 11         16       Total assets. Add lines 1 through 15 (must equal line 33)         17       Accounts payable and accrued expenses         18       Grants payable         19       Deferred revenue         20       21         21       Escrow or custodial account liability. Complete Part IV of Schedule D         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons         23       Secured mortgages and notes payable to unrelated third parties         24       Unsecured notes and loans payable to unrelated third parties         25       Other liabilities (including federal income tax, payables to related third parties         26       Total liabilities. Add lines 17 through 25         27       Net assets with donor restrictions         28       Net assets with donor restrictions         29       Capital stock or trust principal, or current funds         30       Paid-in or capital surplus, or land, building, or equipment fund         31       Retained earnings, endowment, accumulated income, or other funds         32       Total liabilities and net assets/fund balances         33       Tot   |        | 12  | Investments - other securities. See Part IV, line 11                       |            | 12  |            |
| 15       Other assets. See Part IV, line 11       50,000.       15       50,000.         16       Total assets. Add lines 1 through 15 (must equal line 33)       8,188,677.       16       8,473,525.         17       Accounts payable and accrued expenses       453,806.       17       433,158.         18       Grants payable       18       18         19       Deferred revenue       19       20         20       Tax-exempt bond liabilities       20       21         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       21         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22         23       Secured mortgages and notes payable to unrelated third parties       24       24         25       Other liabilities (including federal income tax, payables to related third parties       24       25         24       Organizations that follow FASB ASC 958, check here       1,745,875.       27       2,079,461.         28       Net assets with donor restrictions       1,745,875.       27       2,079,461.         28       Veta sets without donor restrictions       29       30       30   |        | 13  | Investments - program-related. See Part IV, line 11                        |            | 13  |            |
| 16         Total assets. Add lines 1 through 15 (must equal line 33)         8 , 188 , 677.         16         8 , 473 , 525.           17         Accounts payable and accrued expenses         453 , 806.         17         433 , 158.           19         Deferred revenue         19         20         453 , 806.         17         433 , 158.           21         Escrow or custodial account liabilities         20         21         20         21           22         Loans and other payables to any current or forme officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons         22         23         Secured mortgages and notes payable to unrelated third parties         5 , 988 , 956.         23         5 , 960 , 906.           23         Secured mortgages and notes payable to unrelated third parties         24         25         26           24         Unsecured notes and loans payable to unrelated third parties         24         25         26           26         Total liabilities not included on lines 17.24). Complete Part X of Schedule D         25         26         6 , 442 , 762 .         26         6 , 394 , 064 .           27         Net assets without donor restrictions         1 , 745 , 875 .         27         2 , 079 , 461 .         29         20   |        | 14  | •  |            | 14  |            |
| 17       Accounts payable and accrued expenses       453,806.17       433,158.         18       Grants payable       18         19       Deferred revenue       19         20       Tax-exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22         23       Secured mortgages and notes payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       6,442,762.26       6,394,064.         27       Net assets without donor restrictions       1,745,875.27       2,079,461.         28       Net assets without donor restrictions       1,745,875.27       2,079,461.         29       Gapital stock or trust principal, or current funds       29       30         30       Paid-in or capital surplus, or land, building, or equipment fund       30       31         31       Total net assets or fund balances       3,1745,915.32       <  |        | 15  | Other assets. See Part IV, line 11   |            | 15  |            |
| 18       Grants payable       18         19       Deferred revenue       19         20       Tax-exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22         23       Secured mortgages and notes payable to unrelated third parties       5, 988, 956.       23       5, 960, 906.         24       Unsecured notes and loans payable to unrelated third parties       24       24       24         25       Other liabilities not included on lines 17-24). Complete Part X of Schedule D       25       6, 442, 762.       26       6, 394, 064.         27       Net assets without donor restrictions       21, 745, 875.       27       2, 079, 461.         28       Organizations that follow FASB ASC 958, check here       1, 745, 875.       27       2, 079, 461.         29       Gapital stock or trust principal, or current funds       29       29       30       31         30       Paid-in or capital suplus, or land, building, or equipment fund       30       31       31         32       Total net assets or fund balances <td< td=""><th></th><th>16</th><td>Total assets. Add lines 1 through 15 (must equal line 33)</td><td></td><td>16</td><td>8,473,525.</td></td<>  |        | 16  | Total assets. Add lines 1 through 15 (must equal line 33)                  |            | 16  | 8,473,525. |
| 19       Deferred revenue       19         20       Tax-exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22         23       Secured mortgages and notes payable to unrelated third parties       24         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       6,4422,762.2       26       6,394,064.         27       Net assets with donor restrictions       40.28       0.         28       Net assets with donor restrictions       40.28       0.         29       Capital stock or trust principal, or current funds       29       29         30       Paidin or capital surplus, or land, building, or equipment fund       30       31         31       Retained earnings, endowment, accumulated income, or other funds       31       31         32       Total liabilities and net assets/fund balances       8,188,677.33       8,473,525. <th></th> <th>17</th> <td>Accounts payable and accrued expenses</td> <td>453,806.</td> <td>17</td> <td>433,158.</td>   |        | 17  | Accounts payable and accrued expenses                                      | 453,806.   | 17  | 433,158.   |
| 20       Tax-exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22         23       Secured mortgages and notes payable to unrelated third parties       24         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       6 , 442 , 762 . 26       6 , 394 , 064 .         27       Net assets with olonor restrictions       1 , 745 , 875 . 27       2 , 079 , 461 .         28       Net assets with donor restrictions       40 . 28       0 .         29       Capital stock or trust principal, or current funds       29         30       Patain or capital surplus, or land, building, or equipment fund       30         31       Retained earnings, endowment, accumulated income, or other funds       31         32       Total liabilities and net assets/fund balances       8 , 188 , 677 . 33       8 , 473 , 525 .   |        | 18  | Grants payable   |            | 18  |            |
| 21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22         23       Secured mortgages and notes payable to unrelated third parties       5, 988, 956.       23       5, 960, 906.         24       Unsecured notes and loans payable to unrelated third parties       5, 988, 956.       24       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       26       6, 442, 762.       26       6, 394, 064.         26       Total liabilities. Add lines 17 through 25       6, 442, 762.       26       6, 394, 064.         27       Net assets without donor restrictions       1, 745, 875.       27       2, 079, 461.         28       Net assets with donor restrictions       40.       28       0.         29       Capital stock or trust principal, or current funds       29       29         20       Capital stock or trust principal, or current funds       31         30       Retained earnings, endowment, accumulated income, or other funds       31         31       Retained earnings, endowment, accumul  |        | 19  | Deferred revenue   |            | 19  |            |
| 22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22         23       Secured mortgages and notes payable to unrelated third parties       5,988,956.23       5,960,906.         24       Unsecured notes and loans payable to unrelated third parties       24       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25       6,442,762.26       6,394,064.         26       Total liabilities. Add lines 17 through 25       6,442,762.26       6,394,064.       25         27       Net assets without donor restrictions       1,745,875.27       2,079,461.         28       Net assets with donor restrictions       1,745,915.32       2,079,461.         28       Organizations that do not follow FASB ASC 958, check here       □       30         30       Paid-in or capital surplus, or land, building, or equipment fund       30       31         32       Total liabilities and net assets/fund balances       1,745,915.32       2,079,461.         33       Total liabilities and net assets/fund balances       8,188,677.33       8,473,525.   |        | 20  |  |            | 20  |            |
| Image: Secure of the secur |        | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D      |            | 21  |            |
| 23       Secured mortgages and notes payable to unrelated third parties       3,900,900,200,200,200,200,200,200,200,200  | es     | 22  | Loans and other payables to any current or former officer, director,       |            |     |            |
| 23       Secured mortgages and notes payable to unrelated third parties       3,900,900,200,200,200,200,200,200,200,200  | iliti  |     |  |            |     |            |
| 23       Secured mortgages and notes payable to unrelated third parties       3,900,900,200,200,200,200,200,200,200,200  | -iat   |     |  |            |     |            |
| 25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       6,442,762.26       6,394,064.         Organizations that follow FASB ASC 958, check here ▶ X       and complete lines 27, 28, 32, and 33.       1,745,875.27       2,079,461.         27       Net assets with donor restrictions       1,745,875.27       2,079,461.         28       Net assets with donor restrictions       40.28       0.         0rganizations that do not follow FASB ASC 958, check here ▶ □       and complete lines 29 through 33.       29         29       Capital stock or trust principal, or current funds       29         30       Paid-in or capital surplus, or land, building, or equipment fund       30         31       Retained earnings, endowment, accumulated income, or other funds       31         32       Total net assets or fund balances       1,745,915.32       2,079,461.         33       Total liabilities and net assets/fund balances       8,188,677.33       8,473,525.  | -      | 23  |  | 5,988,956. |     | 5,960,906. |
| parties, and other liabilities not included on lines 17-24). Complete Part X       25         26       Total liabilities. Add lines 17 through 25       6,442,762.26       6,394,064.         27       Net assets with out onor restrictions       1,745,875.27       2,079,461.         28       Net assets with donor restrictions       40.28       0.         0rganizations that do not follow FASB ASC 958, check here ▶       40.28       0.         0rganizations that do not follow FASB ASC 958, check here ▶       30       29         29       Capital stock or trust principal, or current funds       29         30       Paid-in or capital surplus, or land, building, or equipment fund       30         31       Retained earnings, endowment, accumulated income, or other funds       31         32       Total net assets or fund balances       1,745,915.32       2,079,461.         33       Total liabilities and net assets/fund balances       8,188,677.33       8,473,525.   |        | 24  |  |            | 24  |            |
| of Schedule D       25         26       Total liabilities. Add lines 17 through 25       6,442,762.26       6,394,064.         Organizations that follow FASB ASC 958, check here ▶ X       and complete lines 27, 28, 32, and 33.       1,745,875.27       2,079,461.         27       Net assets with donor restrictions       1,745,875.27       2,079,461.         28       Net assets with donor restrictions       40.28       0.         Organizations that do not follow FASB ASC 958, check here ▶       29       29         and complete lines 29 through 33.       29       29         29       Capital stock or trust principal, or current funds       29         30       Paid-in or capital surplus, or land, building, or equipment fund       30         31       Retained earnings, endowment, accumulated income, or other funds       31         32       Total net assets or fund balances       1,745,915.32       2,079,461.         33       Total liabilities and net assets/fund balances       8,188,677.33       8,473,525.  |        | 25  |  |            |     |            |
| 26       Total liabilities. Add lines 17 through 25       6,442,762.26       6,394,064.         Organizations that follow FASB ASC 958, check here ▶ X       and complete lines 27, 28, 32, and 33.       1,745,875.27       2,079,461.         27       Net assets with donor restrictions       1,745,875.27       2,079,461.         28       Net assets with donor restrictions       40.28       0.         0rganizations that do not follow FASB ASC 958, check here ▶       30       29         29       Capital stock or trust principal, or current funds       29         30       Paid-in or capital surplus, or land, building, or equipment fund       30         31       Retained earnings, endowment, accumulated income, or other funds       31         32       Total net assets or fund balances       1,745,915.32       2,079,461.         33       Total liabilities and net assets/fund balances       8,188,677.33       8,473,525.   |        |     |  |            |     |            |
| Source       Organizations that follow FASB ASC 958, check here       X       1,745,875.27       2,079,461.         and complete lines 27, 28, 32, and 33.       1,745,875.27       2,079,461.         28       Net assets with donor restrictions       40.28       0.         Organizations that do not follow FASB ASC 958, check here       □       30         Organizations that do not follow FASB ASC 958, check here       □       30         Organizations that do not follow FASB ASC 958, check here       □       30         and complete lines 29 through 33.       29       Capital stock or trust principal, or current funds       29         30       Paid-in or capital surplus, or land, building, or equipment fund       30       30         31       Retained earnings, endowment, accumulated income, or other funds       31         32       Total net assets or fund balances       1,745,915.32       2,079,461.         33       Total liabilities and net assets/fund balances       8,188,677.33       8,473,525.  |        |     |  |            |     | 6 204 064  |
| and complete lines 27, 28, 32, and 33.1,745,875.272,079,461.27Net assets without donor restrictions40.280.28Net assets with donor restrictions40.280.Organizations that do not follow FASB ASC 958, check here□1and complete lines 29 through 33.292930Paid-in or capital surplus, or land, building, or equipment fund3031Retained earnings, endowment, accumulated income, or other funds3132Total net assets or fund balances1,745,915.3233Total liabilities and net assets/fund balances8,188,677.33   |        | 26  |  | 0,442,/02. | 26  | 0,394,004. |
| and complete lines 29 through 33.29Capital stock or trust principal, or current funds302930Paid-in or capital surplus, or land, building, or equipment fund31Retained earnings, endowment, accumulated income, or other funds32Total net assets or fund balances33Total liabilities and net assets/fund balances34Retained earnings, endowment, accumulated income, or other funds33Total liabilities and net assets/fund balances   | S      |     |  |            |     |            |
| and complete lines 29 through 33.29Capital stock or trust principal, or current funds302930Paid-in or capital surplus, or land, building, or equipment fund31Retained earnings, endowment, accumulated income, or other funds32Total net assets or fund balances33Total liabilities and net assets/fund balances34Retained earnings, endowment, accumulated income, or other funds33Total liabilities and net assets/fund balances   | nce    |     | • • • • •  | 1 745 975  |     | 2 070 461  |
| and complete lines 29 through 33.29Capital stock or trust principal, or current funds302930Paid-in or capital surplus, or land, building, or equipment fund31Retained earnings, endowment, accumulated income, or other funds32Total net assets or fund balances33Total liabilities and net assets/fund balances34Retained earnings, endowment, accumulated income, or other funds33Total liabilities and net assets/fund balances   | 3ala   |     |  |            |     |            |
| and complete lines 29 through 33.29Capital stock or trust principal, or current funds302930Paid-in or capital surplus, or land, building, or equipment fund31Retained earnings, endowment, accumulated income, or other funds32Total net assets or fund balances33Total liabilities and net assets/fund balances34Retained earnings, endowment, accumulated income, or other funds33Total liabilities and net assets/fund balances   | B      | 28  |  | 40.        | 28  | 0.         |
| c grows<br>grows<br>2929Capital stock or trust principal, or current funds2930Paid-in or capital surplus, or land, building, or equipment fund3031Retained earnings, endowment, accumulated income, or other funds3132Total net assets or fund balances1,745,915.3233Total liabilities and net assets/fund balances8,188,677.33  | Fur    |     |  |            |     |            |
| <b>33</b> Total liabilities and net assets/fund balances 8,188,677. <b>33</b> 8,473,525.   | ۲<br>۵ | ~   |  |            | 00  |            |
| <b>33</b> Total liabilities and net assets/fund balances 8,188,677. <b>33</b> 8,473,525.   | ets    |     |  |            |     |            |
| <b>33</b> Total liabilities and net assets/fund balances 8,188,677. <b>33</b> 8,473,525.   | Ass    |     |  |            |     |            |
| <b>33</b> Total liabilities and net assets/fund balances 8,188,677. <b>33</b> 8,473,525.   | et /   |     |  | 1 745 915  |     | 2 079 461  |
|  | z      |     |  |            |     |            |
|  |        | აა  |  | 0,100,077. | 33  |            |

