

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>~ :</u>	OI LI	e 2020 Calendar year, or tax year beginning 000 1, 2020 and	ending U	ON 30, 2021				
B (Check if opplicat	C Name of organization		D Employer identific	cation number			
	Addr	e LEADERSHIP GREATER WASHINGTON]				
	Name Chan	ge Doing business as		52-15529	60			
	□lnitia □returi □Final	Number and street (or P.U. box if mail is not delivered to street address) 1602 T. STREFT NW	Room/suite 950	E Telephone number 202-465-3200				
	returı⊥ termi ated	0-			1,822,607.			
	ated Amer returi	ided WACHTNOMON DC 20036		G Gross receipts \$ H(a) Is this a group re				
	Appli tion			for subordinates				
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	==			
		tempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (ite: ► WWW • LGWDC • ORG	or 527	7	list. See instructions			
		f organization: X Corporation Trust Association Other ►	I Veen	H(c) Group exemptio	n number ► ✓ State of legal domicile: DC			
Pa	art I	Summary	L Year	or formation: 1903 N	A State of legal domicile; DC			
_	1	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	LE O				
Activities & Governance								
rne	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass				
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	33			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			32			
Š	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	7			
)ţ	6	Total number of volunteers (estimate if necessary)		6	0			
Ć	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	18,000.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	4,221.			
				Prior Year	Current Year			
d)	8	Contributions and grants (Part VIII, line 1h)		500,911.	885,477.			
Revenue	9	Program service revenue (Part VIII, line 2g)		748,647.	809,350.			
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,237.	2,980.			
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		17,833.	40,075.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,269,628.	1,737,882.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		42,000.	23,000.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
w	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		741,587.	829,537.			
Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 242,73	17.					
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		447,928.	318,519.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,231,515.	1,171,056.			
	19	Revenue less expenses. Subtract line 18 from line 12		38,113.	566,826.			
JC P				ginning of Current Year	End of Year			
Net Assets or	20	Total assets (Part X, line 16)		1,853,538.	2,360,384.			
ASS	21	Total liabilities (Part X, line 26)		908,890.	848,910.			
Net	22	Net assets or fund balances. Subtract line 21 from line 20		944,648.	1,511,474.			
Pa	art II	Signature Block		,	, - ,			
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is			
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh		•				
	,							
Sig	n	Signature of officer		Date				
Her		DOUGLAS DUNCAN, PRESIDENT/CEO						
	·	Type or print name and title						
		Print/Type preparer's name Preparer's signature	Ţ i	Date Check	PTIN			
Paid	ı	LORI ROTHE YOKOBOSKY, CPA LORI ROTHE YOKOB	BOSKY	i#				
	oarer	Firm's name COHNREZNICK LLP	0		22-1478099			
	Only	Firm's address 7501 WISCONSIN AVENUE, SUITE 400	E	THIII 3 LIIV				
500	J,	BETHESDA, MD 20814	_	Phone no 30	1-652-9100			
Mav	/ the	RS discuss this return with the preparer shown above? See instructions			X Yes No			

Page 2

ı a	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by experiments for each of its three largest program services, as measured by experiments for each of its three largest program services.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	enses, and
	revenue, if any, for each program service reported.	620 70E
4a	(Code:) (Expenses \$574,438. including grants of \$0. (Revenue \$)	638,795.
	LGW'S SIGNATURE PROGRAM, ALSO KNOWN AS THE CLASS YEAR, PROVIDES	7
	UNIQUE CONNECTION TO THE COMMUNITY AND A NETWORK OF SENIOR-LEVEL	
	REGIONAL LEADERS THROUGH AN INTENSIVE, HANDS-ON AND EXPERIENTIAL	
	OF THE REGION. UPON SUCCESSFUL COMPLETION OF THE SIGNATURE PROGR	
	THESE LEADERS BECOME MEMBERS OF LGW PROGRAM.	
	INDEA DEBOTE DESCRIPTION OF LOW PRODUCTION	
4b	(Code:) (Expenses \$ 85,299 · including grants of \$ 17,500 ·) (Revenue \$	152,500.)
	RISING LEADERS PROGRAM	·
	LGW'S RISING LEADERS PROGRAM DELIVERS CUSTOMIZED HANDS-ON TRAINI	NG TO
	DEVELOP AND ENHANCE THE PERSONAL LEADERSHIP SKILLS OF MANAGERS,	
	SUPERVISORS, AND EMERGING LEADERS.	
		_
	F F00	10 055
4c		18,055.
	OTHER SCHOLARSHIP PROGRAMS	
4d	Other program services (Describe on Schedule O.)	
-ru	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 665,237.	
		Form 990 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6				
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			7,7
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	_X_	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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	11c		х
А	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			
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
		I I I E		-25
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ_	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			.,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	L
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	democre government on Fartix, column (x), into FF II Fes. Complete Scriedule I, Parts Fariu II	<u> </u>		

Page 4

Yes

No

Form	990 (2020) LEADERSHIP GREATER WASHINGTON
	t IV Checklist of Required Schedules (continued)
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals or
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," of
	Schedule J
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and
	Schedule K. If "No," go to line 25a
h	Did the organization invest any proceeds of tax-exempt hands beyond a temporary period exception?

	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV	28b		X

а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		
	"Yes," complete Schedule L, Part IV	28a	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If		
	"Yes," complete Schedule L, Part IV	28c	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		
	contributions? If "Yes," complete Schedule M	30	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		
	Schedule N, Part II	32	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		
	Part V, line 1	34	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(cV3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		

36 X If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? X 38

Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response or note to any line in this Part v							
					Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	8					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0					
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?			1c	Х			

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Form **990** (2020)

