

1730 Rhode Island Avenue, NW Suite 800 Washington, DC 20036 (202) 296-3306 Fax: (202) 296-0059

Cient Copy

February 12, 2015

By Mail

Ms. Cheri Harrington Washington Yu Ying Public Charter School 220 Taylor Street, NE Washington, DC 20017

Dear Cheri:

Enclosed please find both the client and public inspection copies of the 2013 Return of Organization Exempt From Income Tax Form 990 for Washington Yu Ying Public Charter School. We suggest that the client copy be retained indefinitely.

Please contact our office at 202.296.3306 if you have any questions on the enclosed.

Very truly yours,

Brian D. McQuade, CPA

Managing Partner

Jones Maresca & McQuade P.A. 1730 Rhode Island Ave NW Ste 800 Washington, DC 20036-3114 202-296-3306

February 12, 2015

CONFIDENTIAL

Washington Yu Ying Public Charter School 220 Taylor St, NE Washington, DC 20017

Dear Ms. Alexander:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Jones Maresca & McQuade P.A.

Filing Instructions

Washington Yu Ying Public Charter School

Exempt Organization Tax Return

Taxable Year Ended June 30, 2014

Date Due:

February 15, 2015

Remittance:

None is required. Your Form 990 for the tax year ended 6/30/14 shows no

balance due.

Signature:

You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible

to:

Jones Maresca & McQuade P.A. 1730 Rhode Island Ave NW Ste 800 Washington, DC 20036-3114

Other:

Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records. If previously signed and returned no further

action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing

of your return.