47-1<u>118215 Page 11</u> WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL

1

2

3

**(B)** End of year

1,438,235.

879,329.

**(A)** Beginning of year

1,331,100.

459,483.

1

2

3

Part X Balance Sheet

| Form | 1990 (2021) WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL  | 47-     | -1118215 | Pa  | ge <b>12</b> |
|------|--|---------|----------|-----|--------------|
| Pa   | rt XI Reconciliation of Net Assets   |         |          |     |              |
|      | Check if Schedule O contains a response or note to any line in this Part XI  | <u></u> |          |     |              |
|      |  |         |          |     |              |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  | 1       | 6,19     | 7,9 | 12.          |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2       | 5,86     | 4,3 | 66.          |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3       |          |     | 46.          |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                          | 4       | 1,74     | 5,9 | 15.          |
| 5    | Net unrealized gains (losses) on investments   | 5       |          |     |              |
| 6    | Donated services and use of facilities   | 6       |          |     |              |
| 7    | Investment expenses  | 7       |          |     |              |
| 8    | Prior period adjustments   | 8       |          |     |              |
| 9    | Other changes in net assets or fund balances (explain on Schedule O)   | 9       |          |     | 0.           |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                 |         |          |     |              |
|      | column (B))  | 10      | 2,07     | 9,4 | 61.          |
| Pa   | rt XII Financial Statements and Reporting  |         |          |     |              |
|      | Check if Schedule O contains a response or note to any line in this Part XII                                       |         |          |     | X            |
|      |  |         |          | Yes | No           |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other   |         |          |     |              |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule     |         |          |     |              |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                    |         | 2a       |     | X            |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed    | d on a  |          |     |              |
|      | separate basis, consolidated basis, or both:   |         |          |     |              |
|      | Separate basis Consolidated basis Both consolidated and separate basis   |         |          |     |              |
| b    |  |         |          | Х   |              |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat    | e 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 th  |         |          |     |              |
|      | review, or compilation of its financial statements and selection of an independent accountant?                     |         | 2c       | X   |              |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on Sch  |         |          |     |              |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Au | dit      |     |              |
|      | Act and OMB Circular A-133?  |         | За       |     | X            |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ  |         |          |     |              |
|      | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                           |         |          |     |              |

Form **990** (2021)

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| SCH | EDU | LE | A |
|-----|-----|----|---|
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Department of the Treasury

(Form 990)

<u>Total</u>

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

| OMB No. 1545-0047            |
|------------------------------|
| 2021                         |
| Open to Public<br>Inspection |

| Intern                   | al Reve   | enue Service     |                  | ► Go to www.irs.go     | v/Form990 for instructi                                  | ons and t  | he latest i                       | nformation.              |                | Inspection                |
|--------------------------|-----------|------------------|------------------|------------------------|--|------------|-----------------------------------|--------------------------|----------------|---------------------------|
| Name of the organization |           |                  |                  |                        |  |            |                                   |                          |                | identification number     |
|                          |           | Deces            |                  |                        | BAL PUBLIC C   |            |                                   |                          |                | 7-1118215                 |
|                          | rt I      |                  |                  |                        | (All organizations must o                                |            |                                   |                          | ns.            |                           |
|                          | orgar     |                  |                  |                        | (For lines 1 through 12, o                               |            |                                   |                          |                |                           |
| 1                        |           |                  |                  |                        | on of churches describe                                  |            | on 170(b)(                        | 1)(A)(i).                |                |                           |
| 2                        | X         |                  |                  |                        | (Attach Schedule E (Forr                                 |            |                                   |                          |                |                           |
| 3                        |           |                  |                  |                        | anization described in <b>s</b>                          |            |                                   |                          |                |                           |
| 4                        |           |                  |                  | ation operated in co   | onjunction with a hospita                                | l describe | d in sectio                       | on 170(b)(1)(A           | (III). Enter   | the hospital's name,      |
| _                        |           | city, and stat   |                  |                        |  |            |                                   |                          |                |                           |
| 5                        |           | 0                | -                |                        | ollege or university owne                                | d or opera | ited by a g                       | overnmental              | unit descrit   | bed in                    |
| ~                        |           |                  |                  | Complete Part II.)     | en a stal a se it al a a suite a sli a                   |            | 70/1-1/41/41                      | M- A                     |                |                           |
| 6<br>7                   | $\square$ |                  |                  |                        | mental unit described in                                 |            |                                   |                          | the general    | public described in       |
| '                        |           | -                |                  | omplete Part II.)      | antial part of its support                               | rom a gov  | remmenta                          |                          | line general   | public described in       |
| 8                        |           |                  |                  |                        | )(1)(A)(vi). (Complete Par                               | + 11 \     |                                   |                          |                |                           |
| 9                        |           |                  |                  |                        | d in section 170(b)(1)(A)                                |            | ed in conii                       | inction with a           | land-grant     | college                   |
| Ū                        |           | -                |                  | -                      | culture (see instructions)                               |            |                                   |                          | -              | -                         |
|                          |           | university:      |                  | grant concego or agri  |  |            |                                   | <i>,</i> , a.i.a otato o |                |                           |
| 10                       |           | · · ·            | ion that norma   | ally receives (1) more | than 33 1/3% of its sup                                  | port from  | contributio                       | ons, members             | hip fees, a    | nd gross receipts from    |
|                          |           |                  |                  |                        | ct to certain exceptions;                                |            |                                   |                          |                |                           |
|                          |           | income and u     | unrelated busi   | ness taxable income    | e (less section 511 tax) fr                              | om busine  | esses acqu                        | uired by the o           | rganization    | after June 30, 1975.      |
|                          |           | See section      | 509(a)(2). (Co   | mplete Part III.)      |  |            |                                   |                          |                |                           |
| 11                       |           | An organizat     | ion organized a  | and operated exclus    | sively to test for public sa                             | afety. See | section 5                         | 09(a)(4).                |                |                           |
| 12                       |           | An organizat     | ion organized a  | and operated exclus    | sively for the benefit of, t                             | o perform  | the function                      | ons of, or to c          | arry out the   | e purposes of one or      |
|                          |           | more publicly    | y supported or   | rganizations describ   | ed in <b>section 509(a)(1)</b> c                         | r section  | 509(a)(2).                        | See section              | 509(a)(3). 🤇   | Check the box on          |
|                          | _         | lines 12a thro   | ough 12d that    | describes the type     | of supporting organizatic                                | n and con  | nplete line                       | s 12e, 12f, an           | d 12g.         |                           |
| а                        |           |                  |                  |                        | supervised, or controlled                                | • •        | •                                 |                          | ••••••         |                           |
|                          |           |                  | -                | ., .                   | egularly appoint or elect                                | a majority | of the dire                       | ctors or trust           | ees of the s   | supporting                |
|                          | _         |                  |                  | complete Part IV, S    |  |            |                                   |                          | <i>.</i>       |                           |
| b                        |           |                  |                  | •                      | d or controlled in connec                                |            |                                   | -                        | ., .           | -                         |
|                          |           |                  | -                |                        | panization vested in the s                               | ame perso  | ons that co                       | ontrol or mana           | age the sup    | ропеа                     |
| -                        |           |                  |                  | -                      | , Sections A and C.                                      | in connor  |                                   | and functions            | llu integrat   |                           |
| С                        | L         |                  | -                | •                      | ng organization operated<br>s). <b>You must complete</b> |            |                                   |                          | any integrat   | ea with,                  |
| d                        |           |                  | -                |                        | porting organization oper                                |            |                                   |                          | orted organ    | ization(e)                |
| u                        | L         |                  |                  |                        | ization generally must sa                                |            |                                   |                          | -              |                           |
|                          |           |                  | •                |                        | mplete Part IV, Section                                  | -          |                                   | •                        | a an attorn    |                           |
| е                        |           |                  |                  |                        | written determination fro                                |            |                                   |                          | e II. Type III |                           |
|                          |           |                  | -                |                        | onally integrated support                                |            |                                   |                          | , . ,          |                           |
| f                        | Ent       |                  | of supported of  |                        | ,                  | 0 0        |                                   |                          |                |                           |
| g                        | Pro       | vide the follow  | ving information | n about the support    | ed organization(s).                                      |            |                                   |                          |                |                           |
|                          |           | (i) Name of supp |                  | (ii) EIN               | (iii) Type of organization<br>(described on lines 1-10   |            | anization listed<br>ing document? | (v) Amount o             | -              | (vi) Amount of other      |
|                          |           | organization     | n                |                        | above (see instructions))                                | Yes        | No                                | support (see i           | nstructions)   | support (see instructions |
|                          |           |                  |                  |                        |  |            |                                   |                          |                |                           |
|                          |           |                  |                  |                        |  |            |                                   |                          |                |                           |
|                          |           |                  |                  |                        |  |            |                                   |                          |                |                           |
|                          |           |                  |                  |                        |  |            |                                   |                          |                |                           |
|                          |           |                  |                  |                        |  |            |                                   |                          |                |                           |
|                          |           |                  |                  |                        |  |            |                                   |                          |                |                           |
|                          |           |                  |                  |                        |  |            |                                   |                          |                |                           |
|                          |           |                  |                  |                        |  |            |                                   |                          |                |                           |
|                          |           |                  |                  |                        |  |            |                                   |                          |                |                           |
|                          |           |                  |                  |                        |  |            |                                   |                          |                |                           |

#### WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL 47-1118215 Page 2 Schedule A (Form 990) 2021 Part II

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

| See  | ction A. Public Support                        |                     |             |             |          |                     |                       |
|------|--|---------------------|-------------|-------------|----------|---------------------|-----------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨      | (a) 2017            | (b) 2018    | (c) 2019    | (d) 2020 | (e) 2021            | (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                         |                     |             |             |          |                     |                       |
| Cale | ndar year (or fiscal year beginning in) 🕨      | (a) 2017            | (b) 2018    | (c) 2019    | (d) 2020 | (e) 2021            | (f) Total             |
|      | Amounts from line 4                            |                     |             |             |          |                     |                       |
| 8    | Gross income from interest,                    |                     |             |             |          |                     |                       |
|      | dividends, payments received on                |                     |             |             |          |                     |                       |
|      | securities loans, rents, royalties,            |                     |             |             |          |                     |                       |
|      | and income from similar sources                |                     |             |             |          |                     |                       |
| 9    | Net income from unrelated business             |                     |             |             |          |                     |                       |
| -    | activities, whether or not the                 |                     |             |             |          |                     |                       |
|      | business is regularly carried on               |                     |             |             |          |                     |                       |
| 10   | Other income. Do not include gain              |                     |             |             |          |                     |                       |
|      | or loss from the sale of capital               |                     |             |             |          |                     |                       |
|      | assets (Explain in Part VI.)                   |                     |             |             |          |                     |                       |
| 11   | Total support. Add lines 7 through 10          |                     |             |             |          |                     |                       |
|      | Gross receipts from related activities,        | etc. (see instructi | ons)        |             |          | 12                  |                       |
|      | First 5 years. If the Form 990 is for th       |                     |             |             |          |                     |                       |
|      | organization, check this box and <b>stor</b>   |                     |             |             |          |                     |                       |
| Sec  | ction C. Computation of Publ                   |                     |             |             |          |                     |                       |
|      | Public support percentage for 2021 (           |                     |             | column (f)) |          | 14                  | %                     |
| 15   | Public support percentage from 2020            | ) Schedule A, Part  | II, line 14 |             |          | 15                  | %                     |
|      | 33 1/3% support test - 2021. If the o          |                     |             |             |          | nore, check this bo | ox and                |
|      | stop here. The organization qualifies          | -                   |             |             |          |                     | $\blacktriangleright$ |
| b    | <b>33 1/3% support test - 2020.</b> If the o   |                     | -           |             |          |                     | nis box               |
|      | and <b>stop here.</b> The organization qual    | -                   |             |             |          |                     | $\blacktriangleright$ |
| 17a  | 10% -facts-and-circumstances tes               |                     |             |             |          |                     | or more,              |
|      | and if the organization meets the fact         |                     |             |             |          |                     |                       |
|      | meets the facts-and-circumstances te           |                     |             |             | •        | en en en en game    |                       |
| h    | 10% -facts-and-circumstances tes               | -                   |             |             | •        |                     | 10% or                |
| ~    | more, and if the organization meets th         | -                   |             |             |          |                     |                       |
|      | organization meets the facts-and-circ          |                     |             |             |          |                     |                       |
| 18   | <b>Private foundation.</b> If the organization |                     | •           |             | • • • •  |                     | s                     |
|      |  |                     |             | ,,,         | .,       |                     | (Eorm 990) 2021       |

Schedule A (Form 990) 2021

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#### WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL 47-1118215 Page 3 Schedule A (Form 990) 2021 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

| Section A. Public Support  |                            |                          |                       |                     |                    |                   |
|--|----------------------------|--------------------------|-----------------------|---------------------|--------------------|-------------------|
| Calendar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2017            | <b>(b)</b> 2018          | (c) 2019              | (d) 2020            | (e) 2021           | (f) Total         |
| 1 Gifts, grants, contributions, and  |                            |                          |                       |                     |                    |                   |
| membership fees received. (Do not  |                            |                          |                       |                     |                    |                   |
| include any "unusual grants.")   |                            |                          |                       |                     |                    |                   |
| 2 Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                            |                          |                       |                     |                    |                   |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or bus-  |                            |                          |                       |                     |                    |                   |
| iness under section 513  |                            |                          |                       |                     |                    |                   |
| 4 Tax revenues levied for the organ-   |                            |                          |                       |                     |                    |                   |
| ization's benefit and either paid to<br>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   |                            |                          |                       |                     |                    |                   |
| 7a Amounts included on lines 1, 2, and   |                            |                          |                       |                     |                    |                   |
| 3 received from disqualified persons   |                            |                          |                       |                     |                    |                   |
| <b>b</b> Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year         |                            |                          |                       |                     |                    |                   |
| <b>c</b> Add lines 7a and 7b   |                            |                          |                       |                     |                    |                   |
| 8 Public support. (Subtract line 7c from line 6.)<br>Section B. Total Support  |                            |                          |                       |                     |                    |                   |
| Calendar year (or fiscal year beginning in) 🕨  | (a) 2017                   | (b) 2018                 | (c) 2019              | (d) 2020            | (e) 2021           | (f) Total         |
| 9 Amounts from line 6  |                            |                          |                       |                     |                    |                   |
| <b>10a</b> Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources                                      |                            |                          |                       |                     |                    |                   |
| <b>b</b> Unrelated business taxable income   |                            |                          |                       |                     |                    |                   |
| (less section 511 taxes) from businesses   |                            |                          |                       |                     |                    |                   |
| acquired after June 30, 1975   |                            |                          |                       |                     |                    |                   |
| <b>c</b> Add lines 10a and 10b   |                            |                          |                       |                     |                    |                   |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  |                            |                          |                       |                     |                    |                   |
| 12 Other income. Do not include gain<br>or loss from the sale of capital   |                            |                          |                       |                     |                    |                   |
| assets (Explain in Part VI.)<br>13 Total support. (Add lines 9, 10c, 11, and 12.)  |                            |                          |                       |                     |                    |                   |
| 14 First 5 years. If the Form 990 is for th  | e organization's fi        | rst, second, third,      | fourth, or fifth tax  | year as a section   | 501(c)(3) organiza | tion,             |
| check this box and <b>stop here</b>  |                            |                          |                       | -                   |                    |                   |
| Section C. Computation of Publi  | c Support Pe               |                          |                       |                     |                    |                   |
| 15 Public support percentage for 2021 (li  | ine 8, column (f), c       | divided by line 13,      | column (f))           |                     | 15                 | %                 |
| 16 Public support percentage from 2020   | Schedule A, Part           | III, line 15             |                       |                     | 16                 | %                 |
| Section D. Computation of Invest   |                            |                          | •                     |                     |                    |                   |
| 17 Investment income percentage for 20   | <b>21</b> (line 10c, colur | nn (f), divided by l     | ine 13, column (f))   |                     | 17                 | %                 |
| 18 Investment income percentage from 2   | 2020 Schedule A,           | Part III, line 17        |                       |                     | 18                 | %                 |
| 19a 33 1/3% support tests - 2021. If the   | organization did r         |                          |                       |                     | 33 1/3% , and line | 17 is not         |
| more than 33 1/3%, check this box ar   | nd <b>stop here.</b> The   | organization qual        | ifies as a publicly s | supported organiz   | ation              |                   |
| b 33 1/3% support tests - 2020. If the   | organization did r         | not check a box or       | n line 14 or line 19  | a, and line 16 is m | ore than 33 1/3%   | , and             |
| line 18 is not more than 33 1/3%, che  | ck this box and <b>st</b>  | <b>op here.</b> The orga | anization qualifies   | as a publicly supp  | orted organizatior |                   |
| 20 Private foundation. If the organization   | <u>n did not check a</u>   | box on line 14, 19       | 9a, or 19b, check t   | his box and see in  | structions         |                   |
| 132023 01-04-22  |                            |                          |                       |                     | Schedule           | A (Form 990) 2021 |
|  |                            |                          | 15                    |                     |                    |                   |

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Schedule A (Form 990) 2021

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

132024 01-04-21

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

No

#### WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL 47-1118215 Page 5 Schedule A (Form 990) 2021 Part IV Supporting Organizations (continued)

|         |   |     | Yes | No |
|---------|---|-----|-----|----|
| 11<br>a | Has the organization accepted a gift or contribution from any of the following persons?<br>A person who directly or indirectly controls, either alone or together with persons described on lines 11b and |     |     |    |
| -       | 11c below, the governing body of a supported organization?  | 11a |     |    |
| b       | A family member of a person described on line 11a above?  | 11b |     |    |
| с       | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide  |     |     |    |
|         | detail in Part VI.  | 11c |     |    |
| Sec     | tion B. Type I Supporting Organizations   |     | _   |    |

| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>   |
|---|---|
| ~ | Did the second structure for the last off of a second structure is the structure the second structure structure is a second structure s |

Did the organization operate for the benefit of any supported organization other than the supported 2 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.

| Section C. | Type II Supporting Organization | 5 |
|------------|---------------------------------|---|
|            |                                 |   |

|   |  |   | Yes |  |
|---|--|---|-----|--|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors |   |     |  |
|   | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control    |   |     |  |
|   | or management of the supporting organization was vested in the same persons that controlled or managed           |   |     |  |
|   | the supported organization(s).   | 1 |     |  |

| Section D. All Type III Supporting | ng Organizations |
|------------------------------------|------------------|
|                                    |                  |

|   |  |   | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the         |   |     |    |
|   | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  |   |     |    |
|   | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the |   |     |    |
|   | organization's governing documents in effect on the date of notification, to the extent not previously provided?       | 1 |     |    |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported       |   |     |    |
|   | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how     |   |     |    |
|   | the organization maintained a close and continuous working relationship with the supported organization(s).            | 2 |     |    |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a        |   |     |    |
|   | significant voice in the organization's investment policies and in directing the use of the organization's             |   |     |    |
|   | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's           |   |     |    |
|   | supported organizations played in this regard.   | 3 |     |    |

### Section 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 y | veatsee instructions) |
|---|--|-----------------------|
|   |  |                       |

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

| c 🗋 | $\Box$ The organization supported a | governmental entity. | Describe in Part VI how | you supported a governme | ental entity (see instructions). |
|-----|-------------------------------------|----------------------|-------------------------|--------------------------|----------------------------------|
|-----|-------------------------------------|----------------------|-------------------------|--------------------------|----------------------------------|

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- 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.

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3b Schedule A (Form 990) 2021

2a

2b

3a

Yes

No

Yes No

1

2

... .

17

2021.05080 WASHINGTON GLOBAL PUBLIC CH 17546\_\_1

Schedule A (Form 990) 2021

### WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL 47-1118215 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

|   |   |  | (optional)   |
|---|---|--|--|
| Net short-term capital gain   | 1   |  |  |
| Recoveries of prior-year distributions                                      | 2   |  |  |
| Other gross income (see instructions)                                       | 3   |  |  |
| Add lines 1 through 3.  | 4   |  |  |
| Depreciation and depletion  | 5   |  |  |
| 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   |  |  |
| Other expenses (see instructions)   | 7   |  |  |
| Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                | 8   |  |  |
| on B - Minimum Asset Amount   |   | (A) Prior Year   | (B) Current Year<br>(optional)   |
| Aggregate fair market value of all non-exempt-use assets (see               |   |  |  |
| instructions for short tax year or assets held for part of year):           |   |  |  |
| Average monthly value of securities   | 1a  |  |  |
| Average monthly cash balances   | 1b  |  |  |
| Fair market value of other non-exempt-use assets                            | 1c  |  |  |
| Total (add lines 1a, 1b, and 1c)  | 1d  |  |  |
| Discount claimed for blockage or other factors                              |   |  |  |
| (explain in detail in Part VI):   |   |  |  |
| Acquisition indebtedness applicable to non-exempt-use assets                | 2   |  |  |
| Subtract line 2 from line 1d.   | 3   |  |  |
| Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, |   |  |  |
| see instructions).  | 4   |  |  |
| Net value of non-exempt-use assets (subtract line 4 from line 3)            | 5   |  |  |
| Multiply line 5 by 0.035.   | 6   |  |  |
| Recoveries of prior-year distributions                                      | 7   |  |  |
| Minimum Asset Amount (add line 7 to line 6)                                 | 8   |  |  |
| on C - Distributable Amount   |   |  | Current Year   |
| Adjusted net income for prior year (from Section A, line 8, column A)       | 1   |  |  |
| Enter 0.85 of line 1.   | 2   |  |  |
| Minimum asset amount for prior year (from Section B, line 8, column A)      | 3   |  |  |
| Enter greater of line 2 or line 3.  | 4   |  |  |
| Income tax imposed in prior year  | 5   |  |  |
| Distributable Amount. Subtract line 5 from line 4, unless subject to        |   |  |  |
| emergency temporary reduction (see instructions).                           | 6   |  |  |
|   | Add lines 1 through 3.<br>Depreciation and depletion<br>Portion of operating expenses paid or incurred for production or<br>collection of gross income or for management, conservation, or<br>maintenance of property held for production of income (see instructions)<br>Other expenses (see instructions)<br>Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)<br>on B - Minimum Asset Amount<br>Aggregate fair market value of all non-exempt-use assets (see<br>instructions for short tax year or assets held for part of year):<br>Average monthly value of securities<br>Average monthly value of securities<br>Average monthly cash balances<br>Fair market value of other non-exempt-use assets<br>Total (add lines 1a, 1b, and 1c)<br>Discount claimed for blockage or other factors<br>( <i>explain in detail in</i> Part VI):<br>Acquisition indebtedness applicable to non-exempt-use assets<br>Subtract line 2 from line 1d.<br>Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,<br>see instructions).<br>Net value of non-exempt-use assets (subtract line 4 from line 3)<br>Multiply line 5 by 0.035.<br>Recoveries of prior-year distributions<br>Minimum Asset Amount (add line 7 to line 6)<br>on C - Distributable Amount<br>Adjusted net income for prior year (from Section A, line 8, column A)<br>Enter 0.85 of line 1.<br>Minimum asset amount for prior year (from Section B, line 8, column A)<br>Enter greater of line 2 or line 3.<br>Income tax imposed in prior year | Add lines 1 through 3.       4         Depreciation and depletion       5         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         Other expenses (see instructions)       7         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         Son B - Minimum Asset Amount       7         Adyerage monthly value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1a         Average monthly value of securities       1a         Average monthly cash balances       1b         Fair market value of other non-exempt-use assets       1c         Total (add lines 1a, 1b, and 1c)       1d         Discount claimed for blockage or other factors       2         Subtract line 2 from line 1d.       3         Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).       4         Net value of non-exempt-use assets (subtract line 4 from line 3)       5         Multiply line 5 by 0.035.       6         Recoveries of prior-year distributions       7         Multiply line 5 by 0.035.       6         Recoveries of prior-year (from Section A, line 8, column A)       1         Enter 0 | Add lines 1 through 3.       4         Depreciation and depletion       5         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         Other expenses (see instructions)       7         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         on B - Minimum Asset Amount       (A) Prior Year         Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1a         Average monthly value of securities       1a         Average monthly value of securities       1b         Fair market value of other non-exempt-use assets       1c         Total (add lines 1a, 1b, and 1c)       1d         Discount claimed for blockage or other factors       2         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d.       3         Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).       4         Net value of non-exempt-use assets (subtract line 4 from line 3)       5         Multiply line 5 by 0.035.       6         Recoveries of prior-year distributions       7         Multiply line 5 by 0.035.       6 |

instructions).