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2a 7 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to e-fie (see instructions) 3b If the cognization have unrelated business goes income of \$1,000 or more during the year? 3c If the sum of lines 1 and 2a is greater than 250, you may be required to e-fie (see instructions) 3c If the committed that the sum of the ferror great sum of the sum of the sum of the sum of the ferror great sum of the su					Yes	No					
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines is and 2a is greater than 250, you may be required to g-filip (see instructions) 3a Did the organization have unrelated business goes income of \$1,000 or more during the year? 3b If "Yes," has fill field a form 980-1" for this year? If "Yes" to limb 3b, provide an explanation on Schedule 0 3b A X b If "Yes," has fill field a form 980-1" for this year? If "Yes to limb 3b, provide an explanation on Schedule 0 3c X At any time during the calendary ear, did the organization have an interest in, or a significant or offer authority over, a financial account in a foreign country such as a bank account, securities account, or other financial accountry? 5c If "Yes to limb filip requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c If "Yes to limb filip requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c If "Yes to limb filip so year better transaction at any time during the tax year? 5c If "Yes to limb filip so year better transaction at any time during the tax year? 5c If "Yes to limb filip so year better transaction at any time during the tax year? 5c If "Yes to did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of exhibitations? 5c If "Yes," if did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles and exhibitation such services provided? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," indicate the number of Forms 88282 filed during the year 7d If "Yes," indicate the number of Forms 88282 filed during the year 8d If "Yes," indicate the number of Forms 88282 filed during the year 9d If the organization received a contribution of paid intellectual prope	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to _e/lio (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return	2a 7								
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 5b if 11 **es*, "Institute at filled a Form 980 For for this year? If 19% to fine 3b, provide an explanation on Schedule O 5b if 11 **es*, "Institute during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5c If 11 **es*, "Institute the name of the foreign country (such as a bank account, securities account, or other financial account)? 5c If 11 **es*, "Institute the rainer of the foreign country or such seasons are all the companization and the organization that it was or is a party to a prohibitot tax year? 5c If 11 **es*, and the organization that it was or is a party to a prohibitoted tax shelter transaction? 6c If 11 **es*, and the organization that it was or is a party to a prohibitoted tax shelter transaction? 6c If 11 **es*, and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If 11 **es*, and the organization include with every selicitation are express statement that such contributions or gits were not tax deductible? 6c Obstitute organization state any receive deductible contributions under section 170(c). 6c If 11 **es*, and the organization include with every selicitation are express statement that such contributions or gits were not tax deductible? 6c Obstitute organization state any receive any turns, directly or indirectly or pay premiums on a personal benefit contract? 7c Organizations that may receive any turns, directly or indirectly, to pay premiums on a personal benefit contract? 7r If If 11 **es*, and the organization received a contribution of organization and party of the organization file Form 8909 arequired? 7r If If 11 **es*, and the organization in make any taxability	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	Х						
b b "Nes", has it flield a Form 990-T for this year? If "Not" to fine 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country [such as a bank account, securities account, or other financial account? 5b If "Yes", enter the name of the foreign country [such as a bank account, securities account, or other financial account in a foreign country [such as a bank account, securities account, or other financial accountries. 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction? 5b If "Yes" to line Sa or Sb, did the organization file Form 88867? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c Did the organization that were not tax deductible as charitable contributions? 6c Did the organization shall may receive deductible contributions under section 170(c). 6c Did the organization shall may receive deductible contributions under section 170(c). 6c Did the organization receive a payment in excess of \$75 mede party as a contribution and aparty for goods and services provided? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," indicate the number of Forms 8282? filed during the year 7c Did the organization received a contribution of undersorted than the payment of the variety of the organization received and contribution of acres, boats, any premiums on a personal benefit contract? 7c Did the organization received an contribution of acres, boats, any paems, and party for goods and services provided to the payor? 7d If Did the organization received an contribution of acres, boats, any paems on a personal benefit contract? 7r Did the organization		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
4a A lary time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country [such as a bank account, securities account, or other financial account in a foreign country [such as a bank account, securities account, or other financial account [such as a bank account, securities account, or other financial accounts (FBAF). 5a Was the organization and the organization that it was or is a party to a prohibited tax was select transaction? 5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles of a charitatile contributions? 6c Was the organization have annual gross necepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles? 6c Vas if "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax eductibles? 6c Vasinos that may receive deductible contributions under section 170(c). 6c Vasinos that may receive deductible contributions under section 170(c). 6d If "Yes," if did the organization include with every solicitation an express statement that such contributions or gits were not tax eductibles. 6c Vasinos that may receive deductible contributions under section 170(c). 6d If "Yes," if did the organization include with every solicitation and express statement that such contributions or gits were not tax eductibles and solicitation and partly for goods and services provided to the payor? 7b If "Yes," if did the organization include on the value of the goods or services provided? 7c Vasinos if "Yes," indicate the number of Forms 8202 fled during the year 7c If Vasinos in the security of the organization received and contribution of qualified intellectual property, old the organization fle form 8999 as required? 7c Vasinos in the organization security and contribution of a											
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		If "Yes," complete Form 4720, Schedule O.		_	000	(0000)					

Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI

Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body of delegated broad subtrictly on an executive committee or similar committee, explain on Schedule 0. Define the number of voting members included on line 14, above, who are independent 18	ect	ion A. Governing Body and Management				
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent					Yes	No
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b Enter the number of voting members included on line 1a, above, who are independent 1b 32 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 Did have any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8 Did the organization in the prior of key employee listed in Part VII. Section A, who cannot be reached at the organization is mailing address? If "Yes "moving the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by, the Internal Revenue Code.) 10 Did the organization have local chapters, branches, or affiliates? 10 Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 10 Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 Describe of organization have a written orificited in file reservable in Schedule O tow this was done 13 Did		If there are material differences in voting rights among members of the governing body, or if the governing				
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20 State the name, address, and telephone number of the person who possesses the organization's books and records DUUGLAS DUNCAN - 202-465-3200			cy, and	finan	cial	
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1602 I STREET NW SUITTE 950 WASHINGTON DC 20036		1602 L STREET, NW SUITE 950, WASHINGTON, DC 20036				