IRS e-file Signature Authorization

om 88/9-EU	for an Exempt Organization		
	For calendar year 2013, or fiscal year beginning 7/01, 2013, and ending 6	/30 20 14	2013
epartment of the Treasury	Do not send to the IRS. Keep for your records.		2013
nternal Revenue Service	Information about Form 8879-EO and its instructions is at www.irs.g	Employer Identific	nation number
	ASHINGTON YU YING PUBLIC CHARTER	20-44640	
	CHOOL IAQUITA ALEXANDER	20-1101	77 2
	EAD OF SCHOOL		
Part I Type of F	Return and Return Information (Whole Dollars Only)	Phyllip Desputation	NORWALE PARTY OF THE PARTY OF T
heck the box for the return	for which you are using this Form 8879-EO and enter the applicable amount, if any	y, from the return. If y	you
neck the box on line 1a. 2a	a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with thi	is form was blank, the	en
ave line 1b. 2b. 3b. 4b. or	5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the	return, then enter -0-	on .
e applicable line below Do	o not complete more than 1 line in Part I.		
Form 990 check here	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _	9,138,21
Form 990-EZ check her	re ▶	2b	
	here b Total tax (Form 1120-POL, line 22)	3b	
Form 990-PF check her			
Form 8868 check here	▶	5b	
Part II Declaration	on and Signature Authorization of Officer	conv of the	
der penalties of perjury, I	declare that I am an officer of the above organization and that I have examined a	copy of the	
anization's 2013 electron	iic return and accompanying schedules and statements and to the best of my know	vieage and belief, the	y
e true correct, and comple	ete. I further declare that the amount in Part I above is the amount shown on the co	opy of the	
		oturn originator (FR)	
ganization's electronic retu	urn. I consent to allow my intermediate service provider, transmitter, or electronic r	eturi originator (Live	
send the organization's re	etum to the IRS and to receive from the IRS (a) an acknowledgement of receipt or	reason for rejection of	of
send the organization's re	etum to the IRS and to receive from the IRS (a) an acknowledgement of receipt or ason for any delay in processing the return or refund, and (c) the date of any refund	reason for rejection of d. If applicable, I	of
send the organization's reme transmission, (b) the reauthorize the LLS. Treasury	eturn to the IRS and to receive from the IRS (a) an acknowledgement of receipt or ason for any delay in processing the return or refund, and (c) the date of any refund and its designated Financial Agent to initiate an electronic funds withdrawal (direct	reason for rejection of d. If applicable, I debit) entry to the	of
o send the organization's re- ne transmission, (b) the rea uthorize the U.S. Treasury	eturn to the IRS and to receive from the IRS (a) an acknowledgement of receipt or ason for any delay in processing the return or refund, and (c) the date of any refund and its designated Financial Agent to initiate an electronic funds withdrawal (direct indicated in the tax preparation software for payment of the organization's federal t	reason for rejection of d. If applicable, I debit) entry to the axes owed on this	of .
o send the organization's re- ne transmission, (b) the re- uthorize the U.S. Treasury nancial institution account in thurn, and the financial inst-	eturn to the IRS and to receive from the IRS (a) an acknowledgement of receipt or ason for any delay in processing the return or refund, and (c) the date of any refund, and its designated Financial Agent to initiate an electronic funds withdrawal (direct indicated in the tax preparation software for payment of the organization's federal to the titution to debit the entry to this account. To revoke a payment, I must contact the to the titution to debit the entry to this account. To revoke a payment, I must contact the tops are the contact the titution to debit the entry to this account.	reason for rejection of d. If applicable, I debit) entry to the axes owed on this J.S. Treasury Financi	of ial
send the organization's re- tile transmission, (b) the rea uthorize the U.S. Treasury nancial institution account i beturn, and the financial inst	eturn to the IRS and to receive from the IRS (a) an acknowledgement of receipt or ason for any delay in processing the return or refund, and (c) the date of any refund, and its designated Financial Agent to initiate an electronic funds withdrawal (direct indicated in the tax preparation software for payment of the organization's federal table to the payment, I must contact the total the control of the payment (settlement) date. I also authorize	reason for rejection of d. If applicable, I debit) entry to the axes owed on this J.S. Treasury Financia the financial instituti	of ial
send the organization's re e transmission, (b) the rea uthorize the U.S. Treasury nancial institution account i durn, and the financial insti- gent at 1-888-353-4537 no	eturn to the IRS and to receive from the IRS (a) an acknowledgement of receipt or ason for any delay in processing the return or refund, and (c) the date of any refund and its designated Financial Agent to initiate an electronic funds withdrawal (direct indicated in the tax preparation software for payment of the organization's federal titution to debit the entry to this account. To revoke a payment, I must contact the to later than 2 business days prior to the payment (settlement) date. I also authorize of the electronic payment of taxes to receive confidential information necessary to a	reason for rejection of d. If applicable, I debit) entry to the axes owed on this J.S. Treasury Financia the financial institutions answer inquiries and	ial ons
send the organization's re e transmission, (b) the rea uthorize the U.S. Treasury nancial institution account i drum, and the financial inst gent at 1-888-353-4537 no volved in the processing of usolve issues related to the	eturn to the IRS and to receive from the IRS (a) an acknowledgement of receipt or ason for any delay in processing the return or refund, and (c) the date of any refund and its designated Financial Agent to initiate an electronic funds withdrawal (direct indicated in the tax preparation software for payment of the organization's federal titution to debit the entry to this account. To revoke a payment, I must contact the collection of the payment of the payment of the later than 2 business days prior to the payment (settlement) date. I also authorize of the electronic payment of taxes to receive confidential information necessary to a payment. I have selected a personal identification number (PIN) as my signature	reason for rejection of d. If applicable, I debit) entry to the axes owed on this J.S. Treasury Financia the financial institutions answer inquiries and	ial ons
send the organization's real transmission, (b) the real transmission, (b) the real thorize the U.S. Treasury tancial institution account if turn, and the financial institution, and the financial institution, and the financial institution, and the financial institution accounts and the financial institution a	eturn to the IRS and to receive from the IRS (a) an acknowledgement of receipt or ason for any delay in processing the return or refund, and (c) the date of any refund and its designated Financial Agent to initiate an electronic funds withdrawal (direct indicated in the tax preparation software for payment of the organization's federal titution to debit the entry to this account. To revoke a payment, I must contact the to later than 2 business days prior to the payment (settlement) date. I also authorize of the electronic payment of taxes to receive confidential information necessary to a	reason for rejection of d. If applicable, I debit) entry to the axes owed on this J.S. Treasury Financia the financial institutions answer inquiries and	ial ons
send the organization's re- te transmission, (b) the re- authorize the U.S. Treasury nancial institution account i eturn, and the financial inst gent at 1-888-353-4537 no evolved in the processing of esolve issues related to the electronic return and, if app	etum to the IRS and to receive from the IRS (a) an acknowledgement of receipt or ason for any delay in processing the return or refund, and (c) the date of any refund and its designated Financial Agent to initiate an electronic funds withdrawal (direct indicated in the tax preparation software for payment of the organization's federal tritition to debit the entry to this account. To revoke a payment, I must contact the Lo later than 2 business days prior to the payment (settlement) date. I also authorize to the electronic payment of taxes to receive confidential information necessary to a payment. I have selected a personal identification number (PIN) as my signature officiable, the organization's consent to electronic funds withdrawal.	reason for rejection of d. If applicable, I debit) entry to the axes owed on this J.S. Treasury Financia the financial institutions answer inquiries and	ial ons
send the organization's re- te transmission, (b) the re- authorize the U.S. Treasury mancial institution account i sturn, and the financial inst gent at 1-888-353-4537 no volved in the processing of esolve issues related to the electronic return and, if app officer's PIN: check one i	etum to the IRS and to receive from the IRS (a) an acknowledgement of receipt or ason for any delay in processing the return or refund, and (c) the date of any refund and its designated Financial Agent to initiate an electronic funds withdrawal (direct indicated in the tax preparation software for payment of the organization's federal tribution to debit the entry to this account. To revoke a payment, I must contact the Lo later than 2 business days prior to the payment (settlement) date. I also authorize of the electronic payment of taxes to receive confidential information necessary to a payment. I have selected a personal identification number (PIN) as my signature officiable, the organization's consent to electronic funds withdrawal.	reason for rejection of the debit) entry to the axes owed on this J.S. Treasury Financia the financial institutionswer inquiries and for the organization's	ial ons
send the organization's re e transmission, (b) the rea uthorize the U.S. Treasury nancial institution account i sturn, and the financial inst gent at 1-888-353-4537 no volved in the processing of solve issues related to the ectronic return and, if app officer's PIN: check one I	etum to the IRS and to receive from the IRS (a) an acknowledgement of receipt or ason for any delay in processing the return or refund, and (c) the date of any refund and its designated Financial Agent to initiate an electronic funds withdrawal (direct indicated in the tax preparation software for payment of the organization's federal titution to debit the entry to this account. To revoke a payment, I must contact the locater than 2 business days prior to the payment (settlement) date. I also authorize of the electronic payment of taxes to receive confidential information necessary to a payment. I have selected a personal identification number (PIN) as my signature of the organization's consent to electronic funds withdrawal. box only	reason for rejection of the debit) entry to the axes owed on this J.S. Treasury Financia the financial institutionswer inquiries and for the organization's	ial ons s s my signature
send the organization's re e transmission, (b) the rea uthorize the U.S. Treasury nancial institution account i sturn, and the financial inst gent at 1-888-353-4537 no volved in the processing of solve issues related to the ectronic return and, if app officer's PIN: check one I	etum to the IRS and to receive from the IRS (a) an acknowledgement of receipt or ason for any delay in processing the return or refund, and (c) the date of any refund and its designated Financial Agent to initiate an electronic funds withdrawal (direct indicated in the tax preparation software for payment of the organization's federal tribution to debit the entry to this account. To revoke a payment, I must contact the Lo later than 2 business days prior to the payment (settlement) date. I also authorize of the electronic payment of taxes to receive confidential information necessary to a payment. I have selected a personal identification number (PIN) as my signature officiable, the organization's consent to electronic funds withdrawal.	reason for rejection of d. If applicable, I debit) entry to the axes owed on this J.S. Treasury Financie the financial institutionswer inquiries and for the organization's a 20017	ial ons s s my signature , but
send the organization's reset transmission, (b) the reacuthorize the U.S. Treasury mancial institution account is eturn, and the financial instagent at 1-888-353-4537 no exolved in the processing convolved in the processing convolved in the processing convolved in the processing of exolve issues related to the lectronic return and, if apporting the processing of the pro	etum to the IRS and to receive from the IRS (a) an acknowledgement of receipt or ason for any delay in processing the return or refund, and (c) the date of any refund and its designated Financial Agent to initiate an electronic funds withdrawal (direct indicated in the tax preparation software for payment of the organization's federal tribution to debit the entry to this account. To revoke a payment, I must contact the Lo later than 2 business days prior to the payment (settlement) date. I also authorize of the electronic payment of taxes to receive confidential information necessary to a payment. I have selected a personal identification number (PIN) as my signature blicable, the organization's consent to electronic funds withdrawal. box only DUADE BRENNAN, L.L.P. to enter my PIN ERO firm name	reason for rejection of d. If applicable, I to debit) entry to the axes owed on this J.S. Treasury Financia the financial institutionswer inquiries and for the organization's Enter five numbers, do not enter all zero.	ial ons s s my signature , but
send the organization's rele transmission, (b) the reauthorize the U.S. Treasury nancial institution account is deturn, and the financial institution account is gent at 1-888-353-4537 no volved in the processing convolved in the processing convolved in the processing convolved in the processing of the convolved in the processing of the convolved in the processing of the processing of the convolved in the processing of the	etum to the IRS and to receive from the IRS (a) an acknowledgement of receipt or ason for any delay in processing the return or refund, and (c) the date of any refund and its designated Financial Agent to initiate an electronic funds withdrawal (direct indicated in the tax preparation software for payment of the organization's federal tribution to debit the entry to this account. To revoke a payment, I must contact the locater than 2 business days prior to the payment (settlement) date. I also authorize the electronic payment of taxes to receive confidential information necessary to a payment. I have selected a personal identification number (PIN) as my signature blicable, the organization's consent to electronic funds withdrawal. **DUADE BRENNAN, L.L.P.** The process of the electronic funds within this return that a start year 2013 electronically filed return. If I have indicated within this return that a second content of the payment of the payment of the organization of the payment (settlement) and the payment of the organization of the payment (settlement) and payment.	reason for rejection of if applicable, I debit) entry to the axes owed on this J.S. Treasury Financia the financial institutions and for the organization's 20017 Enter five numbers, do not enter all zero a copy of the return is	ial ions s s my signature t but os
send the organization's relections the transmission, (b) the reauthorize the U.S. Treasury nancial institution account institution account institution account institution, and the financial institution account institution acco	etum to the IRS and to receive from the IRS (a) an acknowledgement of receipt or ason for any delay in processing the return or refund, and (c) the date of any refund and its designated Financial Agent to initiate an electronic funds withdrawal (direct indicated in the tax preparation software for payment of the organization's federal thitution to debit the entry to this account. To revoke a payment, I must contact the locater than 2 business days prior to the payment (settlement) date. I also authorize the electronic payment of taxes to receive confidential information necessary to a payment. I have selected a personal identification number (PIN) as my signature blicable, the organization's consent to electronic funds withdrawal. **BRENNAN, L.L.P.** The ERO firm name The stax year 2013 electronically filed return. If I have indicated within this return that a late agency(ies) regulating charities as part of the IRS Fed/State program, I also also as the state agency(ies) regulating charities as part of the IRS Fed/State program, I also as the state agency(ies) regulating charities as part of the IRS Fed/State program, I also as the state agency(ies) regulating charities as part of the IRS Fed/State program, I also as the state agency(ies) regulating charities as part of the IRS Fed/State program, I also as the state agency is a state agency in the state agency in the state agency in the state agency is a state agency in the state agency in the state agency in the state agency is a state agency in the state agency in t	reason for rejection of if applicable, I debit) entry to the axes owed on this J.S. Treasury Financia the financial institutions and for the organization's 20017 Enter five numbers, do not enter all zero a copy of the return is	ial ions s s my signature t but os
o send the organization's reset transmission, (b) the reacuthorize the U.S. Treasury nancial institution account is eturn, and the financial institution account is gent at 1-888-353-4537 no involved in the processing casolve issues related to the lectronic return and, if apporting PIN: check one In the organization' on the organization' being filed with a st ERO to enter my P	etum to the IRS and to receive from the IRS (a) an acknowledgement of receipt or ason for any delay in processing the return or refund, and (c) the date of any refund and its designated Financial Agent to initiate an electronic funds withdrawal (direct indicated in the tax preparation software for payment of the organization's federal table to later than 2 business days prior to the payment (settlement) date. I also authorize of the electronic payment of taxes to receive confidential information necessary to a payment. I have selected a personal identification number (PIN) as my signature of the electronic payment of taxes to receive confidential information necessary to a payment. I have selected a personal identification number (PIN) as my signature of the electronic funds withdrawal. **Document of the indicated within this return that a personal identification in the indicated within this return that a capency(ies) regulating charities as part of the IRS Fed/State program, I also at the indicated within this return that a personal identification in the return's disclosure consent screen.	reason for rejection of d. If applicable, I debit) entry to the axes owed on this J.S. Treasury Financie the financial institutions and for the organization's 20017 and Enter five numbers do not enter all zero a copy of the return is attentive the aforemental contents and copy of the return is a copy of the aforemental contents and copy of the aforemental copy of the c	ial ions s s my signature , but os s
is send the organization's reset transmission, (b) the reacuthorize the U.S. Treasury nancial institution account is sturn, and the financial institution account is sturn, and the processing of section is sues related to the lectronic return and, if appoint is sues related to the lectronic return and, if appoint is a substitution on the organization' being filed with a star ERO to enter my P	eturn to the IRS and to receive from the IRS (a) an acknowledgement of receipt or ason for any delay in processing the return or refund, and (c) the date of any refund and its designated Financial Agent to initiate an electronic funds withdrawal (direct indicated in the tax preparation software for payment of the organization's federal titution to debit the entry to this account. To revoke a payment, I must contact the collected in the tax preparation account. To revoke a payment, I must contact the collecter than 2 business days prior to the payment (settlement) date. I also authorize of the electronic payment of taxes to receive confidential information necessary to be payment. I have selected a personal identification number (PIN) as my signature oblicable, the organization's consent to electronic funds withdrawal. **DUADE BRENNAN, L.L.P.** **ERO firm name** The stax year 2013 electronically filed return. If I have indicated within this return that a late agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the program of the pro	reason for rejection of d. If applicable, I debit) entry to the axes owed on this J.S. Treasury Financia the financial institutions are represented in the organization's 20017 Enter five numbers, do not enter all zero a copy of the return is atthribe the aforemental electronically filed.	ial ions s s my signature , but os s ntioned