Schedule A (Form 990) 2021

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### Schedule A (Form 990) 2021

### WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL 47-1118215 Page 7

| Par   | t V   Type III Non-Functionally Integrated 509                  | (a)(3) Supporting Orga        | anizations (continued                  | <u>d)</u> |   |
|-------|---|-------------------------------|--|-----------|---|
| Secti | Current Year  |                               |  |           |   |
| 1     | Amounts paid to supported organizations to accomplish exe       |                               | 1                                      |           |   |
| 2     | Amounts paid to perform activity that directly furthers exempt  |                               |  |           |   |
|       | organizations, in excess of income from activity                |                               | 2                                      |           |   |
| 3     | Administrative expenses paid to accomplish exempt purpose       | es of supported organizatior  | IS                                     | 3         |   |
| 4     | Amounts paid to acquire exempt-use assets                       |                               |  | 4         |   |
| 5     | Qualified set-aside amounts (prior IRS approval required - pro  |                               | 5                                      |           |   |
| 6     | Other distributions (describe in Part VI). See instructions.    |                               | 6                                      |           |   |
| 7     | Total annual distributions. Add lines 1 through 6.              |                               |  | 7         |   |
| 8     | Distributions to attentive supported organizations to which the | he organization is responsive | e                                      |           |   |
|       | (provide details in Part VI). See instructions.                 |                               |  | 8         |   |
| 9     | Distributable amount for 2021 from Section C, line 6            |                               |  | 9         |   |
| 10    | Line 8 amount divided by line 9 amount                          |                               | 1                                      | 10        |   |
| Secti | on E - Distribution Allocations (see instructions)              | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2021 |           | (iii)<br>Distributable<br>Amount for 2021 |
| _1    | Distributable amount for 2021 from Section C, line 6            |                               |  |           |   |
| 2     | Underdistributions, if any, for years prior to 2021 (reason-    |                               |  |           |   |
|       | able cause required - explain in Part VI). See instructions.    |                               |  | _         |   |
| 3     | Excess distributions carryover, if any, to 2021                 |                               |  |           |   |
| a     | From 2016   |                               |  |           |   |
| b     | From 2017   |                               |  |           |   |
| C     | From 2018   |                               |  |           |   |
| d     | From 2019   |                               |  |           |   |
| e     | From 2020   |                               |  |           |   |
| f     | Total of lines 3a through 3e                                    |                               |  |           |   |
| g     | Applied to underdistributions of prior years                    |                               |  |           |   |
| h     | Applied to 2021 distributable amount                            |                               |  |           |   |
| i     | Carryover from 2016 not applied (see instructions)              |                               |  |           |   |
| j     | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.          |                               |  |           |   |
| 4     | Distributions for 2021 from Section D,                          |                               |  |           |   |
|       | line 7: \$  |                               |  |           |   |
| a     | Applied to underdistributions of prior years                    |                               |  |           |   |
| b     | Applied to 2021 distributable amount                            |                               |  |           |   |
| C     | Remainder. Subtract lines 4a and 4b from line 4.                |                               |  |           |   |
| 5     | Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h        |                               |  |           |   |
|       | and 4b from line 1. For result greater than zero, explain in    |                               |  |           |   |
|       | Part VI. See instructions.                                      |                               |  |           |   |
| 7     | Excess distributions carryover to 2022. Add lines 3j            |                               |  |           |   |
|       | and 4c.   |                               |  |           |   |
| 8     | Breakdown of line 7:  |                               |  |           |   |
| a     | Excess from 2017  |                               |  |           |   |
| b     | Excess from 2018  |                               |  |           |   |
| С     | Excess from 2019  |                               |  |           |   |
| d     | Excess from 2020  |                               |  |           |   |
| е     | Excess from 2021  |                               |  |           |   |

Schedule A (Form 990) 2021

132027 01-04-22

| Part VI      |   | HINGTON GLOBAL PUBLIC CHARTER SCHOOL 47-1118215 F<br><b>n.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; |
|--------------|---|--|
|              | Part IV. Section A. lines 1. 2. 3b.                   | 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C  |
|              | line 1; Part IV, Section D, lines 2                   | and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part  |
|              | Section D, lines 5, 6, and 8; and (See instructions.) | Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  |
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| 2028 01-04-2 | 2   | 20 Schedule A (Form 990  |
|              | 793927 17546  | 2021.05080 WASHINGTON GLOBAL PUBLIC CH 17546   |

### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

## Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

202

Employer identification number

47-1118215

|                        | WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL  |  |
|------------------------|--|--|
| Organization type (cho | eck one):  |  |
| Filers of:             | Section:   |  |
| Form 990 or 990-EZ     | $\fbox$ 501(c)( 3 ) (enter number) organization                                  |  |
|                        | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |  |
|                        | 527 political organization   |  |
| Form 990-PF            | 501(c)(3) exempt private foundation  |  |
|                        | 4947(a)(1) nonexempt charitable trust treated as a private foundation            |  |

501(c)(3) taxable private foundation

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

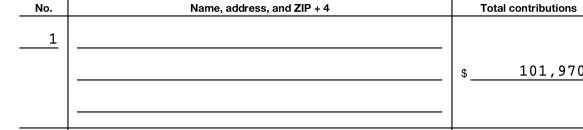
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

noncash contributions.) Schedule B (Form 990) (2021)



(b)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

|            |                                   | \$_ | 101,970.                   | Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)             |
|------------|-----------------------------------|-----|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 |     | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 2          |                                   | \$_ | 8,057.                     | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 |     | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 3          |                                   | \$_ | 1,072,539.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 |     | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 4          |                                   | \$_ | 90,909.                    | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 |     | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 5          |                                   | \$_ | 157,899.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 |     | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |                                   | \$_ |                            | Person<br>Payroll<br>Noncash<br>(Complete Part II for                              |

### WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL

Name of organization

Part I

(a)

123452 11-11-21

19240502 793927 17546

Schedule B (Form 990) (2021)

47-1118215

Person

(c)

Page 2 Employer identification number

(d)

Type of contribution

X

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received         |
|------------------------------|--|---|------------------------------|
|                              |  | \$  |                              |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received         |
|                              |  | \$  |                              |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received         |
|                              |  | \$  |                              |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received         |
|                              |  | \$  |                              |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received         |
|                              |  | \$  |                              |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received         |
|                              |  | \$  |                              |
| 123453 11-11-21              |  |   | Schedule B (Form 990) (2021) |

WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL

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

Schedule B (Form 990) (2021) Name of organization

(a)

Page 3

Employer identification number

47-1118215

19240502 793927 17546

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| Schedule                  | B (Form 990) (2021)  |  |                         | Page 4                         |  |
|---------------------------|--|--|-------------------------|--------------------------------|--|
| Name of o                 | organization   |  |                         | Employer identification number |  |
| WASHI                     | NGTON GLOBAL PUBLIC CHA  | ARTER SCHOOL   |                         | 47-1118215                     |  |
| Part III                  | Exclusively religious, charitable, etc., contribut<br>from any one contributor. Complete columns (a<br>completing Part III, enter the total of exclusively religious,<br>Use duplicate copies of Part III if additiona | a) through (e) and the following line e charitable, etc., contributions of \$1,000 o | entry For organizations |                                |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift  | (d) Des                 | cription of how gift is held   |  |
|                           |  |  |                         |                                |  |
|                           |  | (e) Transfer of g  | <br>ift                 |                                |  |
|                           | Transferee's name, address, a  | and ZIP + 4  | Relationship of tra     | ansferor to transferee         |  |
| (a) No.                   |  |  |                         |                                |  |
| from<br>Part I            | (b) Purpose of gift  | (c) Use of gift  | (d) Des                 | cription of how gift is held   |  |
|                           |  |  |                         |                                |  |
|                           | Transferee's name, address, a  | ift<br>Bolationship of tr  | anoforor to transferoo  |                                |  |
|                           |  |  |                         | ansferor to transferee         |  |
| (a) No.<br>from           | (b) Purpose of gift  | (c) Use of gift  | (d) Des                 | cription of how gift is held   |  |
| Part I                    |  |  |                         |                                |  |
|                           |  | (e) Transfer of g  | <br>                    |                                |  |
|                           | Transferee's name, address, a  |  | ansferor to transferee  |                                |  |
|                           |  |  |                         |                                |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift  | (d) Des                 | cription of how gift is held   |  |
|                           |  |  |                         |                                |  |
|                           | (e) Transfer of gift   |  |                         |                                |  |
|                           | Transferee's name, address, a  | Ind ZIP + 4  | Relationship of tra     | ansferor to transferee         |  |
|                           |  |  |                         |                                |  |
| 123454 11-1               | 1-21   | 24   |                         | Schedule B (Form 990) (2021    |  |

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**SCHEDULE D** 

Department of the Treasury Internal Revenue Service

| (Form 9 | 90) |
|---------|-----|
|---------|-----|

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.



Name of the organization

WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL

Employer identification number 47-1118215

| Par    | t I Organizations Maintaining Donor Advise<br>organization answered "Yes" on Form 990, Part IV, lin                              |   | s or Accounts. Complete if the         |
|--------|--|---|--|
|        | organization answered tes of Form 990, Fart IV, in   | (a) Donor advised funds                     | (b) Funds and other accounts           |
| 4      | Total number at and of year  |   |  |
| 1      | Total number at end of year<br>Aggregate value of contributions to (during year)   |   |  |
| 2<br>3 | Aggregate value of grants from (during year)   |   |  |
| 4      | Aggregate value of grants norm (during year)   |   |  |
| 5      | Did the organization inform all donors and donor advisors in   | writing that the assets held in donor advis | and funds                              |
| 5      | are the organization's property, subject to the organization's   | -   |  |
| 6      | Did the organization inform all grantees, donors, and donor a  |   |  |
| U      | for charitable purposes and not for the benefit of the donor   |   | -                                      |
|        |  |   |  |
| Par    |  |   |  |
| 1      | Purpose(s) of conservation easements held by the organizat   | •   |  |
| •      | Preservation of land for public use (for example, recrea   |   | a historically important land area     |
|        | Protection of natural habitat  |   | a certified historic structure         |
|        | Preservation of open space   |   |  |
| 2      | Complete lines 2a through 2d if the organization held a qual   | ified conservation contribution in the form | of a conservation easement on the last |
|        | day of the tax year.   |   | Held at the End of the Tax Yea         |
| а      | Total number of conservation easements   |   | 2a                                     |
| b      |  |   |  |
| с      | Number of conservation easements on a certified historic st  |   |  |
| d      | Number of conservation easements included in (c) acquired  |   |  |
|        | listed in the National Register  |   | 2d                                     |
| 3      | Number of conservation easements modified, transferred, re   |   |  |
|        | year ▶   |   |  |
| 4      | Number of states where property subject to conservation ea   | asement is located 🕨                        |  |
| 5      | Does the organization have a written policy regarding the pe   | riodic monitoring, inspection, handling of  |  |
|        | violations, and enforcement of the conservation easements  | it holds?                                   |  |
| 6      | Staff and volunteer hours devoted to monitoring, inspecting  |   |  |
|        | ►  |   |  |
| 7      | Amount of expenses incurred in monitoring, inspecting, han   | dling of violations, and enforcing conserva | ation easements during the year        |
|        | ▶\$  |   |  |
| 8      | Does each conservation easement reported on line 2(d) abo  |   |  |
|        | and section 170(h)(4)(B)(ii)?  |   |  |
| 9      | In Part XIII, describe how the organization reports conservat  |   |  |
|        | balance sheet, and include, if applicable, the text of the foot  | note to the organization's financial statem | ents that describes the                |
| Par    | organization's accounting for conservation easements. t III Organizations Maintaining Collections of                             | of Art Historical Tracquires or O           | Nthar Similar Acasta                   |
| Fai    | Complete if the organization answered "Yes" on Form  |   | diler Similar Assets.                  |
|        | , 0  |   | and balance about works                |
| Ia     | If the organization elected, as permitted under FASB ASC 99<br>of art, historical treasures, or other similar assets held for pu | •   |  |
|        | service, provide in Part XIII the text of the footnote to its fina   |   |  |
| h      | If the organization elected, as permitted under FASB ASC 9   |   |  |
| D      | art, historical treasures, or other similar assets held for publi  | •   |  |
|        | 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 tre  |   |  |
| _      | the following amounts required to be reported under FASB /   |   | J                                      |
| а      | Revenue included on Form 990, Part VIII, line 1  | -   | ▶ \$                                   |
|        | Assets included in Form 990, Part X  |   |  |
|        | For Paperwork Reduction Act Notice, see the Instruction  |   | Schedule D (Form 990) 202              |
|        | 10-28-21   |   | . ,                                    |