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DOUGLAS M. DUNCAN	40.00	ļ						050 506		11 000
PRESIDENT/CEO	40.00	Х		Х				252,596.	0.	11,298.
(2) DEBRA KAPLAN	40.00	-				l		144 550		10 000
COO & VP, PROGRAMS	1					X		144,772.	0.	18,829.
(3) MARC BATTLE DIRECTOR	1.00	х						0.	0.	0.
(4) CHUCK BEAN	1.00									
DIRECTOR		Х						0.	0.	0.
(5) MARK BERGEL	1.00									
DIRECTOR		Х						0.	0.	0.
(6) JAKE BRODY	1.00									
DIRECTOR		X						0.	0.	0.
(7) JOE BRUNO	1.00									
DIRECTOR		Х						0.	0.	0.
(8) VALARIE CLARK	1.00									
DIRECTOR		Х						0.	0.	0.
(9) NATHANIEL COLE	1.00									
DIRECTOR		Х						0.	0.	0.
(10) TERRI COPELAND	1.00									
DIRECTOR		Х						0.	0.	0.
(11) HEATHER GODSMARK	1.00									
DIRECTOR		Х						0.	0.	0.
(12) DAVID GORODETSKI	1.00									
DIRECTOR		Х						0.	0.	0.
(13) NIKKI HALL	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(14) SANDI W. HALLMARK	1.00									
DIRECTOR		Х						0.	0.	0.
(15) PHILIP G. HAMPTON	1.00	1								
DIRECTOR		Х						0.	0.	0.
(16) KATHY HOLLINGER	1.00	 						_	_	_
DIRECTOR	1 2 2 2	Х					<u> </u>	0.	0.	0.
(17) DEBBI JARVIS	1.00									_
DIRECTOR		Х						0.	0.	990 (2020)

(B)

(C)

(D)

(A)

(A) Name and title	(B) Average		not cl	Pos neck	more	than		(D) Reportable	(E) Reportable			
	week (list any hours for related organizations below line)					or/trus	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	composition for constant const	other pensa om th aniza d rela	ation ne tion ted
(18) BETH JOHNSON	1.00	v							0			0
	1 00	Λ				\vdash		0.	0.	 		<u> </u>
	1.00	x						0	0			Λ
(20) SAURABH KAPOOR	1.00	21				\vdash		•	•			
DIRECTOR		х						0.	0.			0.
(21) TERRENCE KENNY	1.00								<u> </u>			
DIRECTOR		Х						0.	0.			0.
(22) RACHEL KRONOWITZ	1.00											
CHAIR-ELECT		Х		Х				0.	0.			0.
(23) HANH LE	1.00											
DIRECTOR		Х						0.	0.			0.
(24) ROBERT MCNAMARA	1.00								_			
	1 00	Х				_		0.	0.			0.
	1.00								•			^
	1 00	X						0.	0.	<u> </u>		<u> </u>
	1.00	v						0	0			Λ
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										<u> </u>	<i>,</i> 1	0.
										31) . 1	
							o re		_		- , _	
Nours per Week (list any Nours for related organizations below line) 1.00			2									
											Yes	No
3 Did the organization list any former officer,	director, truste	e, k	еу е	mpl	loye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for st	uch individual									3		X
4 For any individual listed on line 1a, is the su	m of reportable	e co	mpe	nsa	tion	and	oth	er compensation from the	ne organization			
1.00 X 0.0 0.0				X								
									lual for services			37
	plete Schedule	Jf	or su	ıch <u>ı</u>	pers	on				5		X
·	managatad ind	000	ndor	+	t	t-		act received mare than C	100 000 of compans	tion fro		
	•	•							•	tion no	,,,,	
	rio daloridar ye	oui c	, i i dii	<u> </u>	1011	J1 VV1	<u>::::::</u>			(C	:)	
	address	NO	ONE	C					ervices C			on
-							-					
							\dashv					
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	l to	thos	se lis	ted	above) who received mo	ore than			
·	•				_	_	-	,				
		ΙN	ŪΑ	ΤI	ON	S	HE	ETS	<u> </u>	Form	990	(2020)

Form 990 LEADERSH	IP GREAT	ER	. W	AS	HI	NG	TO	N	52-155	2960
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck				ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				old ma		organization	(W-2/1099-MISC)	from the
	hours for	ordir	gy.			ated e		(W-2/1099-MISC)		organization
	related	stee	truste		ao	ben S				and related
	organizations	al tru	onal		ploye	Com				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	Ē	Ë	10 l	જ	Ē	요			
(27) TERESA PAYNE-NUNN	1.00									
DIRECTOR		Х						0.	0.	0.
(28) DANA STEBBINS	1.00									
SECRETARY		Х		Х				0.	0.	0.
(29) NANCIE SUZUKI	1.00									
DIRECTOR		Х						0.	0.	0.
(30) MAHAN TAVAKOLI	1.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(31) MIKE TRYON	1.00									
TREASURER		Х		Х				0.	0.	0.
(32) TONIA WELLONS	1.00									
DIRECTOR		Х						0.	0.	0.
(33) FRANK WILLIAMS	1.00							-	-	-
DIRECTOR		Х						0.	0.	0.
(34) KEVIN WREGE	1.00									
DIRECTOR	1.00	х						0.	0.	0.
<u> </u>		22						0.	0.	<u> </u>
	-									
			L_		L	L_	L			
		L		L	L		L			
		1								
		1								
-	1									
Total to Bart VIII Section A line 15										
Total to Part VII, Section A, line 1c								l .	I	