osend the organization's reset transmission, (b) the reacuthorize the U.S. Treasury mancial institution account is eturn, and the financial institution account is eturn, and the financial instigent at 1-888-353-4537 no exolved in the processing of esolve issues related to the lectronic return and, if apporting the control of the contr	etum to the IRS and to receive from the IRS (a) an acknowledgement of receipt or ason for any delay in processing the return or refund, and (c) the date of any refund and its designated Financial Agent to initiate an electronic funds withdrawal (direct indicated in the tax preparation software for payment of the organization's federal tribution to debit the entry to this account. To revoke a payment, I must contact the Locater than 2 business days prior to the payment (settlement) date. I also authorize of the electronic payment of taxes to receive confidential information necessary to a payment. I have selected a personal identification number (PIN) as my signature objects the organization's consent to electronic funds withdrawal. **DUADE BRENNAN, L.L.P.** The ERO firm name The stax year 2013 electronically filed return. If I have indicated within this return that a tate agency(ies) regulating charities as part of the IRS Fed/State program, I also at the return's disclosure consent screen. **Organization, I will enter my PIN as my signature on the organization's tax year 20 within this return that a room of the return is being filed with a state agency(ies) required that a room of the return is being filed with a state agency(ies) required that a room of the return is being filed with a state agency(ies) required that a room of the return is being filed with a state agency(ies) required that a room of the return is being filed with a state agency(ies) required that a room of the return is being filed with a state agency(ies) required that a room of the return is being filed with a state agency(ies) required that a room of the return is being filed with a state agency(ies) required that a room of the return is being filed with a state agency(ies) required that a room of the return is being filed with a state agency (ies) required that a room of the return is being filed with a state agency (ies) required that a room of the return is being filed with a state agency (ies) required that a room of the return is	reason for rejection of d. If applicable, I debit) entry to the axes owed on this J.S. Treasury Financia the financial institutions are represented in the organization's 20017 Enter five numbers, do not enter all zero a copy of the return is atthribe the aforemental electronically filed.	ial ions s s my signature , but os s ntioned
send the organization's reset transmission, (b) the reauthorize the U.S. Treasury nancial institution account is sturn, and the financial institution account it sturn, and the processing of solve issues related to the lectronic return and, if appoint it is appointed to the lectronic return and, if appointing a lateral in the lectronic return and it is appointed to the lectronic return and it is appo	eturn to the IRS and to receive from the IRS (a) an acknowledgement of receipt or ason for any delay in processing the return or refund, and (c) the date of any refund and its designated Financial Agent to initiate an electronic funds withdrawal (direct indicated in the tax preparation software for payment of the organization's federal titution to debit the entry to this account. To revoke a payment, I must contact the collected in the tax preparation account. To revoke a payment, I must contact the collecter than 2 business days prior to the payment (settlement) date. I also authorize of the electronic payment of taxes to receive confidential information necessary to be payment. I have selected a personal identification number (PIN) as my signature oblicable, the organization's consent to electronic funds withdrawal. **DUADE BRENNAN, L.L.P.** **ERO firm name** The stax year 2013 electronically filed return. If I have indicated within this return that a late agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the program of the pro	reason for rejection of d. If applicable, I debit) entry to the axes owed on this J.S. Treasury Financia the financial institutions are inquiries and for the organization's 20017 a. Enter five numbers do not enter all zero a copy of the return is atthorize the aforemental electronically filed ulating charities as page	ial ions s s my signature , but os s ntioned return. art of
send the organization's reletransmission, (b) the reauthorize the U.S. Treasury nancial institution account institution account is gent at 1-888-353-4537 not provided in the processing of a solve Issues related to the lectronic return and, if apporting the processing of a solve Issues related to the lectronic return and, if apporting PIN: check one is a latent provided in the organization' being filled with a state ERO to enter my P As an officer of the If I have indicated with IRS Fed/State profiles.	etum to the IRS and to receive from the IRS (a) an acknowledgement of receipt or ason for any delay in processing the return or refund, and (c) the date of any refund; and its designated Financial Agent to initiate an electronic funds withdrawal (direct indicated in the tax preparation software for payment of the organization's federal table to later than 2 business days prior to the payment (settlement) date. I also authorize the electronic payment of taxes to receive confidential information necessary to a payment. I have selected a personal identification number (PIN) as my signature oblicable, the organization's consent to electronic funds withdrawal. **DUADE BRENNAN, L.L.P.** The ERO firm name The stax year 2013 electronically filed return. If I have indicated within this return that a tate agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the program, I will enter my PIN as my signature on the organization's tax year 20 within this return that a copy of the return is being filed with a state agency(ies) regulating that a copy of the return is being filed with a state agency(ies) regulating that a copy of the return is disclosure consent screen. **Date**	reason for rejection of d. If applicable, I debit) entry to the axes owed on this J.S. Treasury Financia the financial institutions are represented in the organization's 20017 Enter five numbers, do not enter all zero a copy of the return is atthribe the aforemental electronically filed.	ial ions s s my signature , but os s ntioned return. art of
send the organization's reletransmission, (b) the reauthorize the U.S. Treasury nancial institution account iteurn, and the financial institution action institution at 1-888-353-4537 not provided in the processing classification of the processing filed with a standard processing filed with a s	etum to the IRS and to receive from the IRS (a) an acknowledgement of receipt or ason for any delay in processing the return or refund, and (c) the date of any refund; and its designated Financial Agent to initiate an electronic funds withdrawal (direct indicated in the tax preparation software for payment of the organization's federal table to later than 2 business days prior to the payment (settlement) date. I also authorize the electronic payment of taxes to receive confidential information necessary to a payment. I have selected a personal identification number (PIN) as my signature oblicable, the organization's consent to electronic funds withdrawal. **DUADE BRENNAN, L.L.P.** The ERO firm name The stax year 2013 electronically filed return. If I have indicated within this return that a tate agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the program, I also authorize the program, I will enter my PIN as my signature on the organization's tax year 20 within this return that a copy of the return is being filed with a state agency(ies) regulating my PIN on the return's disclosure consent screen. **Date** **Date**	reason for rejection of d. If applicable, I debit) entry to the axes owed on this J.S. Treasury Financia the financial institutions are inquiries and for the organization's 20017 a. Enter five numbers do not enter all zero a copy of the return is atthorize the aforemental electronically filed ulating charities as page	ial ions s s my signature , but os s ntioned return. art of
osend the organization's reset transmission, (b) the reactive transmission, (c) the reactive transmission, (d) the reactive transmission, (e) the reactive transmission account is gent at 1-888-353-4537 not avolved in the processing control of the processing control of the processing of the procession on the organization's being filled with a state of the procession of t	etum to the IRS and to receive from the IRS (a) an acknowledgement of receipt or ason for any delay in processing the return or refund, and (c) the date of any refund; and its designated Financial Agent to initiate an electronic funds withdrawal (direct indicated in the tax preparation software for payment of the organization's federal thitution to debit the entry to this account. To revoke a payment, I must contact the locater than 2 business days prior to the payment (settlement) date. I also authorize of the electronic payment of taxes to receive confidential information necessary to a payment. I have selected a personal identification number (PIN) as my signature oblicable, the organization's consent to electronic funds withdrawal. **DOUADE BRENNAN, L.L.P.** The ERO firm name The stax year 2013 electronically filed return. If I have indicated within this return that a tate agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the return's disclosure consent screen. **Organization**, I will enter my PIN as my signature on the organization's tax year 20 within this return that a copy of the return is being filed with a state agency(ies) regulation and Authentication **Double Telephone T	reason for rejection of d. If applicable, I to debit) entry to the axes owed on this J.S. Treasury Financia the financial institutions are inquiries and for the organization's N 20017 and Enter five numbers, do not enter all zero a copy of the return is uthorize the aforemental all and the properties of the properties are copy of the return is uthorize the aforemental and the properties are properties as particular the properties are properties.	ial ons s s my signature , but os s ntioned return. art of
osend the organization's reset transmission, (b) the reactive transmission, (c) the reactive transmission, (d) the reactive transmission, (e) the reactive transmission account is gent at 1-888-353-4537 not avolved in the processing control of the processing control of the processing of the procession on the organization's being filled with a state of the procession of t	etum to the IRS and to receive from the IRS (a) an acknowledgement of receipt or ason for any delay in processing the return or refund, and (c) the date of any refund; and its designated Financial Agent to initiate an electronic funds withdrawal (direct indicated in the tax preparation software for payment of the organization's federal table to later than 2 business days prior to the payment (settlement) date. I also authorize the electronic payment of taxes to receive confidential information necessary to a payment. I have selected a personal identification number (PIN) as my signature oblicable, the organization's consent to electronic funds withdrawal. **DUADE BRENNAN, L.L.P.** The ERO firm name The stax year 2013 electronically filed return. If I have indicated within this return that a tate agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the program, I also authorize the program, I will enter my PIN as my signature on the organization's tax year 20 within this return that a copy of the return is being filed with a state agency(ies) regulating my PIN on the return's disclosure consent screen. **Date** **Date**	reason for rejection of d. If applicable, I to debit) entry to the axes owed on this J.S. Treasury Financia the financial institutions are inquiries and for the organization's N 20017 and Enter five numbers, do not enter all zero a copy of the return is uthorize the aforemental all and the properties of the properties are copy of the return is uthorize the aforemental and the properties are properties as particular the properties are properties.	ial cons s my signature but os s titioned return. art of 5
osend the organization's reset transmission, (b) the reactive transmission, (c) the reactive transmission, (d) the reactive transmission, (e) the reactive transmission account is gent at 1-888-353-4537 not avolved in the processing control of the processing control of the processing of the procession on the organization's being filled with a state of the procession of t	etum to the IRS and to receive from the IRS (a) an acknowledgement of receipt or ason for any delay in processing the return or refund, and (c) the date of any refund; and its designated Financial Agent to initiate an electronic funds withdrawal (direct indicated in the tax preparation software for payment of the organization's federal thitution to debit the entry to this account. To revoke a payment, I must contact the locater than 2 business days prior to the payment (settlement) date. I also authorize of the electronic payment of taxes to receive confidential information necessary to a payment. I have selected a personal identification number (PIN) as my signature oblicable, the organization's consent to electronic funds withdrawal. **DOUADE BRENNAN, L.L.P.** The ERO firm name The stax year 2013 electronically filed return. If I have indicated within this return that a tate agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the return's disclosure consent screen. **Organization**, I will enter my PIN as my signature on the organization's tax year 20 within this return that a copy of the return is being filed with a state agency(ies) regulation and Authentication **Double Telephone T	reason for rejection of d. If applicable, I to debit) entry to the axes owed on this J.S. Treasury Financia the financial institutions are inquiries and for the organization's N 20017 and Enter five numbers, do not enter all zero a copy of the return is uthorize the aforemental all and the properties of the properties are copy of the return is uthorize the aforemental and the properties are properties as particular the properties are properties.	ial ons s s my signature , but os s ntioned return. art of
osend the organization's reset transmission, (b) the reset transmission, (b) the reset the U.S. Treasury mancial institution account is seturn, and the financial instigent at 1-888-353-4537 not toolved in the processing of esolve issues related to the lectronic return and, if apporting the procession on the organization' being filed with a standard with the IRS fed/state procession of the IRS fed/state processi	etum to the IRS and to receive from the IRS (a) an acknowledgement of receipt or ason for any delay in processing the return or refund, and (c) the date of any refund and its designated Financial Agent to initiate an electronic funds withdrawal (direct indicated in the tax preparation software for payment of the organization's federal titution to debit the entry to this account. To revoke a payment, I must contact the Lo later than 2 business days prior to the payment (settlement) date. I also authorize of the electronic payment of taxes to receive confidential information necessary to a payment. I have selected a personal identification number (PIN) as my signature blicable, the organization's consent to electronic funds withdrawal. **DOWADE BRENNAN, L.L.P.** To enter my PIN ERO firm name The stax year 2013 electronically filed return. If I have indicated within this return that a tate agency(ies) regulating charities as part of the IRS Fed/State program, I also at a payment of the return's disclosure consent screen. **Organization, I will enter my PIN as my signature on the organization's tax year 20 within this return that a copy of the return is being filed with a state agency(ies) regulation and Authentication **Douglass of the indication of the program of the progr	reason for rejection of d. If applicable, I to debit) entry to the axes owed on this J.S. Treasury Financia the financial institutions are inquiries and for the organization's N 20017 a. Enter five numbers do not enter all zero a copy of the return is uthorize the aforemental all and the companization of the organization's accopy of the return is uthorize the aforemental all all all all all all all all all	ial ons s my signature, but os s titioned return. art of
send the organization's rele transmission, (b) the reauthorize the U.S. Treasury nancial institution account is deturn, and the financial instigent at 1-888-353-4537 no evolved in the processing of the evolved in the organization' being filled with a standard with a standard indicated with the last fill of evolved indicated with the last fill of evolved indicated with the last fill of evolved indicated with the sequence of the last fill of evolved indicated with the sequence of the last fill of evolved indicated with the evolved indica	etum to the IRS and to receive from the IRS (a) an acknowledgement of receipt or ason for any delay in processing the return or refund, and (c) the date of any refund and its designated Financial Agent to initiate an electronic funds withdrawal (direct indicated in the tax preparation software for payment of the organization's federal tableton to debit the entry to this account. To revoke a payment, I must contact the locater than 2 business days prior to the payment (settlement) date. I also authorize the electronic payment of taxes to receive confidential information necessary to a payment. I have selected a personal identification number (PIN) as my signature oblicable, the organization's consent to electronic funds withdrawal. **DOTATE BRENNAN, L.L.P.** The enter my PIN ERO firm name The stax year 2013 electronically filed return. If I have indicated within this return that a late agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the return's disclosure consent screen. **Organization, I will enter my PIN as my signature on the organization's tax year 20 within this return that a copy of the return is being filed with a state agency(ies) regulation and Authentication **Durate in the interior of the interior in the interior of th	reason for rejection of d. If applicable, I to debit) entry to the axes owed on this J.S. Treasury Financia the financial institutions are inquiries and for the organization's N 20017 a. Enter five numbers, do not enter all zero a copy of the return is uthorize the aforemental all and the companization of the organization of the policy of the organization of the	ial ons s s my signature but os s ntioned return. art of 8045020036 do not enter all zeros
osend the organization's reset transmission, (b) the reacuthorize the U.S. Treasury mancial institution account is eturn, and the financial instigent at 1-888-353-4537 no exolved in the processing of exolve issues related to the lectronic return and, if apporting the processing of exolve issues related to the lectronic return and, if apporting the processing of the lectronic return and, if apporting the organization on the organization being filed with a standard with a standard with the last reduction of the last reductio	etum to the IRS and to receive from the IRS (a) an acknowledgement of receipt or ason for any delay in processing the return or refund, and (c) the date of any refund and its designated Financial Agent to initiate an electronic funds withdrawal (direct indicated in the tax preparation software for payment of the organization's federal tableton to debit the entry to this account. To revoke a payment, I must contact the locater than 2 business days prior to the payment (settlement) date. I also authorize the electronic payment of taxes to receive confidential information necessary to a payment. I have selected a personal identification number (PIN) as my signature oblicable, the organization's consent to electronic funds withdrawal. **BRO firm name** The stax year 2013 electronically filed return. If I have indicated within this return that a late agency(ies) regulating charities as part of the IRS Fed/State program, I also at a late agency (ies) regulating charities as part of the IRS Fed/State program, I also at a late agency (ies) regulation and authorized that a copy of the return is being filed with a state agency (ies) regulation and Authoritication are six-digit electronic filing identification are submitting this return in accordance with the requirements of Pub. 4163, that I am submitting this return in accordance with the requirements of Pub. 4163,	reason for rejection of d. If applicable, I to debit) entry to the axes owed on this J.S. Treasury Financia the financial institutions are inquiries and for the organization's N 20017 a. Enter five numbers, do not enter all zero a copy of the return is uthorize the aforemental all and the companization of the organization of the policy of the organization of the	ial ons s s my signature but os s ntioned return. art of 8045020036 do not enter all zeros
o send the organization's repetransmission, (b) the reauthorize the U.S. Treasury mancial institution account institution institution account institution institution account institution in the processing of account institution in the processing of account in the institution in the organization in the orga	etum to the IRS and to receive from the IRS (a) an acknowledgement of receipt or ason for any delay in processing the return or refund, and (c) the date of any refund and its designated Financial Agent to initiate an electronic funds withdrawal (direct indicated in the tax preparation software for payment of the organization's federal tableton to debit the entry to this account. To revoke a payment, I must contact the locater than 2 business days prior to the payment (settlement) date. I also authorize the electronic payment of taxes to receive confidential information necessary to a payment. I have selected a personal identification number (PIN) as my signature oblicable, the organization's consent to electronic funds withdrawal. **DOTATE BRENNAN, L.L.P.** The enter my PIN ERO firm name The stax year 2013 electronically filed return. If I have indicated within this return that a late agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the return's disclosure consent screen. **Organization, I will enter my PIN as my signature on the organization's tax year 20 within this return that a copy of the return is being filed with a state agency(ies) regulation and Authentication **Durate in the interior of the interior in the interior of th	reason for rejection of d. If applicable, I to debit) entry to the axes owed on this J.S. Treasury Financia the financial institutions are inquiries and for the organization's N 20017 a. Enter five numbers, do not enter all zero a copy of the return is uthorize the aforemental all and the companization of the organization of the policy of the organization of the	ial ons s s my signature but os s ntioned return. art of 8045020036 do not enter all zeros