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|         |  | TON GLOBAL             |              |            |                 |             |   |            |                   | 5 Page <b>2</b> |
|---------|--|------------------------|--------------|------------|-----------------|-------------|---|------------|-------------------|-----------------|
| Pa      | t III   Organizations Maintaining C  | Collections of A       | rt, Histo    | orical     | Treasures,      | or Othe     | er Simila                               | ar Asse    | <b>ts</b> (contin | ued)            |
| 3       | Using the organization's acquisition, access   | ion, and other record  | ds, check    | any of t   | he following th | at make s   | ignificant                              | use of its |                   |                 |
|         | collection items (check all that apply):   |                        |              |            |                 |             |   |            |                   |                 |
| а       | Public exhibition  | C                      |              |            | exchange prog   |             |   |            |                   |                 |
| b       | Scholarly research   | e                      | e 🗆 c        | ther       |                 |             |   |            |                   |                 |
| С       | Preservation for future generations  |                        |              |            |                 |             |   |            |                   |                 |
| 4       | Provide a description of the organization's c  |                        |              | -          | -               |             |   | se in Par  | t XIII.           |                 |
| 5       | During the year, did the organization solicit of                                       |                        |              |            |                 |             |   |            | -                 |                 |
|         | to be sold to raise funds rather than to be m  |                        |              |            |                 |             |   |            | Yes               | No No           |
| Pa      | t IV Escrow and Custodial Arran  |                        | ete if the o | organiza   | ation answered  | "Yes" on    | Form 990                                | , Part IV, | line 9, or        |                 |
|         | reported an amount on Form 990, Pa   |                        |              |            |                 |             |   |            |                   |                 |
| 1a      | Is the organization an agent, trustee, custod  |                        |              |            |                 |             |   |            | ٦                 | <u> </u>        |
| _       | on Form 990, Part X?   |                        |              |            |                 |             |   | L          | Yes               | └── No          |
| b       | If "Yes," explain the arrangement in Part XIII   | and complete the fo    | ollowing ta  | ıble:      |                 |             |   |            | A 100 0 1 100 t   |                 |
|         |  |                        |              |            |                 |             |   |            | Amount            |                 |
|         | Beginning balance  |                        |              |            |                 |             |   |            |                   |                 |
|         | Additions during the year  |                        |              |            |                 |             |   |            |                   |                 |
| e       | Distributions during the year  |                        |              |            |                 |             |   |            |                   |                 |
| T<br>0- | Ending balance   |                        |              |            |                 |             | <b>1f</b>                               |            | Yes               |                 |
|         | Did the organization include an amount on F  |                        |              |            |                 |             | • | L          | ⊥ ¥es             |                 |
| Pa      | If "Yes," explain the arrangement in Part XIII<br><b>t V</b> Endowment Funds. Complete |                        |              |            |                 |             |   |            |                   |                 |
|         |  | (a) Current year       |              | or year    |                 |             |   | ears back  | (e) Four          | vears back      |
| 1a      | Beginning of year balance  | (u) canon you          | (2)          | or you.    | (0) **** ) **   |             | (                                       |            | (0)               | <b>,</b>        |
| b       | Contributions  |                        |              |            |                 |             |   |            |                   |                 |
| c<br>c  | Net investment earnings, gains, and losses   |                        |              |            |                 |             |   |            |                   |                 |
| d       | Grants or scholarships   |                        |              |            |                 |             |   |            |                   |                 |
|         | Other expenditures for facilities  |                        |              |            |                 |             |   |            |                   |                 |
| Ū       | and programs   |                        |              |            |                 |             |   |            |                   |                 |
| f       | Administrative expenses  |                        |              |            |                 |             |   |            |                   |                 |
| g       | End of year balance  |                        |              |            |                 |             |   |            |                   |                 |
| 2       | Provide the estimated percentage of the cur  |                        | ce (line 1a  | . colum    | n (a)) held as: |             |   |            |                   |                 |
| а       | Board designated or quasi-endowment  | •                      | %            | <i>.</i>   | ( <i>m</i>      |             |   |            |                   |                 |
| b       | Permanent endowment  | %                      |              |            |                 |             |   |            |                   |                 |
| с       | · · · · · · · · · · · · · · · · · · ·  | %                      |              |            |                 |             |   |            |                   |                 |
|         | The percentages on lines 2a, 2b, and 2c sho  | ould equal 100%.       |              |            |                 |             |   |            |                   |                 |
| 3a      | Are there endowment funds not in the posse   |                        | ation that   | are hel    | d and administ  | ered for th | he organiz                              | ation      |                   |                 |
|         | by:  |                        |              |            |                 |             |   |            |                   | Yes No          |
|         | (i) Unrelated organizations  |                        |              |            |                 |             |   |            | 3a(i)             |                 |
|         | (ii) Related organizations   |                        |              |            |                 |             |   |            | 3a(ii)            |                 |
| b       | If "Yes" on line 3a(ii), are the related organization                                  | ations listed as requi | red on Sc    | hedule     | R?              |             |   |            | Зb                |                 |
|         | Describe in Part XIII the intended uses of the   |                        | owment fu    | ınds.      |                 |             |   |            |                   |                 |
| Pa      | t VI Land, Buildings, and Equipm   |                        |              |            |                 |             |   |            |                   |                 |
|         | Complete if the organization answere   | d "Yes" on Form 990    | 0, Part IV,  | line 11a   | a. See Form 99  | 0, Part X,  | line 10.                                |            |                   |                 |
|         | Description of property  | (a) Cost or c          |              | • •        | ost or other    |             | ccumulate                               | d          | (d) Book          | k value         |
|         |  | basis (investr         | ment)        | bas        | sis (other)     | dep         | oreciation                              |            |                   |                 |
|         | Land   |                        |              |            |                 |             |   |            |                   |                 |
|         | Buildings  |                        |              |            |                 |             | - 1 1                                   | _          |                   |                 |
|         | Leasehold improvements   |                        |              |            | 175,586.        |             | 541,39                                  |            |                   | 1,191.          |
|         | Equipment  |                        |              |            | 274,298.        |             | 197,91                                  |            |                   | 5,386.          |
|         | Other  |                        |              |            | 77,340.         |             | 39,89                                   |            |                   | 7,447.          |
| Tota    | . Add lines 1a through 1e. (Column (d) must e  | equal Form 990, Part   | X, colum     | n (B), lin | ne 10c.)        |             |   |            | 5,748             | 3,024.          |

Schedule D (Form 990) 2021

| ) Description of security or category (including name of security)  | (b) Book value                            | (c) Method of valuation: Cost or e    | end-of-year market value |
|---|---|---------------------------------------|--------------------------|
| Financial derivatives   |   |                                       |                          |
| Closely held equity interests   |   |                                       |                          |
| Other   |   |                                       |                          |
| A)  |   |                                       |                          |
| B)  |   |                                       |                          |
| C)  |   |                                       |                          |
| D)  |   |                                       |                          |
| E)  |   |                                       |                          |
| =)  |   |                                       |                          |
| G)  |   |                                       |                          |
|   |   |                                       |                          |
| I. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  |   |                                       |                          |
| rt VIII Investments - Program Related.  |   |                                       |                          |
| Complete if the organization answered "Yes" of  | on Form 990, Part IV, line                | e 11c. See Form 990, Part X, line 13. |                          |
| (a) Description of investment   | (b) Book value                            | (c) Method of valuation: Cost or e    | end-of-year market value |
| 1)  |   |                                       | -                        |
| 2)  |   | 1                                     |                          |
| 3)  |   | 1                                     |                          |
| 4)  |   |                                       |                          |
| 5)  |   |                                       |                          |
| 6)  |   |                                       |                          |
| 7)  |   |                                       |                          |
| 8)  |   |                                       |                          |
| 0,  |   |                                       |                          |
|   |   |                                       |                          |
| (9)         I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         art IX         Other Assets.   |   |                                       |                          |
| 9)         I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         art IX         Other Assets.         Complete if the organization answered "Yes" of the organization answere of the organization answered "Yes" of the organization answere of the organization answere of the organization answere of the organization and the organization answere of the organization answere of the organization answere of the organization and t  | on Form 990, Part IV, line<br>Description | e 11d. See Form 990, Part X, line 15. | (b) Book value           |
| 9)         I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         art IX         Other Assets.         Complete if the organization answered "Yes" of the organization answere of the organization answered "Yes" of the organization answere of the organization answere of the organization answere of the organization and the organization answere of the organization answere of the organization answere of the organization and t  |   | e 11d. See Form 990, Part X, line 15. | (b) Book value           |
| 9)<br>I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►<br>Int IX Other Assets.<br>Complete if the organization answered "Yes" complete if the organization" complete if the organization" com |   | e 11d. See Form 990, Part X, line 15. | (b) Book value           |
| 9)<br>I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►<br>Int IX Other Assets.<br>Complete if the organization answered "Yes" of<br>(a) D<br>1)<br>2)   |   | e 11d. See Form 990, Part X, line 15. | (b) Book value           |
| (9)<br>I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►<br>art IX Other Assets.<br>Complete if the organization answered "Yes" o<br>(a) D   |   | e 11d. See Form 990, Part X, line 15. | (b) Book value           |
| 9)<br>I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►<br>ITTIX Other Assets.<br>Complete if the organization answered "Yes" of<br>(a) D<br>1)<br>2)<br>3)<br>4)  |   | e 11d. See Form 990, Part X, line 15. | (b) Book value           |
| 9)<br>I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►<br>ITTIX Other Assets.<br>Complete if the organization answered "Yes" of<br>(a) D<br>1)<br>2)<br>3)<br>4)<br>5)  |   | e 11d. See Form 990, Part X, line 15. | (b) Book value           |
| 9)<br>I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►<br>Int IX Other Assets.<br>Complete if the organization answered "Yes" of<br>(a) D<br>1)<br>2)<br>3)<br>4)<br>5)<br>6)   |   | e 11d. See Form 990, Part X, line 15. | (b) Book value           |
| 9)<br>I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►<br>ITTIX Other Assets.<br>Complete if the organization answered "Yes" of<br>(a) D<br>1)<br>2)<br>3)<br>4)<br>5)<br>6)<br>7)  |   | e 11d. See Form 990, Part X, line 15. | (b) Book value           |
| 9)<br>I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►<br>ITTIX Other Assets.<br>Complete if the organization answered "Yes" of<br>(a) D<br>1)<br>2)<br>3)<br>4)<br>5)<br>6)<br>7)<br>8)<br>9)  | Description                               |                                       | (b) Book value           |
| 9)<br>I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►<br>IT IX Other Assets.<br>Complete if the organization answered "Yes" of<br>(a) D<br>1)<br>2)<br>3)<br>4)<br>5)<br>6)<br>7)<br>8)<br>9)<br>al. (Column (b) must equal Form 990, Part X, col. (B) line<br>IT X Other Liabilities.   | Description                               |                                       |                          |
| 9)       I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Int IX       Other Assets.         Complete if the organization answered "Yes" of (a) D         1)       (a) D         2)       (a) D         3)       (b) must equal Form 990, Part X, col. (b) line         4)       (b) must equal Form 990, Part X, col. (b) line         5)       (c) C         6)       (c) C         7)       (c) C         8)       (c) C         9)       (c) C         al. (Column (b) must equal Form 990, Part X, col. (B) line         IT X       Other Liabilities.         Complete if the organization answered "Yes" of (c) C  | Description                               |                                       | 25.                      |
| 9)<br>I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►<br>IT IX Other Assets.<br>Complete if the organization answered "Yes" of<br>(a) D<br>1)<br>2)<br>3)<br>4)<br>5)<br>6)<br>7)<br>8)<br>9)<br>al. (Column (b) must equal Form 990, Part X, col. (B) line<br>IT X Other Liabilities.   | Description                               |                                       |                          |
| 9)       I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►         rt IX       Other Assets.         Complete if the organization answered "Yes" of (a) D         1)       (a) D         2)       (a)         3)       (b) must equal Form 990, Part X, col. (b) line 13.) ►         4)       (c)         5)       (c)         6)       (c)         7)       (c)         8)       (c)         9)       (c)         1. (Column (b) must equal Form 990, Part X, col. (B) line         rt X       Other Liabilities.         Complete if the organization answered "Yes" of (a) Description of liability   | Description                               |                                       | 25.                      |
| 9)       I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►         rt IX       Other Assets.         Complete if the organization answered "Yes" or (a) D         1)       (a) D         2)       (a)         3)       (b) must equal Form 990, Part X, col. (b) line 13.) ►         4)       (c)         5)       (c)         6)       (c)         7)       (c)         8)       (c)         9)       (c)         al. (Column (b) must equal Form 990, Part X, col. (B) line         rt X       Other Liabilities.         Complete if the organization answered "Yes" or (a) Description of liability         1)       Federal income taxes  | Description                               |                                       | 25.                      |
| 9)       I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         rt IX       Other Assets.         Complete if the organization answered "Yes" of (a) D         1)       (a) D         2)       (a)         3)       (b) must equal Form 990, Part X, col. (b) line         4)       (c)         5)       (c)         6)       (c)         7)       (c)         8)       (c)         9)       (c)         1. (Column (b) must equal Form 990, Part X, col. (B) line         rt X       Other Liabilities.         Complete if the organization answered "Yes" of (a) Description of liability         1)       Federal income taxes         2)       (a) Description of liability  | Description                               |                                       | 25.                      |
| 9)       I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Int IX       Other Assets.         Complete if the organization answered "Yes" of (a) D         1)       (a) D         2)       (a)         3)       (b) must equal Form 990, Part X, col. (b) line         4)       (c)         5)       (c)         6)       (c)         7)       (c)         8)       (c)         9)       (c)         1. (Column (b) must equal Form 990, Part X, col. (B) line         Int X       Other Liabilities.         Complete if the organization answered "Yes" of (a) Description of liability         1)       Federal income taxes         2)       (a)         3)       (a)  | Description                               |                                       | 25.                      |
| 9)       I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Int IX       Other Assets.         Complete if the organization answered "Yes" of (a) D         1)       (a) D         2)       (a)         3)       (b) must equal Form 990, Part X, col. (B) line (Column (b) must equal Form 990, Part X, col. (B) line (Column (b) must equal Form 990, Part X, col. (B) line (Column (b) must equal Form 990, Part X, col. (B) line (Column (b) must equal Form 990, Part X, col. (Column (b) must equal Form 990, Part X, col. (Column (b) must equal Form 990, Part X, col. (Column (b) must equal Form 990, Part X, col. (Column (b) must equal Form 990, Part X, col. (Column (b) must equal Form 990, Part X, col. (Column (b) must equal Form 990, Part X, col. (Column (b) must equal Form 990, Part X, col. (Column (b) must equal Form 990, Part X, col. (Column (b) must equal Form 990, Part X, col. (Column (b) must equal Form 990, Part X, col. (Column (b) must equal Form 990, Part X, col. (Column (b) must equal Form 990, Part X, col. (Column (b) must equal Form 990, Part X, col. (Column (Column (b) must equal Form 990, Part X, col. (Column (Column (b) must equal Form 990, Part X, col. (Column (Colum   | Description                               |                                       | 25.                      |
| 9)<br>I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►<br>ITT IX Other Assets.<br>Complete if the organization answered "Yes" of<br>(a) D<br>1)<br>2)<br>3)<br>4)<br>5)<br>6)<br>7)<br>8)<br>9)<br>al. (Column (b) must equal Form 990, Part X, col. (B) line<br>ITT X Other Liabilities.<br>Complete if the organization answered "Yes" of<br>(a) Description of liability<br>1) Federal income taxes<br>2)<br>3)<br>4)<br>5)  | Description                               |                                       | 25.                      |
| 9)       I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►         art IX       Other Assets.         Complete if the organization answered "Yes" of (a) D         (a) D         (a) D         (b) must equal Form 990, Part X, col. (B) line 13.) ►         (a) D         (b) must equal Form 990, Part X, col. (B) line 13.) ►         (c) D         (a) D         (c) D<  | Description                               |                                       | 25.                      |
| 9)       I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Int IX       Other Assets.         Complete if the organization answered "Yes" of (a) D         1)       (a) D         2)       (a)         3)       (b) must equal Form 990, Part X, col. (b) line         4)       (c)         5)       (c)         6)       (c)         7)       (c)         8)       (c)         9)       (c)         al. (Column (b) must equal Form 990, Part X, col. (B) line         Int X       Other Liabilities.         Complete if the organization answered "Yes" of (a) Description of liability         (1)       Federal income taxes         2)       (a)         3)       (a)         4)       (c)         5)       (c)         6)       (c)   | Description                               |                                       | 25.                      |
| 9)       I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Int IX       Other Assets.         Complete if the organization answered "Yes" or (a) D         1)       (a) D         2)       (a)         3)       (b) must equal Form 990, Part X, col. (b) line         4)       (c)         5)       (c)         6)       (c)         7)       (c)         8)       (c)         9)       (c)         al. (Column (b) must equal Form 990, Part X, col. (B) line         Int X       Other Liabilities.         Complete if the organization answered "Yes" or (a) Description of liability         1)       Federal income taxes         2)       (a)         3)       (c)         4)       (c)         5)       (c)         6)       (c)         7)       (c)   | Description                               |                                       | 25.                      |

WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL

Schedule D (Form 990) 2021

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Schedule D (Form 990) 2021

| Sche   | edule D (Form 990) 2021 WASHINGTON GLOBAL PUBLIC (   |   |            |                              | 1118215 Page 4                              |
|--|--|---|------------|------------------------------|---|
| Pa   | rt XI Reconciliation of Revenue per Audited Financial Statem   | ents With R   | evenue per | Return                       | ۱.  |
|  | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a   | a.  |            |                              |   |
| 1  | Total revenue, gains, and other support per audited financial statements   |   |            | 1                            | 6,197,912.                                  |
| 2  | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |   |            |                              |   |
| а  | Net unrealized gains (losses) on investments   | 2a  |            |                              |   |
| b  | Donated services and use of facilities   | . 2b  |            |                              |   |
| с  | Recoveries of prior year grants  | 2c  |            |                              |   |
| d  | Other (Describe in Part XIII.)   | 2d  |            |                              |   |
| е  | Add lines <b>2a</b> through <b>2d</b>  |   |            | 2e                           | 0.  |
| 3  | Subtract line 2e from line 1   |   |            | 3                            | 6,197,912.                                  |
| 4  | Amounts included on Form 990, Part VIII, line 12, but not on line 1:   |   |            |                              |   |
| а  | Investment expenses not included on Form 990, Part VIII, line 7b   | . 4a  |            |                              |   |
| b  | Other (Describe in Part XIII.)   | . 4b  |            |                              |   |
| с  |  |   |            | 4c                           | 0.  |
| 5  | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |   |            | 5                            | 6,197,912.                                  |
| _  |  |   |            |                              |   |
| Pa   | rt XII Reconciliation of Expenses per Audited Financial Stater   | nents With E  |            |                              |   |
| Pa   | rt XII Reconciliation of Expenses per Audited Financial Stater<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 12a   | <b>nents With E</b><br>a.   | xpenses pe |                              | irn.  |
| <b>P</b> a<br>1                                | rt XII Reconciliation of Expenses per Audited Financial Stater   | <b>nents With E</b><br>a.   | xpenses pe |                              |   |
|  | rt XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:   | nents With E  | xpenses pe | r Retu                       | irn.  |
| 1  | rt XII Reconciliation of Expenses per Audited Financial Stater<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 12a<br>Total expenses and losses per audited financial statements   | nents With E  | xpenses pe | r Retu                       | irn.  |
| 1 2  | rt XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:   | nents With E<br>a.<br>2a  | xpenses pe | r Retu                       | irn.  |
| 1<br>2<br>a                                    | rt XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities  | nents With E<br>a.<br>2a<br>2b                                      | xpenses pe | r Retu                       | irn.  |
| 1<br>2<br>a                                    | rt XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments   | 2a            2b            2c                                      | xpenses pe | r Retu                       | irn.  |
| 1<br>2<br>a<br>b<br>c                          | rt XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other normed to the total service in Part XIII.)   | 2a           2b           2c           2d                           | xpenses pe | r Retu                       | rn.<br><u>5,864,366.</u><br>0.              |
| 1<br>2<br>b<br>c<br>d                          | rt XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d   | 2a           2b           2c           2d                           | xpenses pe | r Retu                       | rn.<br>5,864,366.                           |
| 1<br>2<br>b<br>c<br>d<br>e                     | rt XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)   | 2a           2b           2c           2d                           | xpenses pe | r Retu                       | rn.<br><u>5,864,366.</u><br>0.              |
| 1<br>2<br>6<br>0<br>2<br>3                     | rt XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1  | 2a           2b           2c           2d                           | xpenses pe | r Retu                       | rn.<br><u>5,864,366.</u><br>0.              |
| 1<br>2<br>3<br>4                               | rt XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:   | 2a           2b           2c           2d                           | xpenses pe | r Retu                       | rn.<br>5,864,366.<br>0.<br>5,864,366.       |
| 1<br>2<br>a<br>b<br>c<br>d<br>e<br>3<br>4<br>a | rt XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b | 2a           2b           2c           2d           4a           4b | xpenses pe | r Retu<br>1<br>2e<br>3<br>4c | rn.<br>5,864,366.<br>0.<br>5,864,366.<br>0. |
| 1<br>2<br>d<br>e<br>3<br>4<br>b<br>c<br>5      | rt XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)                             | 2a           2b           2c           2d           4a           4b | xpenses pe | r Retu<br>1<br>2e<br>3<br>4c | rn.<br>5,864,366.<br>0.<br>5,864,366.       |

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

### PART X, LINE 2:

| WASH | INGTO | ON ( | GLOBAL | BEI   | LIEV        | 'ES 1 | ГНАТ | IΤ   | HAS  | APPR   | OPRI | ATE  | SUPP | ORT  | FOR   | ANY   | TAX  |       |
|------|-------|------|--------|-------|-------------|-------|------|------|------|--------|------|------|------|------|-------|-------|------|-------|
| POSI | FIONS | 5 ТА | AKEN,  | AND   | AS          | SUCH  | I, D | DES  | NOT  | HAVE   | ANY  | UNC  | ERTA | IN 1 | TAX I | POSI  | FION | IS    |
| THAT | ARE   | MAT  | FERIAL | , то  | THE         | FI    | IANC | IAL  | STA  | LEWEN. | rs o | R TH | AT W | OULI | ) HAI | /E Al | N EF | 'FECT |
| ON I | rs ta | X-I  | EXEMPT | ' STZ | <b>ATUS</b> | . тн  | IERE | ARI  | e no | UNRE   | COGN | IZED | TAX  | BEN  | IEFIJ | ទេ ០រ |      |       |
| LIAB | ILITI | ES   | THAT   | NEEI  | о то        | ) BE  | REC  | ORDI | ED.  |        |      |      |      |      |       |       |      |       |