Form 990 (2020) LEADERS
Part VIII Statement of Revenue

			Check if Schedule O	conta	ains a respons	se or r	note to any lin	e in this Part VIII			
					•			(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
υs	1	a	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			2.8	83,225.				
2 5			Fundraising events				37,627.				
fts,			Related organizations				37,0271				
is is			Government grants (contri				93,600.				
Sin			All other contributions, gifts,			-	33,000.				
uti Je		•	similar amounts not included			1'	71,025.				
ĢË		~					71,025				
no Dd		_	Noncash contributions included in					885,477.			
OB		<u> </u>	Total. Add lines 1a-1f				usiness Code	005,477			
	_	_	TUITION				900099	522,250.	522,250.		
ice			PROGRAM EVENT	<u> </u>			900099	269,100.	269,100.		
er ue			ADVERTISING I		OME.		541800	18,000.	209,100.	18,000.	
n S			ADVEKTIBING I	IAC	OME	- 	241000	10,000.		10,000.	
gra Re		d									
Program Service Revenue		e	All II			- -					
ъ			All other program service					000 250			
-		g Total. Add lines 2a-2f					809,350.				
	3	Investment income (including dividends, interest other similar amounts)					2 000			2 000	
								2,980.			2,980.
	4		Income from investment o			-					
	5		Royalties		(i) Real						
				_	(i) Real		(ii) Personal				
			Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6с							
			Net rental income or (loss)	·	(i) Cooitio		(ii) Oth an				
	7	а	Gross amount from sales of		(i) Securitie	S	(ii) Other				
		_	assets other than inventory	7a							
		b	Less: cost or other basis								
her Revenue			and sales expenses								
eve		С	Gain or (loss)	7c							
Æ			Net gain or (loss))				
Othe	8	а	Gross income from fundraisir including \$ 337		ents (not 27 • of						
			contributions reported on	line	, I						
			Part IV, line 18				24,800.				
		b	Less: direct expenses			8b 8	84,725.				
		С	Net income or (loss) from	fund	raising events	s		40,075.			40,075.
	9	а	Gross income from gamin	g act	tivities. See						
			Part IV, line 19			9a					
		b	Less: direct expenses		[9b					
		С	Net income or (loss) from	gami	ing activities_						
	10	а	Gross sales of inventory, I	ess r	returns						
			and allowances		[10a					
		b	Less: cost of goods sold		<u>[</u>	10b					
		С	Net income or (loss) from	sales	s of inventory						
10						В	usiness Code				
Miscellaneous Revenue	11	а				_					
ane inu		b				_					
eve		С				_					
Aisc B		d	All other revenue			L					
		е	Total. Add lines 11a-11d								
	12		Total revenue. See instruction	ns				1,737,882.	791,350.	18,000.	43,055.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).	Section	501(c)(3) and 5	501(c)(4) organiz	ations must comple	te all columns. All c	other organizations must	complete column (A).
--	---------	-----------------	-------------------	--------------------	-----------------------	--------------------------	----------------------

_	Check if Schedule O contains a respons	se or note to any line in t	his Part IX(B)	(C)	<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	23,000.	23,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	261,483.	144,229.	49,650.	67,604
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	464,524.	256,224.	88,202.	120,098
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	13,798.	7,611. 19,090.	2,620. 6,572.	3,567 8,948
9	Other employee benefits	34,610.		6,572.	8,948
10	Payroll taxes	55,122.	30,405.	10,466.	14,251
11	Fees for services (nonemployees):				
а	Management				
b	Legal	25 455		25 455	
С	Accounting	35,155.		35,155.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	` '	12 510	0.054	2 555	1 010
	column (A) amount, list line 11g expenses on Sch O.)	13,519. 295.	8,954.	3,555.	1,010
12	Advertising and promotion		27 006		10 420
13	Office expenses	46,942.	27,996.	8,516.	10,430
14	Information technology	8,396.		8,396.	
15	Royalties	CA C1 F	25 604	10 005	16 706
16	Occupancy	64,615.	35,684.	12,205.	16,726
17	Travel	200.	188.	12.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	110 077	111 (00	7 207	
19	Conferences, conventions, and meetings	119,077.	111,680.	7,397.	
20	Interest				
21	Payments to affiliates	2 401		2 401	
22	Depreciation, depletion, and amortization	2,491.	176.	2,491.	83
23	Insurance	⊥,∠30.	1/0.	9/1.	6.3
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROFESSIONAL DEVELOPMEN	25,814.		25,814.	
b	MISCELLANEOUS	502.		502.	
С	DUES & SUBSCRIPTIONS	283.		283.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,171,056.	665,237.	263,102.	242,717
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,714,527.	1	2,276,990.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			25,750.	3	12,000.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantia	contributor, or 35%			
		controlled entity or family member of any of t	hese pe	sons		5	
	6	Loans and other receivables from other disqu	ualified p	ersons (as defined			
		under section 4958(f)(1)), and persons describ	bed in se	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			46,042.	9	16,199.
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	10a	12,260.			
	b	Less: accumulated depreciation	101		1,772. 46,238.	10c	3,068. 48,627.
	11	Investments - publicly traded securities	46,238.		48,627.		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets			10.000	14	2 500
	15	Other assets. See Part IV, line 11			19,209.	15	3,500.
	16	Total assets. Add lines 1 through 15 (must e			1,853,538.	16	2,360,384.
	17	Accounts payable and accrued expenses			87,759.	17	146,435.
	18	Grants payable	707 531	18	702 475		
	19	Deferred revenue			727,531.	19	702,475.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su		· ·		00	
Lial	00	controlled entity or family member of any of t				22	
	23 24	Secured mortgages and notes payable to unit Unsecured notes and loans payable to unrela			93,600.	24	0.
	25	Other liabilities (including federal income tax,			33,000.	24	•
	23	parties, and other liabilities not included on li					
		of O also also by D		+). Complete Fait X		25	
	26	Total liabilities. Add lines 17 through 25			908,890.	26	848,910.
		Organizations that follow FASB ASC 958, o	check he	re 🕨 🗓			0 = 0 , 0 = 0 .
es		and complete lines 27, 28, 32, and 33.					
anc	27	, , ,			753,928.	27	1,308,199.
Bala	28				190,720.	28	1,308,199. 203,275.
pu		Organizations that do not follow FASB ASG					
Fu		and complete lines 29 through 33.					
o or	29	Capital stock or trust principal, or current fun	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			944,648.	32	1,511,474.
	33	Total liabilities and net assets/fund balances			1,853,538.	33	2,360,384.