ERO Must Retain This Form-See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2013)

Page 1	9325	
	Entity Return	
ELF Status Report	Status	
ELF	TIN	
AM	Client Name	
2/13/2015 9:00 AM	Client ID	

31900 02/12/2015 5:08 PM

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2013 Open to Public Inspection

OMB No. 1545-0047

A	For the	e 2013 calendar year, or tax year beginning $07/01/13$, and ending $06/30$	/14			
В	Check if ap			D Emplo	yer identification number	
П	Address c	hange SCHOOL				
	Name cha	Doing Rusiness As		20-	4464054	
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Teleph	one number	
Ц	Initial retur	220 TAYLOR ST, NE		202	-635-1950	
	Terminate	d City or town, state or province, country, and ZIP or foreign postal code			1,000 1,00 1,000 1,	
П	Amended	return WASHINGTON DC 20017		G Gross rece	eipts\$ 9,138,216	
\Box	Application	F Name and address of principal officer:				
	Application	MAQUITA ALEXANDER	H(a) Is this a grou	p return for su	ubordinates? Yes X No	
		220 TAYLOR ST. NE	H(b) Are all subo	rdinates inclu	uded? Yes No	
		WASHINGTON DC 20017	If "No,"	attach a list.	(see instructions)	
ī	Tax-exem					
J	Website:		H(c) Group exem	nption numbe	r >	
K			Year of formation: 20		M State of legal domicile: DC	
20000000	art I	Summary				
		Briefly describe the organization's mission or most significant activities:				
a	1	OPERATE A PUBLIC CHARTER SCHOOL IN A CHINESE-ENGLISH	DUAL LANGUA	GE		
anc	100	IMMERSION ENVIRONMENT.				
Ĭ						
Governance	2 0	Check this box ▶ if the organization discontinued its operations or disposed of more than	25% of its net asse	ets.	••••••••••••	
න න	3 1	Number of voting members of the governing body (Part VI, line 1a)			11	
Se	4 N	Number of independent voting members of the governing body (Part VI, line 1b)		4	11	
Activities	5 T	otal number of individuals employed in calendar year 2013 (Part V, line 2a)		5	184	
cti	6 T	otal number of volunteers (estimate if necessary)		6	14	
⋖	7a T	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0	
	bN	let unrelated business taxable income from Form 990-T, line 34		7b	0	
		100	Prior Year		Current Year	
a	8 C	Contributions and grants (Part VIII, line 1h)	7,113	,249	8,304,918	
Revenue	9 P	Program service revenue (Part VIII, line 2g)	774	,498	825,049	
eve	10 Ir	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	3	3,354 4,73		
œ	11 C	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4	,483	3,516	
		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,895	,584	9,138,216	
	13 G	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10	,000	0	
		senefits paid to or for members (Part IX, column (A), line 4)			0	
S	15 S	salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,206	,161	4,926,097	
benses	16aP	Professional fundraising fees (Part IX, column (A), line 11e)			0	
xbe	bT	otal fundraising expenses (Part IX, column (D), line 25) ▶ 160,719				
EX	17 0	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,561		2,591,032	
	18 T	otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	6,778		7,517,129	
	19 R	Revenue less expenses. Subtract line 18 from line 12	1,117	-	1,621,087	
Net Assets or Fund Balances			Beginning of Curro		End of Year	
sset	20 T	otal assets (Part X, line 16)	18,960		20,621,347	
et A	21 T	otal liabilities (Part X, line 26)	13,040		13,080,786	
		let assets or fund balances. Subtract line 21 from line 20	5,919	,474	7,540,561	
-	art II	Signature Block				
	Control of the Contro	alties of perjury, I declare that I have examined this return, including accompanying schedules and state		CATERIAL DIRECTOR	owledge and belief, it is	
tru	ie, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	r nas any knowledge			
	9 1					
Sig		Signature of officer		Date		
Hei	re	MAQUITA ALEXANDER HEAD	OF SCHOO	L		
		Type or print name and title				
	,	Print/Type preparer's name Preparer's signature	Date	Check	if PTIN	
Paid	1	EMILY Y. POON	02/12/	15 self-emp		
238	parer	Firm's name JONES MARESCA & MCQUADE P.A.	Fir	m's EIN	52-1853933	
Use	Only	1730 RHODE ISLAND AVE NW STE 800				
		Firm's address WASHINGTON, DC 20036-3114	Ph	one no.	202-296-3306	
May	the IRS	S discuss this return with the preparer shown above? (see instructions)			X Yes No	