132054 10-28-21

Schedule D (Form 990) 2021

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| (For | HEDULE E<br>m 990)<br>ment of the Treasury<br>Revenue Service | Complete if the organization answered "Yes" on Form 990,<br>Part IV, line 13, or Form 990-EZ, Part VI, line 48. Attach to Form 990 or Form 990-EZ. |              |        |          |  |  |  |  |
|------|---|--|--------------|--------|----------|--|--|--|--|
| Name | e of the organizatio  |  | identificat  | ion nu | mber     |  |  |  |  |
|      |   |  | 7-1118       |        |          |  |  |  |  |
| Pa   | rt I  |  |              |        |          |  |  |  |  |
|      |   |  |              | YES    | NO       |  |  |  |  |
| 1    | Does the organiza   | tion have a racially nondiscriminatory policy toward students by statement in its charter,   |              |        | <u> </u> |  |  |  |  |
| •    | -   | erning instrument, or in a resolution of its governing body?   | 1            | x      |          |  |  |  |  |
| 2    |   | tion include a statement of its racially nondiscriminatory policy toward students in all its brochures,  |              |        |          |  |  |  |  |
| -    | -   | ther written communications with the public dealing with student admissions, programs, and scholarshi  | os? 2        | x      |          |  |  |  |  |
| 3    | 0   | ion publicized its racially nondiscriminatory policy on its primary publicly accessible Internet   |              |        |          |  |  |  |  |
| •    | -   | mes during its taxable year in a manner reasonably expected to be noticed by visitors to the   |              |        |          |  |  |  |  |
|      |   | bugh newspaper or broadcast media during the period of solicitation for students, or during the  |              |        |          |  |  |  |  |
|      |   | I if it has no solicitation program, in a way that makes the policy known to all parts of the general  |              |        |          |  |  |  |  |
|      | 0 1   | es? If "Yes," please describe. If "No," please explain. If you need more space, use Part II  | 3            | X      |          |  |  |  |  |
|      |   | L IS A PUBLIC CHARTER SCHOOL AND IS OPERATING UNDER  |              |        |          |  |  |  |  |
|      | A CONTRAC   | T WITH DC GOVERNMENT. REVENUE PROCEDURE 75-50 DOES   | _            |        |          |  |  |  |  |
|      | NOT APPLY   | •  | _            |        |          |  |  |  |  |
|      |   |  | _            |        |          |  |  |  |  |
|      |   |  | _            |        |          |  |  |  |  |
| 4    | Does the organiza   | tion maintain the following?   | _            |        |          |  |  |  |  |
| а    | Records indicating  | g the racial composition of the student body, faculty, and administrative staff?   | 4a           | X      |          |  |  |  |  |
| b    | Records documer   | nting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  | 4b           |        | X        |  |  |  |  |
| с    | Copies of all catal   | ogues, brochures, announcements, and other written communications to the public dealing  |              |        |          |  |  |  |  |
|      |   | issions, programs, and scholarships?   | 4c           | Х      |          |  |  |  |  |
| d    | Copies of all mate  | rial used by the organization or on its behalf to solicit contributions?   |              | X      |          |  |  |  |  |
|      | If you answered "I  | No" to any of the above, please explain. If you need more space, use Part II.  |              |        |          |  |  |  |  |
|      |   | ROCEDURE 75-50 DOES NOT APPLY TO PUBLIC CHARTER  |              |        |          |  |  |  |  |
|      | SCHOOLS.  |  |              |        |          |  |  |  |  |
|      |   |  |              |        |          |  |  |  |  |
|      |   |  |              |        |          |  |  |  |  |
| 5    | Does the organiza   | tion discriminate by race in any way with respect to:  |              |        |          |  |  |  |  |
| а    | Students' rights o  | r privileges?  | 5a           |        | X        |  |  |  |  |
| b    | Admissions policie  | 98?  | 5b           |        | X        |  |  |  |  |
| С    | Employment of fac   | culty or administrative staff?   | 5c           |        | X        |  |  |  |  |
|      |   | ther financial assistance?   |              |        | X        |  |  |  |  |
|      |   | es?  |              |        | X        |  |  |  |  |
| f    | Use of facilities?  |  | 5f           |        | X        |  |  |  |  |
|      |   | ?  |              |        | X        |  |  |  |  |
| h    | Other extracurricu  | Ilar activities?   | 5h           |        | X        |  |  |  |  |
|      |   | Yes" to any of the above, please explain. If you need more space, use Part II.   |              |        |          |  |  |  |  |
|      |   |  |              |        |          |  |  |  |  |
|      |   |  |              |        |          |  |  |  |  |
|      |   |  |              |        |          |  |  |  |  |
|      |   |  |              |        |          |  |  |  |  |
|      |   | tion receive any financial aid or assistance from a governmental agency?   |              | X      |          |  |  |  |  |
| b    | Has the organizat   | ion's right to such aid ever been revoked or suspended?  | 6b           |        | X        |  |  |  |  |
|      | If you answered ""  | Yes" on either line 6a or line 6b, explain on Part II.   |              |        |          |  |  |  |  |
| 7    | Does the organiza   | tion certify that it has complied with the applicable requirements of sections 4.01 through  |              |        |          |  |  |  |  |
|      | 4.05 of Rev. Proc.  | 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II   | 7            |        | X        |  |  |  |  |
| LHA  | For Paperwork R   | eduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sc   | hedule E (Fo | orm 99 | 0) 2021  |  |  |  |  |

Schedule E (Form 990) 2021

**Part II** Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE SCHOOL RECEIVES GOVERNMENT FINANCIAL ASSISTANCE FROM OSSE (OFFICE OF

THE STATE SUPERINTENDENT OF EDUCATION).

LINE 7 - EXPLANATION OF RACIAL NONDISCRIMINATION COMPLIANCE:

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

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

Schedule E (Form 990) 2021

132062 10-18-21

19240502 793927 17546

| SCHEDULE G<br>(Form 990)  | Complete if th   | Supplemental Information Regarding Fundraising or Gaming Activities<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the<br>organization entered more than \$15,000 on Form 990-EZ, line 6a. |  |   |   |  |             |   |  |  |
|---|--|--|--|---|---|--|-------------|---|--|--|
| Department of the Treasury<br>Internal Revenue Service  | ► G  | ► Attac<br>to www.irs.gov/For  | h to Form 990  |   |   |  | tion        |   | Open to Public<br>Inspection                                   |  |
| Name of the organization  | n  | TON GLOBAL   |  |   |   |  |             | Employer ide  | ntification number   |  |
|   |  | • Complete if the orga   |  |   |   |  |             |   |  |  |
| <ol> <li>Indicate whether the a Mail solicitate</li> <li>Mail solicitate</li> <li>Internet and c Phone solicitate</li> <li>C Phone solicitate</li> <li>In person social provided the organization key employees list</li> </ol> | e organization rais<br>tions<br>email solicitations<br>tations<br>blicitations<br>on have a written o<br>ted in Form 990, F<br>b highest paid indi | sed funds through an<br>s<br>or oral agreement with<br>Part VII) or entity in cou<br>viduals or entities (fur  | e X Solicita<br>f X Solicita<br>g Specia<br>n any individua<br>nnection with p | ation of<br>ation of<br>I fundra<br>al (inclue<br>profess | non-g<br>gover<br>aising<br>ding o<br>ional f | overnment grants<br>nment grants<br>events<br>fficers, directors, tru<br>undraising services | stees,<br>? | X Yes   |  |  |
| (i) Name and addres<br>or entity (fund  |  | (ii) Activ   | ity  | (iii)<br>fundr<br>have c<br>or cor<br>contrib             | trol of                                       | (iv) Gross receipts from activity  | tò (oi      | Amount paid<br>r retained by)<br>undraiser<br>ed in col. <b>(i)</b> | <b>(vi)</b> Amount paid<br>to (or retained by)<br>organization |  |
| DEVELOPMENT ASSOCI<br>BOX 1458, BOWIE, M  |  | GRANT SERVICES   |  | Yes   | No<br>X                                       | 0.   |             | 18,000.   | -18,000.   |  |
|   |  |  |  |   |   |  |             |   |  |  |
| Total       3     List all states in whor licensing.       DC   | ich the organizatio  | on is registered or lice   | insed to solicit   | contrib   | butions                                       | s or has been notifie  | d it is e   | 18,000.<br>exempt from re   | -18,000.   |  |
| LHA For Paperwork R   | eduction Act Not   | ice, see the Instruct  | ions for Form  | 990 or  | 990-1   | ΕΖ.  |             | Schedule  | G (Form 990) 2021  |  |

132081 10-21-21

### WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL 47-1118215 Page 2

| Part II | F |
|---------|---|
|---------|---|

**Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 | _   | 5   |                          | ,  | <u> </u>         | <u> </u>   |
|-----------------|---|---|--------------------------|--|------------------|--|
|                 |   |   | (a) Event #1             | (b) Event #2                                     | (c) Other events | (d) Total events<br>(add col. (a) through<br>col. (c)) |
| an              |   |   | (event type)             | (event type)                                     | (total number)   |  |
| Revenue         | 1   | Gross receipts  |                          |  |                  |  |
|                 | 2   | Less: Contributions   |                          |  |                  |  |
|                 | 3   | Gross income (line 1 minus line 2)  |                          |  |                  |  |
|                 | 4   | Cash prizes   |                          |  |                  |  |
| Se              | <b>5</b> Noncash prizes<br><b>6</b> Rent/facility costs |   |                          |  |                  |  |
| zpense          |   |   |                          |  |                  |  |
| Direct Expenses | 7   | Food and beverages  |                          |  |                  |  |
| _               | 8   | Entertainment   |                          |  |                  |  |
|                 | 9   | Other direct expenses   |                          |  |                  |  |
|                 | 10  | Direct expense summary. Add lines 4 through   |                          |  | •                |  |
| Pa              | 11<br>11  |   |                          | 1 990. Part IV. line 19. or                      |                  |  |
|                 | _   | \$15,000 on Form 990-EZ, line 6a.   |                          |  | •                |  |
| Revenue         |   |   | <b>(a)</b> Bingo         | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add<br>col. (a) through col. (c))    |
| Вe              | 4   | Gross revenue   |                          |  |                  |  |
|                 | <u> </u>  |   |                          |  |                  |  |
| nses            | 2   | Cash prizes   |                          |  |                  |  |
| Direct Expenses | 3   | Noncash prizes  |                          |  |                  |  |
| Dired           | 4   | Rent/facility costs   |                          |  |                  |  |
|                 | 5   | Other direct expenses   |                          |  |                  |  |
|                 | 6   | Volunteer labor   | └── Yes %                | │  | │                |  |
|                 | 7   | Direct expense summary. Add lines 2 through   |                          |  | <u> </u>         |  |
|                 | 8   | Net gaming income summary. Subtract line 7  | from line 1. column (d)  |  | ►                |  |
|                 |   |   |                          |  |                  | •  |
|                 | ls t  | ter the state(s) in which the organization condu<br>the organization licensed to conduct gaming ac<br>No," explain: |                          | states?  |                  | Yes No   |
|                 |   | но, ехрап   |                          |  |                  |  |
|                 |   | ere any of the organization's gaming licenses re<br>Yes," explain:  | evoked, suspended, or to | erminated during the tax                         | year?            | Yes No   |
| ~               |   |   |                          |  |                  |  |
|                 |   |   |                          |  |                  |  |
| 1320            | 82 10   | D-21-21   |                          |  | Sche             | dule G (Form 990) 2021                                 |

| Sch   | edule G (Form 990) 2021           | WASHINGTON                  | GLOBAL          | PUBLIC (           | CHARTER         | SCHOOL 47              | -111821!          | D Page 3    |
|-------|-----------------------------------|-----------------------------|-----------------|--------------------|-----------------|------------------------|-------------------|-------------|
| 11    | Does the organization conduct g   | aming activities with nor   | nmembers?       |                    |                 |                        | 🗌 Yes             | No No       |
| 12    | Is the organization a grantor, be | -                           |                 | •                  | •               |                        |                   |             |
|       | to administer charitable gaming?  | ?                           |                 |                    |                 |                        | 📖 Yes             | L No        |
|       | Indicate the percentage of gamin  |                             |                 |                    |                 |                        |                   |             |
|       | The organization's facility       |                             |                 |                    |                 |                        |                   | %           |
|       | An outside facility               |                             |                 |                    |                 |                        | 13b               | %           |
| 14    | Enter the name and address of t   | he person who prepares      | the organiza    | tion's gaming/sp   | ecial events b  | ooks and records:      |                   |             |
|       | Nama 🕨                            |                             |                 |                    |                 |                        |                   |             |
|       | Name                              |                             |                 |                    |                 |                        |                   |             |
|       | Address 🕨                         |                             |                 |                    |                 |                        |                   |             |
|       |                                   |                             |                 |                    |                 |                        |                   |             |
| 15a   | Does the organization have a co   | ntract with a third party f | rom whom th     | ne organization re | eceives gamino  | g revenue?             | Yes               | 🗌 No        |
|       |                                   |                             |                 |                    |                 |                        |                   |             |
| b     | If "Yes," enter the amount of gar |                             |                 |                    |                 | _ and the amount       |                   |             |
|       | of gaming revenue retained by th  |                             |                 | _                  |                 |                        |                   |             |
| С     | If "Yes," enter name and addres   | s of the third party:       |                 |                    |                 |                        |                   |             |
|       | Nama 🕨                            |                             |                 |                    |                 |                        |                   |             |
|       | Name 🕨                            |                             |                 |                    |                 |                        |                   |             |
|       | Address ►                         |                             |                 |                    |                 |                        |                   |             |
|       |                                   |                             |                 |                    |                 |                        |                   |             |
| 16    | Gaming manager information:       |                             |                 |                    |                 |                        |                   |             |
|       | 5 5                               |                             |                 |                    |                 |                        |                   |             |
|       | Name 🕨                            |                             |                 |                    |                 |                        |                   |             |
|       |                                   |                             |                 |                    |                 |                        |                   |             |
|       | Gaming manager compensation       | ▶ \$                        |                 |                    |                 |                        |                   |             |
|       |                                   |                             |                 |                    |                 |                        |                   |             |
|       | Description of services provided  |                             |                 |                    |                 |                        |                   |             |
|       |                                   |                             |                 |                    |                 |                        |                   |             |
|       |                                   |                             |                 |                    |                 |                        |                   |             |
|       | Director/officer                  | Employee                    |                 | dependent contra   | actor           |                        |                   |             |
|       |                                   |                             |                 |                    |                 |                        |                   |             |
| 17    | Mandatory distributions:          |                             |                 |                    |                 |                        |                   |             |
| а     | Is the organization required und  | er state law to make char   | ritable distrib | utions from the g  | aming procee    | ds to                  |                   |             |
|       | retain the state gaming license?  |                             |                 |                    |                 |                        | Ves               | L No        |
| b     | Enter the amount of distributions | s required under state lav  | w to be distril | outed to other ex  | empt organiza   | ations or spent in the | e                 |             |
|       | organization's own exempt activ   |                             |                 |                    |                 |                        |                   |             |
| Ра    |                                   | rmation. Provide the e      |                 |                    |                 |                        | Part III, lines 9 | , 9b, 10b,  |
|       | 15b, 15c, 16, and 17b, a          | as applicable. Also provid  | le any additic  | onal information.  | See instruction | 18.                    |                   |             |
|       |                                   |                             |                 |                    |                 |                        |                   |             |
|       |                                   |                             |                 |                    |                 |                        |                   |             |
|       |                                   |                             |                 |                    |                 |                        |                   |             |
|       |                                   |                             |                 |                    |                 |                        |                   |             |
|       |                                   |                             |                 |                    |                 |                        |                   |             |
|       |                                   |                             |                 |                    |                 |                        |                   |             |
|       |                                   |                             |                 |                    |                 |                        |                   |             |
|       |                                   |                             |                 |                    |                 |                        |                   |             |
|       |                                   |                             |                 |                    |                 |                        |                   |             |
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|       |                                   |                             |                 |                    |                 |                        |                   |             |
|       |                                   |                             |                 |                    |                 |                        |                   |             |
|       |                                   |                             |                 |                    |                 |                        |                   |             |
|       |                                   |                             |                 |                    |                 |                        |                   |             |
|       |                                   |                             |                 |                    |                 |                        |                   |             |
| 13208 | 83 10-21-21                       |                             |                 |                    |                 | Sch                    | edule G (Form     | n 990) 2021 |
|       |                                   |                             |                 | 33                 |                 |                        |                   |             |