Pai	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>737</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		171		
3	Revenue less expenses. Subtract line 2 from line 1	3		566		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		944	, 6	<u>48.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1,	511	, 4	7 4.
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
			_	'	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?		L	3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u> </u>	3b		
			F	orm S	990 (2020)

00010 10 00 00

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

LEADERSHIP GREATER WASHINGTON

52-1552960 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	363,838.	610,093.	581,916.	500,911.	885,477.	2942235.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	363,838.	610,093.	581,916.	500,911.	885,477.	2942235.				
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)						269,134.				
	Public support. Subtract line 5 from line 4.						2673101.				
Sec	Section B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
7	Amounts from line 4	363,838.	610,093.	581,916.	500,911.	885,477.	2942235.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	829.	809.	3,296.	2,237.	2,980.	10,151.				
9	Net income from unrelated business										
	activities, whether or not the					_					
	business is regularly carried on	41,577.	15,627.	16,523.		0.	73,727.				
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)										
11	Total support. Add lines 7 through 10						3026113.				
12	Gross receipts from related activities,						,410,735.				
13		-		•			. —				
<u></u>	organization, check this box and stor	here					>				
	ction C. Computation of Publi			. (6)			88.33 %				
14						14	26 25				
15	Public support percentage from 2019					15					
102	33 1/3% support test - 2020. If the c										
	stop here. The organization qualifies 33 1/3% support test - 2019. If the o										
L.	and stop here. The organization qual						. \Box				
17-	10% -facts-and-circumstances test					and line 14 is 10% (
176	and if the organization meets the facts	-									
	meets the facts-and-circumstances te		•	-		· ·	. .				
r	10% -facts-and-circumstances test	· ·		,		7a and line 15 is					
	more, and if the organization meets the	ū				•	. 270 01				
	organization meets the facts-and-circu		·								
18	Private foundation. If the organization										

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						<u> </u>
6 Total. Add lines 1 through 5				<u> </u>		
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	(a) 2010	(b) 2017	(6) 2018	(u) 2019	(e) 2020	(i) Total
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						
c 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 VI.)				<u> </u>		<u> </u>
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	ion,
check this box and stop here	•		,	•	. , . , .	·
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2020 (li	ne 8, column (f), d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	17 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2019. If the						
line 18 is not more than 33 1/3%, chec	ck this box and st	t op here. The orga	ınization qualifies a	as a publicly suppo	orted organization	
20 Private foundation If the organization	n did not check a	hoy on line 1/ 10	a or 10h check th	nie hov and sec inc	etructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	Sa		
	OI.		
	3b		
	_		
	3c		
	4a		
	4b		
	4c		
	5a		
	- Gu		
	5b		
	5c		
	50		
	6		
	6		
	_		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
_	_		

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	, , , , , , , , , , , , , , , , , , ,			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			<u> </u>
	<u></u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		1		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	-		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	i -		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Fai	t v Type III Non-Functionally integrated 509	a)(3) Supporting Orga	ilizations (continu	<u>uea) </u>	
	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	}	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount		10		
Secti	on E - Distribution Allocations (see instructions)	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020	
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

LEADERSHIP GREATER WASHINGTON

Employer identification number 52-1552960

Schedule D (Form 990) 2020

Pa			imilar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised	a idilus	(w) i dilde and other accounts
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	vriting that the assets hel	d in donor advised f	unds
Ū	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·		Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a h	istorically important land area
	Protection of natural habitat		Preservation of a c	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribu	ition in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				
С	Number of conservation easements on a certified historic stru	ıcture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on	a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the org	anization during the tax
	year ▶			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, an	d enforcing conserva	ation easements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enf	orcing conservation	easements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	• •		
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footness.	ote to the organization's	financial statements	that describes the
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Tres	euros or Otho	r Similar Assats
I a	Complete if the organization answered "Yes" on Form		asures, or other	Ollilla Assets.
			nue statement and h	palanaa ahaat warka
ıa	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for pub			erance or public
h	service, provide in Part XIII the text of the footnote to its finan			noe shoot works of
D	If the organization elected, as permitted under FASB ASC 958	· ·		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in lurthera	nce of public service,
	provide the following amounts relating to these items:			• \$
	(i) Revenue included on Form 990, Part VIII, line 1			L .
2		neuroe or other similar as		
2	If the organization received or held works of art, historical treation following amounts required to be reported under EASP ASP			iii, provide
_	the following amounts required to be reported under FASB AS	~		•
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			
IJ	ASSELS INCIDUED IN FUITH 330, FAILA			🕶 🛡

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

	t III Organizations Maintaining C	ollections of Art				ther	Simila		Contin		age Z
	Using the organization's acquisition, accession								(COIIIII	ueu)	
•	collection items (check all that apply):	5, aa 55. 1555.as	,				9	400 01 110			
а	Public exhibition	d	Loan or e	xch	ange program						
b	Scholarly research	e	Other	,	ango program						
c	Preservation for future generations	J									
4	Provide a description of the organization's co	ollections and explain	how they furthe	the	e organization's	exem	nnt nurne	ose in Part	XIII		
5	During the year, did the organization solicit or							oco iiii ait	,		
Ū	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang										
	reported an amount on Form 990, Par		·· ··· - · · 9-					-,,	, -:		
	Is the organization an agent, trustee, custodia	an or other intermedia	arv for contributi	ons	or other assets	not ir	ncluded				
	on Form 990, Part X?		•						Yes		No
b	If "Yes," explain the arrangement in Part XIII										
			- · · · · · · · · · · · · · · · · · · ·						Amount		
С	Beginning balance						1c				
e	Additions during the year Distributions during the year										
f							1f				
	a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?								Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIII.						,		_		Ī
	Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.										
		(a) Current year	(b) Prior year		(c) Two years ba			years back	(e) Four	vears	back
1a	Beginning of year balance	59,087.	55,61	5.	53,29		•	53,830.	, ,		762.
b	Contributions		5,00	0.							
С	Net investment earnings, gains, and losses	2,555.	97	2.	2,31	17.		325.		1,	068.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	-2,500.	-2,50	٥.				-857.			
f	Administrative expenses										
g	End of year balance	59,142.	59,08	7.	55,61	15.		53,298.		53,	830.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column	(a))	held as:	•					
а	Board designated or quasi-endowment	.0000	%	. ,,							
b	Permanent endowment ▶ 96.0468	%	_								
С	Term endowment ▶ 3.9532	 %									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organizat	ion that are held	and	d administered f	or the	e organiz	zation	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		_X_
	(ii) Related organizations								3a(ii)		_X_
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule F	₹? .					3b		
4	Describe in Part XIII the intended uses of the		vment funds.								
Pai	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a	. Se	e Form 990, Pa	rt X, I	line 10.				
	Description of property	(a) Cost or ot	her (b) C	ost o	or other	(c) Ad	ccumula	ted	(d) Book	c value	е
		basis (investm	ent) bas	sis (c	other)	dep	oreciatio	n			
1a	Land										
	Buildings										
С	Leasehold improvements										
d	Equipment			12	2,260.		9,1	.92.	3	3,0	68.
е	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	aual Form 990 Part \	(column (R) line	10	c)				3	3.00	68.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.	GREATER WASHI.	NGTON 52	-1552960 Page
Complete if the organization answered "Yes"	on Form 990 Part IV line	11b See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			•
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) lin Part X Other Liabilities.	e 15.)	>	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