Form **8868**

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

			3.						
(Rev. January 201	i4)	▶ File a	separate a	application for each return	1.				
Department of the Internal Revenue	Service	► Information about For	m 8868 and	l its instructions is at wwv	v.irs.gov/form8	868.			<u> </u>
• If you are	filing for an A	utomatic 3-Month Extension, comp	lete only Pa	art i and check this box					► X
• If you are	filing for an A	dditional (Not Automatic) 3-Month I	Extension,	complete only Part II (on p	age 2 of this forr	n).			
Do not comp	iete Part II ur	nless you have already been granted	an automati	c 3-month extension on a pr	eviously filed Fo	rm 88	368.		
Electronio fil	ing /o file\ V	ou can electronically file Form 8868 if	vou need a	3-month automatic extensio	n of time to file (f	3 moi	nths for		
e corneration	required to file	Form 990-T), or an additional (not au	tomatic) 3-r	nonth extension of time. You	ı can electronica	lly file	Form		
a curpuration	et an extensio	n of time to file any of the forms listed	in Part Lor	Part II with the exception of	Form 8870, Infor	matic	on		
oodo io reque Datura for Tra	nefere Associ	ated With Certain Personal Benefit Co	intracts, whi	ich must be sent to the IRS i	n paper format (see			
inefairtions) i	For more dela	ils on the electronic filing of this form,	visit www.irs	s.gov/efile and click on e-file	for Charities & N	lonp	ofits.		
Part I	Automat	ic 3-Month Extension of Tim	e. Only st	ubmit original (no copie	es needed).				
A corporation	required to file	Form 990-T and requesting an auton	natic 6-mon	th extension - check this bo	x and complete				
Part Lonly									▶ ∐
All other corn	vations (inclu	ding 1120-C filers), partnerships, REM	IICs, and tru	ists must use Form 7004 to	request an exter	nsion	of time		
to file income		21.19	·						
to the miconic	tax ictuitio.			Ent	er filer's identif	ying	number.	, see inst	ructions
Type or	Name of ex	empt organization or other filer, see in	structions.		Employer iden	tificat	ion numb	er (EIN) o	or
print	WASHI	GTON YU YING PUBLI	C CHA	RTER					
pinic	SCHOOL				20-4464	<u>054</u>	<u> </u>		
File by the		eet, and room or suite no. If a P.O. bo	x, see instru	uctions.	Social security	ทบกา	ber (SSN	l)	
due date for		AYLOR ST, NE	,						
filing your	City town o	r post office, state, and ZIP code. For	a foreign ac	Idress, see instructions.					
return. See instructions.	WASHI		20017	7					
				P. V. E					01
Enter the Retu	urn code for th	e return that this application is for (file	e a separate	application for each return)					
Application	.		Return	Application					Return
Is For	•		Code	Code Is For					Code
	r Form 990-E	7	01	Form 990-T (corporation)					07
Form 990-B			02	Form 1041-A			14110101		08
Form 4720			03	03 Form 4720 (other than individual)					09
Form 990-P			04	Form 5227					10
		or 408(a) trust)	05	Form 6069					11
	(trust other the		06	Form 8870					12
F0111 330-1	(Bust onic) to	THE ORGANIZATION							
		220 TAYLOR ST. NE							
The books	are in the care	of Mashington					DC	20017	<i>]</i>
- Hie books	ale III the vale								
Tolonhon	a No. ► 20	2-635-1950	FAX No	o. >					_
• If the orga	nization does	not have an office or place of busines	ss in the Un						▶ 📙
a is this is fo	r a Craun Pa	turn, enter the organization's four digit	Group Exe	mption Number (GEN)	. If this is				
for the whole	group check	this box If it is for part o	f the group,	check this box	and attach				
a liet with the	names and E	Ns of all members the extension is fo	r						
4 Iraquas	it an automati	c 3-month (6 months for a corporation	required to	file Form 990-T) extension	of time				
until O	2/15/15	, to file the exempt organization retu	urn for the o	rganization named above. T	he extension is				
	organization's								
		or or							
	Jan								
▶ 🗑	tay year begi	nning $07/01/13$, and ending 9	06/30/	14					
2 If the ta	v vear entere	in line 1 is for less than 12 months, o	check reaso	n: Initial return F	inal return				
		unting period							
0- 1645-00	naligation is fo	or Forms 990-BL, 990-PF, 990-T, 472	0. or 6069. e	enter the tentative tax, less a	any				_
3a II this a	ppiication is it	S. See instructions.	-,			3a	\$		0
nonretu	natioation is fo	or Forms 990-PF, 990-T, 4720, or 606	9, enter and	refundable credits and					_
b If this a	ppiication is to	nts made. Include any prior year over	payment all	owed as a credit.	<u>_</u>	3b	\$		0
estimat	eu tax payme	nts made, include any prior year over act line 3b from line 3a, Include your p	avment with	this form, if required, by us	ing				
MOTO	min alabata E	-doed Tay Dayment System). See ins	structions.			3c	\$		0
EFTPS	(Electronic F	ake an electronic funds withdrawal (direct	dehill with thi	is Form 8868, see Form 8453-E	O and Form 8879	EO fo	or paymen	instruction	s.
Caution, If you	are going to m	axe an electronic junus withthawar funect arwork Reduction Act Notice, see i	nstruction	S.			Fo	m 8868	(Rev. 1-2014)
For Privacy	ACL and Pap	SIMOIV L'AUGORORI VOLISORICE, SEC.							

······································	····	
Page 1	9325	
	Return	
	Entity	
ELF Status Report	Status Return accented: 11/14/14	
ELF	TIN 20-4464054	
48 PM	Client Name Washington Yu Ying Public Char	
11/14/2014 4:48 PM	Client ID	

Form 990 (2013) WASHINGTON YU YING PUBLIC CHARTER 20-4464054 Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 1 complete Schedule A Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, X 5 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 X 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a 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 \mathbf{x} 11b c 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 Х d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f | 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a 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 X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

20a

19

Part IV Checklist of Required Schedules (continued)

888.488	rt N Checklist of Required Schedules (continued)		· · · · · · · · · · · · · · · · · · ·	r
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			٠,,
	government on Part iX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3) and 501(c)(4) 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?		i	
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer director tructor, or director indirect summer? If "Von." complete Cabadula I. Dart V.	28c		v
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			$\frac{\mathbf{x}}{\mathbf{x}}$
	Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete schedule in	29		
	•	20		v
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			7.7
	Part I	31		<u> </u>
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	_		7.7
	complete Schedule N, Part II	32		X
	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		_ <u>x</u> _
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		<u>x</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
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		<u>X</u>
	Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37	х	<u> </u>

	990 (2013) WASHINGTON YU YING PUBLIC CHARTER 20-4464	054			F	age
P	Statements Regarding Other IRS Filings and Tax Compliance	,				
	Check if Schedule O contains a response or note to any line in this Part \				Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	32			
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and					
С	reportable gaming (gambling) winnings to prize winners?			1c	X) 00000000
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1				
Za	Statements, filed for the calendar year ending with or within the year covered by this return	2a	184			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	> 000000000
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	90000000000	X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule					
b 4a	the state of the s					\top
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other fit		••,			
				4a		x
h	and a state of the					
b	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial		nts			
E.	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	4444444	X
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year:					x
b	· · · · · · · · · · · · · · · · · · ·			5c		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					1
6a	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		x
L	If "Yes," did the organization include with every solicitation an express statement that such contributions.	ons or	.,,,			
D		0110 01		6b		
-	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).					
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	annds				
а		90000		7a	0000000000	X
L	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			······		\vdash
C				7c		х
	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		2	7e	(000040000	X
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of the year, pay premiums, directly or indirectly, on a personal benefit contribution.		•	7f		X
f	If the organization, during the year, pay premiums, directly of indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file Fo		20 as required?	7g		
g	If the organization received a contribution of qualified intellectual property, and the organization life is					
u .	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	auon m	C & 1 O(()) 1000-0:	·····		
8						
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	020000000	. 1006000000
_		• • • • • • • •		·····		
9	Sponsoring organizations maintaining donor advised funds.			9a	2050)/500.	
a	Did the organization make any taxable distributions under section 4966?				l	+
b	Did the organization make a distribution to a donor, donor advisor, or related person?					
0	Section 501(c)(7) organizations. Enter:	10a	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10b				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100	I			
1	Section 501(c)(12) organizations. Enter:	11a	1			
a	Gross income from members or shareholders	114				
b	Gross income from other sources (Do not net amounts due or paid to other sources	aah				
	against amounts due or received from them.)	11b	2	12a	100000000	1000000
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>	+		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a		******
а						
_	Note. See the instructions for additional information the organization must report on Schedule O.					
þ	Enter the amount of reserves the organization is required to maintain by the states in which	426				
	the organization is licensed to issue qualified health plans					
C	Enter the amount of reserves on hand	13c	<u> </u>	14a	12200000000	X
4a	Did the organization receive any payments for indoor tanning services during the tax year?			ind		+~

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI

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

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

Sec	tion A. Governing Body and Management					T
10	Enter the number of voting members of the governing body at the end of the tax year	1a	11		Yes	No
1a	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			_		
2	any other officer, director, trustee, or key employee have a family relationship of a business relationship with			2	999989988	X
•	Did the organization delegate control over management duties customarily performed by or under the direct			··		
3	supervision of officers, directors, or 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	12		4		X
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	1		5		X
5	Did the annual time have manched and added the annual time.			. 6		X
6	Did the organization have members or stockholders, or other persons who had the power to elect or appoint		,	· -		
7a	and an arrangement the marriage had to a			7a		х
L	one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,			100		
b	at a title title and a surprise of the anti-section of the anti-section of the section of the se			7b		x
_	Did the organization contemporaneously document the meetings held or written actions undertaken during the year.	on by t	he followin	[******	
8				l n-	X	1000100010
a	The governing body?			8b	- 21	X
b	Each committee with authority to act on behalf of the governing body?			00		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			9		х
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule Otion B. Policies (This Section B requests information about policies not required by the Internation about policies and required by the Internation about policies and required by the Internation about policies are required by the Internation about policies					- 12
<u> 5ec</u>	tion B. Policies (This Section B requests information about policies not required by the inte	THAI IN	evenue	Code./	Yes	No
40-	Did the acceptable have level shorters broughes or offiliates?			10a	163	X
10a	Did the organization have local chapters, branches, or affiliates?		· · · · · · · · · · · · · · · · · · ·	<u>10a</u>		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			. 10ь		
4.4.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	a iba fa		11a	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	y me io	MILLE	<u> 11a</u>		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			12a	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri	se to co	illiots?	120	47.	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			12c	x	
40	describe in Schedule O how this was done			120	X	
13	Did the organization have a written whistleblower policy?			14	X	
14	Did the organization have a written document retention and destruction policy?			. 14	<u> </u>	3000000
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?			15a	X	00000000
a	The organization's CEO, Executive Director, or top management official			15b		X
þ	Other officers or key employees of the organization			190		<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			160		X
	with a taxable entity during the year?			16a		<u> </u>
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			466		363332
	organization's exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	01(0)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain in Schedule O)		لسميدها			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	rest pol	icy, and			
	financial statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books and records of	tne				
	organization: THE ORGANIZATION 220 TAYLOR ST. NE	17	2	02 63	E. 1	0 E O
W	ASHINGTON DC 200	⊥ /		02-63	<u>⊃ – T</u>	<u> </u>