| Schedule G    | (Form 990)     | WASHINGTON                           | GLOBAL | PUBLIC | CHARTER | SCHOOL | 47-1118215    | Page <b>4</b> |
|---------------|----------------|--------------------------------------|--------|--------|---------|--------|---------------|---------------|
| Part IV       | Supplemental I | WASHINGTON<br>nformation (continued) |        |        |         |        |               |               |
|               |                |                                      |        |        |         |        |               |               |
|               |                |                                      |        |        |         |        |               |               |
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|               |                |                                      |        |        |         |        |               |               |
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|               |                |                                      |        |        |         |        |               |               |
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|               |                |                                      |        |        |         |        |               |               |
|               |                |                                      |        |        |         |        |               |               |
|               |                |                                      |        |        |         |        |               |               |
|               |                |                                      |        |        |         |        | Schedule G (F | orm 990)      |
| 132084 11-18- | 21             |                                      |        | 34     |         |        |               |               |
|               |                |                                      |        | 5-     |         |        |               |               |

| SC         | SCHEDULE J   |   |            |              | OMB No. 1545-0047 |        |  |  |
|------------|--|---|------------|--------------|-------------------|--------|--|--|
| (Form 990) |  | For certain Officers, Directors, Trustees, Key Employees, and Highest   |            |              |                   | 2021   |  |  |
| •          | •  | Compensated Employees   |            | <b>ZU</b>    |                   | 1      |  |  |
| Deres      |  | <ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul> |            | Open to      | Publ              | ic     |  |  |
|            | tment of the Treasury<br>al Revenue Service  | Go to www.irs.gov/Form990 for instructions and the latest information.  |            | Inspe        | ction             |        |  |  |
| Nam        | e of the organizatio   | n   | Employer i |              |                   | mber   |  |  |
| _          |  | WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL   | 47-1       | 11821        | 5                 |        |  |  |
| Pa         | rt I Question  | s Regarding Compensation  |            |              |                   |        |  |  |
|            |  |   |            |              | Yes               | No     |  |  |
| 1a         | Check the appropr  | iate box(es) if the organization provided any of the following to or for a person listed on Form                            | ı 990,     |              |                   |        |  |  |
|            | Part VII, Section A,   | line 1a. Complete Part III to provide any relevant information regarding these items.                                       |            |              |                   |        |  |  |
|            | First-class or o   | charter travel Housing allowance or residence for perso   | nal use    |              |                   |        |  |  |
|            | Travel for com   |   |            |              |                   |        |  |  |
|            | Tax indemnification and gross-up payments  |   |            |              |                   |        |  |  |
|            | Discretionary spending account Personal services (such as maid, chauffeur, chef)                                   |   | ur, chef)  |              |                   |        |  |  |
|            |  |   |            |              |                   |        |  |  |
| b          | •  | on line 1a are checked, did the organization follow a written policy regarding payment or                                   |            |              |                   |        |  |  |
|            | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain           |   |            |              |                   |        |  |  |
| 2          |  |   |            |              |                   |        |  |  |
|            | trustees, and office   | ers, including the CEO/Executive Director, regarding the items checked on line 1a?  |            | 2            |                   |        |  |  |
| -          |  |   |            |              |                   |        |  |  |
| 3          |  | ny, of the following the organization used to establish the compensation of the organization?                               |            |              |                   |        |  |  |
|            | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to |   |            |              |                   |        |  |  |
|            |  | ation of the CEO/Executive Director, but explain in Part III.   |            |              |                   |        |  |  |
|            | Compensation   |   |            |              |                   |        |  |  |
|            |  | compensation consultant   |            |              |                   |        |  |  |
|            |  | ther organizations  | committee  |              |                   |        |  |  |
| 4          | During the year, did   | d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing                                   |            |              |                   |        |  |  |
| •          | organization or a re   |   |            |              |                   |        |  |  |
| а          |  |   | 4a         |              | Х                 |        |  |  |
| b          |  |   |            |              | X                 |        |  |  |
|            |  |   |            |              | X                 |        |  |  |
|            | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.      |   |            |              |                   |        |  |  |
|            | ,  |   |            |              |                   |        |  |  |
|            | Only section 501(  | c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.   |            |              |                   |        |  |  |
| 5          | For persons listed   | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati                                | on         |              |                   |        |  |  |
|            | contingent on the r  |   |            |              |                   |        |  |  |
| а          | The organization?  |   |            | 5a           |                   | Х      |  |  |
| b          | Any related organiz  | zation?   |            | 5b           |                   | X      |  |  |
|            |  | or 5b, describe in Part III.  |            |              |                   |        |  |  |
| 6          | For persons listed   | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati                                | on         |              |                   |        |  |  |
|            | contingent on the r  | net earnings of:  |            |              |                   |        |  |  |
| а          | The organization?  |   |            | 6a           |                   | X      |  |  |
|            |  | zation?   |            |              |                   | X      |  |  |
|            |  | or 6b, describe in Part III.  |            |              |                   |        |  |  |
| 7          |  | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment                                |            |              |                   |        |  |  |
|            |  | nes 5 and 6? If "Yes," describe in Part III   |            | 7            | Х                 |        |  |  |
| 8          | Were any amounts   | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t                                | the        |              |                   |        |  |  |
|            | initial contract exce  | eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III                                     |            | 8            |                   | X      |  |  |
| 9          | If "Yes" on line 8, d  | lid the organization also follow the rebuttable presumption procedure described in  |            |              |                   |        |  |  |
|            | Regulations section  | n 53.4958-6(c)?   |            | 9            |                   | L      |  |  |
| LHA        | For Paperwork R  | eduction Act Notice, see the Instructions for Form 990.   | Sched      | lule J (Forr | n 990)            | ) 2021 |  |  |

132111 11-02-21

Schedule J (Form 990) 2021

### 21 WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL 47-1118215

Page **2** 

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

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

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

|                             |              | (B) Breakdown of W       | /-2 and/or 1099-MIS<br>compensation       | C and/or 1099-NEC                         | other deferred | <b>(D)</b> Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | in column (B)                             |
|-----------------------------|--------------|--------------------------|---|---|----------------|--------------------------------|------------------------------------|---|
| (A) Name and Title          |              | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation   |                                |                                    | reported as deferred<br>on prior Form 990 |
| (1) ELIZABETH TORRES, ED.D. | (i)          | 159,248.                 | 6,732.                                    | 150.                                      | 7,039.         | 5,095.                         | 178,264.                           | 0.  |
|                             | (ii)         | 0.                       | 0.  | 0.  | 0.             | 0.                             |                                    | 0.  |
|                             | (i)          |                          |   |   |                |                                |                                    |   |
|                             | (ii) [       |                          |   |   |                |                                |                                    |   |
|                             | (i)          |                          |   |   |                |                                |                                    |   |
|                             | (ii)         |                          |   |   |                |                                |                                    |   |
|                             | (i)          |                          |   |   |                |                                |                                    |   |
|                             | (ii)         |                          |   |   |                |                                |                                    |   |
|                             | (i)          |                          |   |   |                |                                |                                    |   |
|                             | (ii)         |                          |   |   |                |                                |                                    |   |
|                             | (i)          |                          |   |   |                |                                |                                    |   |
|                             | (ii)         |                          |   |   |                |                                |                                    |   |
|                             | (i)          |                          |   |   |                |                                |                                    |   |
|                             | (ii)         |                          |   |   |                |                                |                                    |   |
|                             | (i)          |                          |   |   |                |                                |                                    |   |
|                             | (ii)         |                          |   |   |                |                                |                                    | ļ   |
|                             | (i)          |                          |   |   |                |                                |                                    |   |
|                             | (ii)<br>(ii) |                          |   |   |                |                                |                                    |   |
|                             | (i)          |                          |   |   |                |                                |                                    |   |
|                             | (ii)<br>(i)  |                          |   | _   |                |                                |                                    |   |
|                             | (i)<br>(ii)  |                          |   |   |                |                                |                                    |   |
|                             | (i)<br>(i)   |                          |   |   |                |                                |                                    |   |
|                             | (ii)         |                          |   |   |                |                                |                                    |   |
|                             | (i)          |                          |   |   |                |                                |                                    |   |
|                             | (ii)         |                          |   |   |                |                                |                                    |   |
|                             | (i)          |                          |   |   |                |                                |                                    |   |
|                             | (ii)         |                          |   |   |                |                                |                                    |   |
|                             | (i)          |                          |   |   |                |                                |                                    |   |
|                             | (ii)         |                          |   |   |                |                                |                                    |   |
|                             | (i)          |                          |   |   |                |                                |                                    |   |
|                             | (ii)         |                          |   |   |                |                                |                                    |   |

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

### PART I, LINE 7:

ELIZABETH TORRES RECEIVED A BONUS OF \$6,732 DURING CALENDAR YEAR 2021.

HOWARD MEBANE RECEIVED A BONUS OF \$4,805 DURING CALENDAR YEAR 2021. BONUSES

### ARE DETERMINED BY THE BOARD AND ARE BASED ON MERIT.

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL 47-

47-1118215

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

INTERNATIONALLY-BASED ACADEMIC AND CULTURAL CURRICULUM, WHICH

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

LANGUAGE ACQUISITION TO DEVELOP ENTERPRISING AND COMPETITIVE GLOBAL

CITIZENS.

1

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

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

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

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

BOARD MEMBERS ARE REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST FORM ATTESTING TO ANY CONFLICTS THAT THEY MAY HAVE, OR PERCEIVED TO HAVE, WHEN THEY JOIN THE BOARD. THE BOARD CHAIR MONITORS COMPLIANCE WHEN A NEW BOARD MEMBER JOINS THE BOARD. BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS AT ANY TIME AND RECUSE THEMSELVES PER THE SCHOOL'S BYLAWS AS APPROPRIATE.

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

THE OFFICER'S COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD OF

DIRECTORS. COMPENSATION IS SET AND ADJUSTED USING COMPARABLE DATA WITH

CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION. THE MOST

RECENT SALARY REVIEW ON OFFICERS WAS IN JUNE OF 2022.

| FORM 990, PART VI, SECT                 | ION C, LINE 19:                              |                            |
|---|--|----------------------------|
| LHA For Paperwork Reduction Act Notice, | see the Instructions for Form 990 or 990-EZ. | Schedule O (Form 990) 2021 |
| 132211 11-11-21                         | 38   |                            |
| L9240502 793927 17546                   | 2021.05080 WASHINGTON GLOB                   | AL PUBLIC CH 175461        |

| Schedule O (Form 990) 2021                                       | Page <b>2</b>                                 |
|--|---|
| Name of the organization WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL | Employer identification number $47 - 1118215$ |
| WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL MAKES ITS GOVERNI        | NG DOCUMENTS,                                 |
| CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAI        | LABLE TO THE                                  |

PUBLIC UPON REQUEST.

FORM 990, PART XIII, LIVE 2C:

THE ORGANIZATION HAS NOT CHANGED ITS AUDIT OVERSIGHT PROCESS OR ITS

PROCESS OF SELECTION OF AN INDEPENDENT ACCOUNTANT DURING THE YEAR.

132212 11-11-21