(9)

Pa	art XI Reconciliation of Revenue per Audited Financi	al Statements With Revenue	e per Return.	9
	Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statement	ents	1	1,859,562.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2 _b 121	.,680.	
С	Recoveries of prior year grants	2c		
d				
е	Add lines 2a through 2d		2e	121,680.
3	Subtract line 2e from line 1		3	1,737,882.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			0.
5	The second secon			1,737,882.
Ра	art XII Reconciliation of Expenses per Audited Finance	•	ses per Returi	n.
	Complete if the organization answered "Yes" on Form 990, P			1 202 726
1	Total expenses and losses per audited financial statements		1	1,292,736.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	101	600	
а			.,680.	
b	, , , , , , , , , , , , , , , , , , , ,			
С	5 m.s., 135335			
d	d Other (Describe in Part XIII.)	•		101 600
е	- · · · · · · · · · · · · · · · · · · ·			121,680.
3			3	1,171,056.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1		
а				
b		4b		^
С	7.133			1 171 056
5				
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Pari art XIII Supplemental Information.	I, line 18.)	5	1,171,056.

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

PART V, LINE 4:

LEADERSHIP GREATER WASHINGTON'S ENDOWMENT INCLUDES THE DONOR-RESTRICTED BARRY K. CAMPBELL SCHOLARSHIP FUND. THE BARRY K. CAMPBELL SCHOLARSHIP FUND WAS ESTABLISHED IN 2003 THROUGH A CONTRIBUTION OF \$26,186 FROM THE LEADERSHIP GREATER WASHINGTON'S CLASS OF 1998. INCOME EARNED FROM INVESTED CONTRIBUTIONS IS INCLUDED IN NET ASSETS WITH DONOR RESTRICTIONS UNTIL A SCHOLARSHIP IS AWARDED.

PART X, LINE 2:

THE ORGANIZATION HAS APPLIED FOR AND RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE ("IRS") TO BE TREATED AS A TAX EXEMPT ENTITY PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, THE Schedule D (Form 990) 2020

(continued)
ORGANIZATION IS SUBJECT TO UNRELATED BUSINESS INCOME TAX FROM ANY
ACTIVITIES NOT RELATED TO ITS EXEMPT PURPOSES. DURING THE YEARS ENDED JUNE
30, 2021 AND 2020, THE ORGANIZATION HAD \$18,000 AND \$14,750, RESPECTIVELY,
IN UNRELATED BUSINESS INCOME FROM ADVERTISEMENTS PLACED IN THE ANNUAL
MEMBERSHIP DIRECTORY AND WEBSITE. EXPENSES RELATED TO ADVERTISEMENTS
EXCEED REVENUE EARNED; THEREFORE NO UNRELATED BUSINESS INCOME TAX IS DUE.
ACCORDINGLY, THESE FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR
INCOME TAXES. THE ORGANIZATION IS REQUIRED TO FILE AND DOES FILE REQUIRED
RETURNS WITH THE IRS AND OTHER TAXING AUTHORITIES. THE ORGANIZATION HAS NO
OTHER TAX POSITIONS WHICH MUST BE CONSIDERED FOR DISCLOSURE. THE
ORGANIZATION'S RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX IS SUBJECT TO
AUDIT. THE OPEN YEARS ARE JUNE 30, 2018, 2019 AND 2020.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

LEADERS	HIP GREATER WASHIN	GTO1	1		52-155	52960
	Complete if the organization answer	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990	EZ filers are not
required to complete this par				<u> </u>		
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		∕es
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount pair to (or retained be fundraiser listed in col. (i)	to (or retained by)
		Yes	No			
			•			
List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from	registration

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

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events AWARDS NONE (add col. (a) through DINNER col. (c)) (event type) (event type) (total number) 462,427 462,427. 1 Gross receipts 2 Less: Contributions 337,627. 337,627. 124,800. 124,800. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 84,725. Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 40,075 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

032082 11-25-20

Sch	edule G (Form 990 or 990-EZ) 2020 LEADERSHIP GREATER WASHINGTON 52-	<u>-1552960</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
12	Indicate the percentage of gaming activity conducted in:		
		100	07
	The organization's facility		<u>%</u>
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
,	: If "Yes," enter name and address of the third party:		
•	Too, onto hame and address of the time party.		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	solutions is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
		163	110
Ľ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Do	organization's own exempt activities during the tax year \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			

Schedule G	(Form 990 or 990-EZ)	LEADERSHIP	GREATER	WASHINGTON	52-1552960	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Inform	mation (continued)				
		(continued)				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2020

LEADERSHI	P GREATER	WASHINGTON					52-1552960
Part I General Information on Grants a	nd Assistance					<u>.</u>	
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	n
criteria used to award the grants or assi	stance?						Yes X No
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to	Domestic Organiz	zations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part I	V, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if additi	ional space is need	ed.			
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a	nd government ord	ganizations listed in th	e line 1 table	1	1		•
3 Enter total number of other organization	-						

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assista
ARSHIPS	13	23,000.	0.		
MONITO	15	23,000.			
			(1)		
Supplemental Information. Provide the information.	ation required in Part I, line	e 2; Part III, column	(b); and any other ac	Iditional information.	