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

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

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

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

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

(A) (B) Name and Title Average hours per week (list any) hours for		(di bo: off	o not d x, unle icer ar	Pos heck ss pe nd a d	ition more rson i	than on s both a r/trustee	e in	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	related organizations below dotted line)	tndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations	
(1) MARY SHAFFNER	40.00										
DIRECTOR OF SP PRO.	40.00	x						61,924	o	1,694	
(2) CHRISTINA MURTAU	JGH										
	2.00									•	
CHAIR	0.00	X		X		\vdash		0	0	0	
(3) MAURICE SMITH	2.00										
VICE CHAIR, ACT SEC.	0.00	x		x				o	0	. 0	
(4) TZU-I (AMY) LEE											
	2.00										
TREASURER	0.00	Х		X				0	0	0	
(5) DEXTER LEWIS	2.00										
TRUSTEE	0.00	x						0	0	0	
(6) RUBY MOY											
TRUSTEE	2.00	x						o	0	0	
(7) TOM PORTER											
	2.00										
TRUSTEE	0.00	Х	_					0	0	0	
(8) TERESA HSU	2.00										
TRUSTEE	0.00	x						0	0	0	
(9) JANE KANTER											
	2.00										
TRUSTEE	0.00	X		<u> </u>				0	0	0	
(10) LESLIE GRIFFIN	2.00										
TRUSTEE	0.00	x						0	0	0	
(11) DR. SHUANGBAO WA	ING										
. , , , , , , , , , , , , , , , , , , ,	2.00								0	0	
TRUSTEE	0.00	X		<u> </u>	<u>L</u>			0	l U	Form 990 (2013)	

Part VII Section A. Officers	, Directors, Tru	ıstee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	i Employees (continued)	
(A) Name and title	(B) (C) Average Position (do not check more than o box, unless person is both officer and a director/truste						an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	tridividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(12)LISA CHIU	2.00									
TRUSTEE	0.00	x						0	0	0
(13) MARCUS WALKER										
TRUSTEE	2.00	x						0	0	o
(14) NED CABOT										
	2.00	x						0	o	o
TRUSTEE (15) CARMEN RIOUX-BA	0.00 LEY	Λ					_	0		
(10) 01111111111111111111111111111111111	2.00									
TRUSTEE	0.00	X					_	0	0	0
(16) MAQUITA ALEXANDI	40.00									
HEAD OF SCHOOL	0.00			X				113,781	0	6,494
(17) CHERI HARRINGTO	40.00									
CHIEF OPERAT OFFICER	0.00			x				94,792	0	2,583
(18)										
(19)										
1b Sub-total		<u> </u>	<u> </u>	L	L		_	270,497		10,771
c Total from continuation she							•			10 MM1
d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	cluding but not l	limite	d to				bov	e) who received more than		10,771
3 Did the organization list any for employee on line 1a? If "Yes,"	ormer officer, dir	ecto	r, or	trust	ee, l	key e	empi	oyee, or highest compensa	ated	Yes No
4 For any individual listed on line organization and related organ	e 1a, is the sum nizations greater	of re	port 1 \$15	able 50,00	com	pens f "Ye	satio s," c	complete Schedule J for su	from the	4 X
individual 5 Did any person listed on line 1 for services rendered to the or	a receive or acc	rue -	com	oens	atio	1 fror	n an	iy unrelated organization o	r individual	5 X
Section B. Independent Contractor		C3,	CON	pick	, 00	IICUU		Tot Sauti potoss		
Complete this table for your five compensation from the organical compensation.	e highest comp	ensa	ated	inde	oenc	lent o	conti	ractors that received more	than \$100,000 of	ear.
	(A) business address	OIND	C1130	don	101 (110 00		Descrit	(B) ofion of services	(C) Compensation
CLEAN HOUSE, INC		<u> </u>	53). 1	1	I 1921 JANITOR'L/LANI		181,745
REVOLUTION FOODS					P.(742759		
LOS ANGELES	CA	<u> </u>	00	74	- 2	/ 5 5	, <u>r</u>	FOOD SERVICES		105,846
2 Total number of independent received more than \$100,000	contractors (incl of compensation	uding	g but	not e ord	limit aniz	ed to	tho	se listed above) who	2	

P	ırt V	Statement of Re Check if Schedu	evenue le O contains	a response	or note to any line	in this Part VIII		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue Contributions, Giffs, Grants and Other Similar Amounts	1a b c d	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e 8,0						
Contribution and Other S	f g h	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in line Total. Add lines 1a–1f	/e 1f s 1a-1f: \$	206,350	8,304,918			
rvice Revenue	2a b c	PROGRAM SERVICE F			825,049	825,049		
Program Se	d e f g	All other program service re Total. Add lines 2a–2f Investment income (includi	evenue		825,049			
	4 5	and other similar amounts) Income from investment of Royalties	tax-exempt bor	nd proceeds	4,733			4,733
	b c	Gross rents Less: rental exps. Rental inc. or (loss) Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory Less: cost or other basis & sales exps.		(ii) Other				
venue	d	Gain or (loss) Net gain or (loss) Gross income from fundraising (not including \$ of contributions reported on line	events					
Other Revenue	С	See Part IV, line 18 Less: direct expenses Net income or (loss) from fi Gross income from gaming acti	a b undraising even	ts ▶				
	b	See Part IV, line 19 Less: direct expenses Net income or (loss) from g Gross sales of inventory, le	b b					
		returns and allowances Less: cost of goods sold Net income or (loss) from s Miscellaneous Rever	bbales of inventor	Busn, Code				
	11a b c d	MISCELLANEOUS All other revenue	.,			3,516		
	e	Total, Add lines 11a-11d			3,516 9,138,216		0	4,733

	on 501(c)(3) and 501(c)(4) organizations must c	omplete all columns. All other	er organizations must com	plete column (A).	
<u></u>	Check if Schedule O contains a resport include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22		<u> </u>		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	0.60 500	04 212	146 261	22 166
	trustees, and key employees	262,739	94,312	146,261	22,166
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	3,983,409	3,504,722	394,443	84,244
7	Other salaries and wages	3,303,403	3,304,124		01/211
8	Pension plan accruals and contributions (include	47,909	43,533	3,515	861
^	section 401(k) and 403(b) employer contributions)	314,309	268,510	38,064	861 7,735
9 40	Other employee benefits	317,731	269,656	40,146	7,929
10 11	Payroll taxes Fees for services (non-employees):	327,773			
	Management				
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14,264	5,500	8,764	
	LegalAccounting	142,469		142,469	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
J	(A) amount, list line 11g expenses on Schedule O.)	144,769	89 , 707	52,219	2,843
12	Advertising and promotion				
13	Office expenses	130,843	111,045	16,532	3,266
14	Information technology				
15	Royalties				00 510
16	Occupancy	829,818	704,258	104,850	20,710
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	411,553	337,195	66,477	7,881
22	Depreciation, depletion, and amortization	50,490	42,850	6,380	1,260
23	Insurance	30,430	42,030	0/300	=,200
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	DIRECT STUDENT COST	581,007	581,007		
a b	OTHER GENERAL EXPENSE	118,588	109,215	9,373	
C	STAFF RELATED EXPENSES	72,615	61,628	9,175	1,812
d	DUES, FEES AND FINES	49,994	14,830	35,152	12
	All other expenses	44,622	-	44,622	
25	Total functional expenses. Add lines 1 through 24e	7,517,129	6,237,968	1,118,442	160,719
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				- 000
DAA					Form 990 (2013)

Form 990 (2013)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X ... Beginning of year End of year 3,097,961 4,110,945 Cash—non-interest bearing 1,261,794 1,266,332 Savings and temporary cash investments 99,479 217,105 Pledges and grants receivable, net 4,794 2,407 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 65,308 92,146 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 15,701,475 b Less: accumulated depreciation 10b 1,126,812 14,064,490 14,574,663 10c Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 13 Investments—program-related. See Part IV, line 11 13 14 14 Intangible assets 366,474 357,749 15 Other assets. See Part IV, line 11 18,960,300 20,621,347 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 330,608 17 787,513 17 18 Grants payable 18 256,652 260,348 19 19 Deferred revenue 9,700,898 9,971,101 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 2,482,465 2,332,027 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 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 13,040,826 13,080,786 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Balances complete lines 27 through 29, and lines 33 and 34. 5,886,212 7,389,162 Unrestricted net assets 33,262 151,399 28 Temporarily restricted net assets ______ 28 Net Assets or Fund 29 Permanently restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 5,919,474 7,540,561 33 Total net assets or fund balances 20,621,347 18,960,300 Total liabilities and net assets/fund balances

Form 990 (2013)

Form 990 (2013)

DAA

SCHEDULE A (Form 990 or 990-EZ)

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.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

WASHINGTON YU YING PUBLIC CHARTER SCHOOL

Employer identification number 20-4464054

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III-Non-functionally integrated c Type III-Functionally integrated b | Type II a Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (vi) is the (iv) Is the organization (v) Did you notify (vii) Amount of monetary (i) Name of supported (iii) Type of organization organization in col. the organization in in col. (i) listed in your (described on lines 1-9 organization (i) organized in the coi. (i) of your above or IRC section governing document? U.S.? support? (see instructions)) Yes Yes No Yes No No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2013

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.)