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

ZUZU

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

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

LEADERSHIP GREATER WASHINGTON

Employer identification number 52-1552960

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
Ū	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	$ldsymbol{ldsymbol{eta}}$
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			

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

Regulations section 53.4958-6(c)?

initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2020

8

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

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

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

		(B) Breakdown of	Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	perients	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) DOUGLAS M. DUNCAN	(i)	212,430.	37,000.	3,166.	5,200.	6,098.	263,894.	0.	
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) DEBRA KAPLAN	(i)	141,942.	1,000.	1,830.	5,200.	13,629.	163,601.	0.	
COO & VP, PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i) (ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(II)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
THE BONUSES WERE AWARDED BASED UPON ANNUAL PERFORMANCE, AND APPROVED BY THE
COMPENSATION COMMITTEE.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

LEADERSHIP GREATER WASHINGTON

Employer identification number 52-1552960

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

TO IDENTIFY AND CONNECT DIVERSE LEADERS AND STIMULATE THEIR

COLLABORATIVE EFFORTS THROUGH DYNAMIC EDUCATIONAL PROGRAMS THAT PROMOTE

DIALOG, COOPERATION AND INVOLVEMENT.

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

THE CORPORATION'S MISSION IS TO DEVELOP A DIVERSE NETWORK OF LEADERS

THROUGHOUT GREATER WASHINGTON WITH A BROAD UNDERSTANDING OF THE

COMMUNITIES' NEEDS; TO ACT AS A CATALYST FOR CHANGE IN THE GREATER

WASHINGTON AREA BY CONNECTING AND STRENGTHENING LEADERS COMMITTED TO

BETTER SERVE THE COMMON GOOD; AND TO PURSUE ANY OTHER PURPOSE

CONSISTENT WITH ITS TAX-EXEMPT STATUS.

FORM 990, PART VI, SECTION A, LINE 6:

THE CORPORATION MAY HAVE ANY NUMBER OF MEMBERS. THE CORPORATION'S

MEMBERSHIP FOR ANY GIVEN YEAR SHALL CONSIST OF LEADERSHIP GREATER

WASHINGTON PROGRAM YEAR GRADUATES WHO ARE DULY QUALIFIED AS MEMBERS BY

PAYMENT OF THEIR ANNUAL LEADERSHIP GREATER WASHINGTON DUES ("MEMBERSHIP DUES"), OR THE WAIVER THEREOF, FOR THAT YEAR. MEMBERSHIP MAY BE GRANTED TO

ANY OTHER PERSON UPON HIS/HER APPLICATION TO THE CORPORATION AND APPROVAL

OF SUCH APPLICATION BY A MAJORITY OF THE CORPORATION'S BOARD AT A MEETING

THEREOF.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS SHALL HAVE (I) THE RIGHT TO ELECT DESIGNATED DIRECTORS, THE

CHAIR OF THE BOARD, AND THE NOMINATING COMMITTEE IN THE MANNER PROVIDED IN

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

Name of the organization LEADERSHIP GREATER WASHINGTON

Employer identification number 52-1552960

THESE BYLAWS AND (II) SUCH OTHER POWERS AND RIGHTS AS ARE VESTED IN THEM BY

LAW, BY THE CORPORATION'S ARTICLES OF INCORPORATION, OR AS THE BOARD MAY

DESIGNATE.

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

THE FORM 990 IS PREPARED BY AN EXTERNAL CPA FIRM. IT IS INITIALLY REVIEWED

BY THE ORGANIZATION'S ACCOUNTANT, CEO, TREASURER OF THE BOARD, AND ALL

MEMBERS OF THE FINANCE COMMITTEE. THE RETURN IS MADE AVAILABLE TO THE

ENTIRE BOARD OF DIRECTORS PRIOR TO BEING FILED WITH THE IRS.

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

IT IS THE POLICY OF LEADERSHIP GREATER WASHINGTON TO EXPECT THAT ITS STAFF
AND VOLUNTEERS ACT IN THE BEST INTEREST OF THE WHOLE ORGANIZATION. THE

NATURE OF THE ORGANIZATION, BY DEFINITION, REQUIRES THE HIGHEST-DEGREE OF

INTEGRITY. IT IS THE POLICY OF LGW TO REQUIRE EACH OF ITS DIRECTORS,

OFFICERS AND EMPLOYEES TO CONDUCT HIS OR HER OUTSIDE EMPLOYMENT AND

PERSONAL BUSINESS, FINANCIAL, AND OTHER RELATIONSHIPS IN A MANNER THAT WILL

AVOID ANY LIKELIHOOD OF A CONFLICT OR APPEARANCE OF A CONFLICT BETWEEN SUCH

OUTSIDE EMPLOYMENT AND PERSONAL INTEREST AND THOSE OF LGW. THE CONFLICT OF

INTEREST POLICY IS OUTLINED IN THE ORGANIZATION'S STAFF MANUAL. STAFF

REVIEW THIS MANUAL WHEN THEY ARE FIRST HIRED AND SIGN AN ACKNOWLEDGMENT

THAT THEY WILL COMPLY WITH ALL POLICIES. STAFF ARE THEN ASKED TO RE-REVIEW

THE POLICIES AT THEIR DISCRETION AND BRING ANY CONCERNS TO THE CEO'S

ATTENTION.

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

THE COMPENSATION COMMITTEE COMPILES A REGIONAL ANALYSIS OF SIMILAR

NONPROFIT ORGANIZATIONS AND USES IT, ALONG WITH OTHER METRICS, AS PART OF

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization LEADERSHIP GREATER WASHINGTON	Employer identification number 52-1552960						
THE ANNUAL REVIEW PROCESS OF THE ORGANIZATION'S CEO. THE COMMITTEE							
RECOMMENDS CHANGES TO THE EXECUTIVE COMMITTEE OF THE BOARD	OF DIRECTORS,						
WHICH THEN APPROVES ANY CHANGES IN COMPENSATION.							
FORM 990, PART VI, SECTION C, LINE 19:							
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST POLICY						
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQU	EST.						
FORM 990, PART XII, LINE 2C							
THE PROCESS OF OVERSEEING THE AUDIT AND SELECTING AN INDEP	ENDENT						
ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.							
	_						

Form **990-W**

(Worksheet)

Department of the Treasury Internal Revenue Service

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations) FORM 990-T

► Go to www.irs.gov/Form990W for instructions and the latest information.

► Keep for your records. Do not send to the Internal Revenue Service.