_	Fait III. II the organization	rails to quality	andor are took	, include policity b	TOUCH COIMPICE	, ,,,,,,,,,		
	tion A. Public Support	·						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization'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)							
	Public support. Subtract line 5 from line 4. tion B. Total Support	<u> </u>						
	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
		(a) 2009	(b) 2010	(0) 2011	(4) 2012	(0) 20.0	(i) rotar	
7 8	Amounts from line 4 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 IV.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc.	(see instructions)				12		
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)		
	organization, check this box and stop her	e	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			<u>.,</u>	<u></u>	
Sec	tion C. Computation of Public Sเ	upport Percent	tage				r	
14	Public support percentage for 2013 (line 6			nn (f))			%	
15	Public support percentage from 2012 Sch						%	
16a	33 1/3% support test—2013. If the organ				33 1/3% or more, o	check this		
	box and stop here. The organization qual						▶ ⊔	
b	33 1/3% support test—2012. If the organ							
	check this box and stop here. The organi						🟲 🗀	
17a	10%-facts-and-circumstances test—201							
	10% or more, and if the organization meet							
b	Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
	Explain in Part IV how the organization me	eets the "facts-and	-circumstances" te	est. The organization	on qualifies as a pu	ublicly		
18							>	
	instructions						▶ □	

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

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

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support	(.) 0000	(1-) 2010	(a) 2011	(4) 2012	(a) 2012	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(i) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		,				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the						. [
	organization, check this box and stop her			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			P L
	tion C. Computation of Public S			(6)		15	%
15	Public support percentage for 2013 (line 8						
16	Public support percentage from 2012 Sch tion D. Computation of Investme					10 1	70
	Investment income percentage for 2013 (3 column (ft)		17	%
17 10	Investment income percentage for 2013 (Investment income percentage from 2012					40	<u>/</u> %
18	33 1/3% support tests—2013. If the orga	nization did not o	eck the boy on lin	e 14. and line 15 i	s more than 33 1/3		
19a	17 is not more than 33 1/3%, check this b	ox and ston here	. The organization	qualifies as a publ	icly supported oras	anization	>
b	33 1/3% support tests—2012. If the orga	nization did not cl	heck a box on line	14 or line 19a, and	l line 16 is more th	an 33 1/3%, and	
D	line 18 is not more than 33 1/3%, check the						▶ [
20	Private foundation. If the organization di						

Schedule A (Fo	orm 990 or 990-EZ) 2013	WASHINGTON	YU Y	ING	PUBLIC	CHARTER	20-4464054	Page 4
Part IV	orm 990 or 990-EZ) 2013 Supplemental Info Part III, line 12. Also	ormation. Provide to complete this par	he expla	anation addition	s required onal inform	by Part II, line 10 ation. (See instr); Part II, line 17a or uctions).	17b; and
						-		
		.,.,						
		•••••••	• • • • • • • • • •					
	***************************************					,.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					.,,,,			
						, ,		······································
	*,			.,				

• • • • • • • • • • • • • • • • • • • •								
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
			, . ,					• • • • • • • • • • • • • • • • • • • •
			• • • • • • • • • • • • • • • • • • • •					
. ,			.,				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
							.,	
			,					
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	.,							
	***************************************							•••••
, , , , , , , , , , , , , , , ,						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			.,.,				•,,	
	.,,,,,				.,.,.,.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					.,			***************

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

Department of the Treasury Internal Revenue Service

Name of the organization

WASHINGTON YU YING PUBLIC CHARTER

Schedule of Contributors

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

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

20-4464054

SCHOOL	20-4464054						
Organization type (check	one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See						
General Rule							
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or one contributor. Complete Parts I and II.						
Special Rules							
under sections 509	c)(3) organization filing Form 990 or 990-EZ that met the 33 ¹ /3 % support test of the regulations 9(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of 55,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1.						
during the year, to	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, tal contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, poses, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
during the year, co not total to more th year for an exclusi applies to this orga	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year						
Caution. An organization t 990-EZ, or 990-PF), but it	that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 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 to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

Name of organization

iame of organization				
WASHINGTON	ΥU	YING	PUBLIC	CHARTER

Employer identification number 20-4464054

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	WASHINGTON YU YING PARENTS ASSOC. PO BOX 29448 WASHINGTON DC 20017	\$ 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 2	Name, address, and ZIP + 4 THE COMMUNITY FOUNDATION FOR THE NATIONAL CAPITAL REGION 1201 15TH ST NW, SUITE 420 WASHINGTON DC 20005	\$ 60,260	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 3	Name, address, and ZIP + 4 PHILLIP L. GRAHAM FUND C/O GRAHAM HOLDINGS COMPANY 1300 NORTH 17TH STREET, SUITE 1700 ARLINGTON VA 22209	\$ 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	INDEPENDENT ORDER OF ODD FELLOWS 422 TRADE STREET WINSTON-SALEM NC 27101	\$ 5,417	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	DANIEL MCCUAIG 1791 LANIER PLACE, NW APT 31 WASHINGTON DC 20009	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

	ASHINGTON YU YING PUBLIC CHARTER		20 4464054
	CHOOL		20-4464054
Pa	organizations Maintaining Donor Advised Fu	nds or Other Similar Funds of A	Accounts.
	Complete if the organization answered "Yes" to F		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing tha	t the assets held in donor advised	;
	funds are the organization's property, subject to the organization's excl		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in		
	only for charitable purposes and not for the benefit of the donor or donor		
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" to F	orm 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check	all that apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically im	portant land area
	Protection of natural habitat	Preservation of a certified histori	ic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a cons	ervation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic structure incl		
ď			
u			2d
,	Number of conservation easements modified, transferred, released, ex	tinguished or terminated by the organiza	
3		anguistics, or terminated by the engantee	and daming the
	tax year ▶	ocated >	
4	Does the organization have a written policy regarding the periodic mon		
5			☐ Yes ☐ No
_	violations, and enforcement of the conservation easements it holds?		,,,,
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	and conservation easements during the	yeai
_	A second		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	conservation easements during the year	
_	S	the mention of anotion 170(h)(4)(D)	
8	Does each conservation easement reported on line 2(d) above satisfy		Yes No
	(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easem	ents in its revenue and expense stateme	describes the
	balance sheet, and include, if applicable, the text of the footnote to the	organization's imancial statements that	describes the
0000000	organization's accounting for conservation easements. If III Organizations Maintaining Collections of Art,	Historical Traccures or Other	Similar Accete
	if III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to F	form 990 Part IV line 8	Olilliai Assets.
			In a large of the set
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), n		
	works of art, historical treasures, or other similar assets held for public		
	public service, provide, in Part XIII, the text of the footnote to its financial		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to		
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	nerance of
	public service, provide the following amounts relating to these items:		. .
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treasures, or		rovide the
	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		
h	Assets included in Form 990, Part X		🕨 💲

Schedule D (Form 990) 2013

11,324,265

14,574,663

180,398

813,093

313,719

12,137,358

494,117

1a Land

b Buildings c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" to F	Form 990 Part IV li	ne 11h. See Form 990. Part X. line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	(2/2201120	Cost or end-of-year market value
(1) Financial d	erivatives		
(2) Closely-he	d equity interests		
	a equity interests		
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments—Program Related.		
***************************************	Complete if the organization answered "Yes" to F	Form 990, Part IV, li	ne 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			· ·
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
***************************************	(b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX	Other Assets.	000 B+ B / P	44.1 O F 000 Port V line 45
	Complete if the organization answered "Yes" to F	-orm 990, Part IV, II	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(b) must equal Form 990, Part X, col. (B) line 15.)		>
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" to I	Form 990. Part IV. li	ine 11e or 11f. See Form 990. Part X.
	line 25.		,
1.	(a) Description of liability	(b) Book value	
	ncome taxes		
(2)			\dashv
(3)			\exists
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶		
	uncertain tax positions. In Part XIII, provide the text of the foo	tnote to the organization	's financial statements that reports the
	iability for uncertain tax positions under FIN 48 (ASC 740). C		

TWELVE MONTHS.

Schedule D (Fo	orm 990) 2013	WASHINGTON	YU	YING	PUBLIC	CHARTER	20-4464054	Page 5
Part XIII	Supplemen	ntal Information (c	ontin	ued)				
				,				
				, , , , , , , , , , , , , , , , , , , ,				
	• • • • • • • • • • • • • • • • • • • •							
·						, , . ,		
								
	.,,							
,		,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
								`
					,			
	.,.,		• • • • • •			,	***************************************	
		• • • • • • • • • • • • • • • • • • • •					•••••	
						. , , , , , , , , , , , , , , , , , , ,		
						. , ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			,		• • • • • • • • • • • • • • • • • • • •			,
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
					.,,			
							,	

		,		**********		,	***************************************	
					.,		***************************************	

SCHEDULE E

(Form 990 or 990-EZ)

Schools

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. WASHINGTON YU YING PUBLIC CHARTER

SCHOOL

Employer identification number 20-4464054

20000000	art I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2		х
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3		x
	THE SCHOOL IS A PUBLIC CHARTER SCHOOL AND IS OPERATING UNDER A CONTRACT WITH THE D.C. GOVERNMENT. REVENUE PROCEDURE 75-50 DOES NOT APPLY TO PUBLIC CHARTER SCHOOLS.			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b		х
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		X	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. REVENUE PROCEDURE 75-50 DOES NOT APPLY TO PUBLIC CHARTER SCHOOLS.	4d	Х	
	SCHOOLS.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		x
С	Employment of faculty or administrative staff?	5c	ļ	х
đ	Scholarships or other financial assistance?	5d		х
е	Educational policies?	5e		х
f	Use of facilities?	5f		х
g	Athletic programs?	5g		х
h	Other extracurricular activities?	5h		x
••	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
c-	Dece the experiencian receive any financial aid or accistance from a governmental agency?	6a	X	(0.00000000000000000000000000000000000
6a b	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6b	1	х
'n	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
•	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	June 20000000	X

Collectic E (1 of ill doe of doe EE) (2010)	0-4464054	Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, applicable. Also complete this part to provide any other additional information (see instructions).	as	
SCH E - FINANCIAL AID OR GOVERNMENT ASSISTANCE EXPLANATION		
THE SCHOOL RECEIVES GOVERNMENT FINANCIAL ASSISTANCE FROM THE		
DISTRICT OF COLUMBIA, FEDERAL DEPARTMENT OF EDUCATION	,,,	
ENTITLEMENT FUNDS, FEDERAL DEPARTMENT OF AGRICULTURE SCHOOL		
LUNCH PROGRAM, AND FEDERAL CONGRESSIONAL APPROPRIATIONS.		
SCH E - NONCOMPLIANCE WITH NONDISCRIMINATION REQUIREMENTS EXP	LANATION	
THE SCHOOL IS A PUBLIC CHARTER SCHOOL AND IS OPERATING UNDER	A CONTRACT	•••••
WITH THE D.C. GOVERNMENT. REVENUE PROCEDURE 75-50 DOES NOT AP	PLY TO PUB	LIC
CHARTER SCHOOLS.		
		•••••

		•••••
		•••••
		•••••

	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
		••••
	.,	

SCHEDULE F (Form 990) Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.
 ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2013
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WASHINGTON YU YING PUBLIC CHARTER SCHOOL

Employer identification number 20-4464054

and the second contract of the second of the	General Informatio Form 990, Part IV, line		itside the United States.	Complete if the organization and	swered "Yes" on
1 For grantr assistance	makers. Does the organian, the grantees' eligibility t	zation maintain records for the grants or assista	to substantiate the amount of it ince, and the selection criteria us		Yes 🗓 No
2 For grantr		V the organization's pr	ocedures for monitoring the use		
3 Activities p	er Region. (The following	g Part I, line 3 table car	be duplicated if additional space	e is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EAST ASIA	A AND THE PACIF			CHE DADE II	15 000
(1)		<u></u>	SEE PART V	SEE PART V	15,000
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17) 3a Sub-total		1			15,000
b Total from continua sheets to Part I	ation				
c Totals (add	36)	1			15,000

ALC: ON	art IV Foreign Forms		X
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2013

Part V

Supplemental Information

Ouppiointena internation
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method;
amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and
Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional
information (see instructions)

	PART I, LINE 3 - ACTIVITIES PER REGION				
	REGION	EXPE	NDITURES IN	VESTMENTS	
	EAST ASIA AND THE PACIFIC	\$	15,000 \$	0	**************
-					************
	PART V - ADDITIONAL INFORMATION				
	PART I, COLUMN (D):				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	PROVIDED CHINESE CURRICULUM DEVELOPMENT	SERVIC	ES TO WASHIN	GTON YU YII	1G
	PUBLIC CHARTER SCHOOL. THE CURRICULUM DI	EVELOP	MENT SPECIAL	IST DESIGNS	3,
	PILOTS, AND REVISES CURRICULAR MATERIALS	FOR L	EARNERS STUD	YING A FORI	EIGN
	LANGUAGE.			.,	
	PART I, COLUMN (E):				
	THE CURRICULUM DEVELOPMENT SPECIALIST MA	Y WORK	WITH SCHOOL	LEADERS A	MD
•	EDUCATION TEAM WHO WILL PROVIDE INPUT AN	D GUID	ANCE ON LANG	UAGE-SPECI	FIC
	ISSUES. CURRICULUM SHOULD BE ALIGNED WIT	H NATI	ONAL AND REG	IONAL (D.C	.)
	STANDARDS. DESIGN WORK WILL INCLUDE THE	CREATI	ON OF A SCOP	E AND SEQU	ENCE,
	TIMELINE OF INSTRUCTIONAL ACTIVITIES, IN	STRUCT	IONAL MANUAI	s, Learnin	3
	MATERIALS, AND IN-CLASS ASSESSMENTS AND	RUBRIC	s.		
				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•					
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************		
		,	***************************************		
				• • • • • • • • • • • • • • • • • • • •	

31900 02/12/2015 5:08 PM

Supplemental Information on Tax-Exempt Bonds SCHEDULE K (Form 990)

YING PUBLIC CHARTER

ΩĀ

WASHINGTON

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ➤ See separate instructions. ▶ Attach to Form 990.

Open to Public Inspection 2013

OMB No. 1545-0047

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990

Employer Identification number 20-4464054

ŝ × (i) Pooled financing ŝ ŝ Yes ŝ × (h) On behalf of Yes Yes Yes (g) Defeased ŝ × Yes ŝ ŝ ပ Yes Yes (f) Description of purpose REFINANCE ŝ ŝ 10,275,000 TO 20 Yes Yes (e) Issue price 93,699 61,26510,120,036 10,275,000 No 윈× × × 2011 02/23/12 ⋖ (d) Date issued Yes Yes × × Does the organization maintain adequate books and records to support the final allocation of proceeds? (c) CUSIP # 53-6001131 NONE 2 Are there any lease arrangements that may result in private business use of 1 Was the organization a partner in a partnership, or a member of an LLC, (b) Issuer EIN 15 Were the bonds issued as part of an advance refunding issue? 14 Were the bonds issued as part of a current refunding issue? which owned property financed by tax-exempt bonds? 16 Has the final allocation of proceeds been made? 9 Working capital expenditures from proceeds Private Business Use SCHOOL 10 Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased (a) Issuer name A DISTRICT OF COLUMBIA Gross proceeds in reserve funds 6 Proceeds in refunding escrows. 13 Year of substantial completion Issuance costs from proceeds **Bond Issues** bond-financed property? Proceeds 12 Other unspent proceeds Amount of bonds retired Total proceeds of issue Other spent proceeds 17 Does the o Part II Part œ m۱ ပ

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

Schedule K (Form 990) 2013

ã
5:08
5
શ
5
8
Š
હ

NG PUBLIC CH	ARTER	20-4464054	54				The state of the s	Page 2
Fair III Private Business Use (Continued)								
		4		8		S	à	
3a Are there any management or service contracts that may result in private	Yes	No	Yes	No.	Yes	No	Yes	No
business use of bond-financed property?		×						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside		•						
- 1								
c Are there any research agreements that may result in private business use of		>						
-		4						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities								
other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a								
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		×						
8a Has there been a sale or disposition of any of the bond-financed property to a								
nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		×						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all								
ent		×						
Part IV Arbitrage					,			
		A		8		U	۵	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		×						
2 If "No" to line 1, did the following apply?								
_		×						
b Exception to rebate?		×						
c No rebate due?		×						
If you checked "No rebate due" in line 2c, provide in Part VI the date the								
rebate computation was performed								
3 Is the bond issue a variable rate issue?	×							
4a Has the organization or the governmental issuer entered into a qualified		×					1.0.0	
Flower of provider								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
DAA							Schedule	Schedule K (Form 990) 2013

ş

Yes Yes ŝ ဍ Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) ပ Yes Yes SCHOOL BUILDING ŝ 윤 Yes Yes 20-4464054 OF FIRST 읟 ŝ × × × × TEMPORARY FINANCING FOR PURCHASE AND RENOVATION Yes Yes WASHINGTON YU YING PUBLIC CHARTER 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? d Was the regulatory safe harbor for establishing the fair market value of the Were any gross proceeds invested beyond an available temporary period? Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the SCHEDULE K - ADDITIONAL INFORMATION Procedures To Undertake Corrective Action voluntary closing agreement program if self-remediation is not available Has the organization established written procedures to monitor the 220 TAYLOR ST, NE, WASHINGTON DC DISTRICT OF COLUMBIA Arbitrage (Continued) requirements of section 148? under applicable regulations? Schedule K (Form 990) 2013
Part IV Arbit b Name of provider 31900 02/12/2015 5:08 PM GIC satisfied? c Term of GIC Part VI PartV

ŝ

۵

										ATTITUTE OF THE PARTY OF THE PA

Schedule K (Form 990) 2013

δĄ

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

	YU YING PUBLIC CHAR		Employer identification number 20-4464054
FORM 990, PART VI, LIN	E 8B - DOCUMENTATIO	ON BY COMMITTEE	EXPLANATION
WASHINGTON YU YING PUE	LIC CHARTER SCHOOL	DOES NOT HAVE A	A COMMITTEE WITH
AUTHORITY TO ACT ON BE	HALF OF THE GOVERN	ING BODY.	
FORM 990, PART VI, LIN	E 11B - ORGANIZATIO	ON'S PROCESS TO	REVIEW FORM 990
THE FINANCE COMMITTEE	REVIEW THE FORM 990	AND THEN FORWA	ARD TO THE BOARD OF
TRUSTEES FOR REVIEW AN	D APPROVAL PRIOR TO	FILING.	
FORM 990, PART VI, LIN	E 12C - ENFORCEMENT	OF CONFLICTS E	POLICY
NEW TRUSTEES HAVE TO C	OMPLETE A CONFLICT	OF INTEREST QUE	ESTIONNAIRE UPON
JOINING THE BOARD. IN	ADDITION, ALL TRUS	TEES AND THE HE	EAD OF SCHOOL
ARE REQUIRED TO COMPLE	TE A CONFLICT OF I	TEREST QUESTION	NNAIRE ANNUALLY.
THE COMPLETED QUESTION	NAIRES ARE THEN REV	VIEWED BY THE SE	ECRETARY AND THE
HEAD OF SCHOOL TO DETE	RMINE IF ANY FURTH	ER ACTION IS NEE	EDED. WHEN
ACTUAL OR APPEARED CON	FLICT OF INTEREST I	EXISTS, SUCH PER	RSON WILL BE ASKED
TO RECUSE HIM/HERSELF	FROM PARTICIPATING	IN THE DISCUSSI	ION AND DECISION OF
THE TRANSACTION.			
FORM 990, PART VI, LIN	E 15A - COMPENSATION	ON PROCESS FOR	TOP OFFICIAL
THE BOARD OF TRUSTEES	EVALUATE THE HEAD	F SCHOOL'S PERI	FORMANCE
ANNUALLY AND SET THE S	ALARY INCREASE ACC	ORDINGLY. COMPA	RABLE SALARY DATA
FOR A SIMILAR POSITION	IN THE DISTRICT OF	F COLUMBIA IS CO	ONSIDERED IN THE
COMPENSATION ARRANGEME	NT DECISION. THE	BOARD CHAIR THEN	N DISCUSSES THE

PERFORMANCE EVALUATION AND COMPENSATION ARRANGEMENT DECISION WITH THE

THE PROCESS OF DETERMINING THE HEAD OF SCHOOL'S

HEAD OF SCHOOL.