OMB No. 1545-0047

2021

1	Unrelated business taxable income expected in the tax ye	1					
2	Tax on the amount on line 1. See instructions for tax co		2				
3						3	
4	Total. Add lines 2 and 3					4	
5	Estimated tax credits. See instructions					5	
	Subtract line 5 from line 4					6	
7	Other taxes. See instructions					7	
8	Total. Add lines 6 and 7					8	
9	Credit for federal tax paid on fuels. See instructions		9				
b	Subtract line 9 from line 8. Note: If less than \$500, the o estimated tax payments. Private foundations, see instructions Enter the tax shown on the 2020 return. See instructions zero or the tax year was for less than 12 months, skip th and enter the amount from line 10a on line 10c	etions c. Caut i is line e 10b. l	ion: If f the organization is requi	10a 10b		10c	920.
			(a)	(b)	(c)	100	(d)
11	Installment due dates. See instructions	11	10/15/21	12/15/21	03/15/22	2	06/15/22
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12	230.	230.	23	30.	230.
13	2020 Overpayment. See instructions	13	230.	230.		54.	=300
	Payment due (Subtract line 13 from line 12)	14				76.	230.

.HA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2021)

ESTIMATED TAX 920. OVERPAYMENT APPLIED 514. AMOUNT DUE 406.

IRS e-file Signature Authorization for an Exempt Organization

	-	_			
or calendar year 2020, or fiscal year beginning	JUL 1	. , 2020, and ending	JUN	30	, 20 2 :

1

Department of the Treasury

▶ Do not send to the IRS. Keep for your records.

Name of exempt organization or person subject to tax	Taxpayer identification number
LEADERSHIP GREATER WASHINGTON	52-1552960
Name and title of officer or person subject to tax DOUGLAS DUNCAN PRESIDENT/CEO	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you enter return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.	h this form was
1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here b Balance due (Form 8868, line 3c)	
6a Form 990-T check here	
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	7b
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax	
Under penalties of perjury, I declare that X I am an officer of the above organization or I am a person su (name of organization)	
true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of t I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the reto receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reas processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its of Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of the confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic fur PIN: check one box only ERO firm name as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforem. PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature electronically filed return. If I have indicated within this return that a copy of the return is being filed with regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consents.	eturn to the IRS and son for any delay in designated Financial he tax preparation account. To revoke reto the payment taxes to receive a personal ands withdrawal. to enter my PIN 1111 Enter five numbers, but do not enter all zeros a copy of the return is being filed with entioned ERO to enter my e on the tax year 2020 a state agency(ies)
Signature of officer or person subject to tax	Date >
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 2732432214 Do not enter all zeros	
I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicat that I am submitting this return in accordance with the requirements of $Pub. 4163$, Modernized e-File (MeF) Inform IRS e -file Providers for Business Returns.	
ERO's signature \blacktriangleright COHNREZNICK LLP Date \blacktriangleright 04	/27/22
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	So
LHA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO (2020)

023051 11-03-20

EXTENDED TO MAY 16, 2022

Forn	_n 990-T		OMB No. 1545-0047						
		(and proxy tax under section 6033(e)) For calendar year 2020 or other tax year beginning JUL 1, 2020 , and ending JUN 30, 2021							
Depa	artment of the Treasury	_	2020 Open to Public Inspection for						
_	nal Revenue Service		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	D Empl	501(c)(3) Organizations Only over identification number				
ΑL	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	Demp	oyor rachimodilon number				
B E	Exempt under section	Print	LEADERSHIP GREATER WASHINGTON	5	2-1552960				
X	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 1602 L STREET, NW, NO. 950	EGrou (see i	p exemption number instructions)				
	408A 530(a) 529(a) 529S		City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036	F	Check box if				
		С Во	ok value of all assets at end of year > 2,360,384.		an amended return.				
G	Check organization	type 🕨	X 501(c) corporation 501(c) trust 401(a) trust Other trust A	pplica	ble reinsurance entity				
<u>H</u>	Check if filing only to	→	Claim credit from Form 8941 Claim a refund shown on Form 2439						
<u> </u>	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		>				
J_			ed Schedules A (Form 990-T)		1				
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? d identifying number of the parent corporation.	▶ ∟	Yes X No				
			DOUGLAS DUNCAN Telephone number > 2	02-	465-3200				
_			d Business Taxable Income						
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see						
	instructions)			1	5,221.				
2	Reserved			2					
3	Add lines 1 and 2			3	5,221.				
4	Charitable contribu	utions (see instructions for limitation rules)	4	0.				
5	Total unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3	5	5,221.				
6	Deduction for net	operati	ng loss. See instructions	6					
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.						
	Subtract line 6 from	m line 5	5	7	5,221.				
8	Specific deduction	n (gene	rally \$1,000, but see instructions for exceptions)	8	1,000.				
9	Trusts. Section 19	99A de	duction. See instructions	9					
10	Total deductions.		755 5 700 5	10	1,000.				
11	Unrelated busine	ss taxa	Ible income. Subtract line 10 from line 7. If line 10 is greater than line 7,						
Pa	enter zeroart II Tax Com	putat	on	11	4,221.				
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	1	886.				
2			ates. See instructions for tax computation. Income tax on the amount on						
-	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)	2					
3	Proxy tax. See ins			3					
4	Other tax amounts			4					
5	Alternative minimu			5					
6			cility income. See instructions	6					
7	Total. Add lines 3	throug	h 6 to line 1 or 2, whichever applies	7	886.				

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

orm 9	90-1 (2	020)								Pa	age <u>2</u>
Part	III ·	Tax and Payments				_					
1a	Forei	gn tax credit (corporations attach Form 1	118; trusts attach Forr	m 1116)	1a						
b	Other	credits (see instructions)			. 1b						
С	Gene	ral business credit. Attach Form 3800 (se	e instructions)		1c						
d	Credi	t for prior year minimum tax (attach Form	8801 or 8827)		1d						
е	Total	credits. Add lines 1a through 1d						_1	е		
2	Subtr	act line 1e from Part II, line 7						_ 2	2	88	36.
3	Other	taxes. Check if from: Form 42	255	1 Form	n 8697	F	orm 8866				
		Other (a	attach statement)					3	3		
4	Total	tax. Add lines 2 and 3 (see instructions).	Check if i	ncludes tax pre	viously d	eferred (under				
	section	n 1294. Enter tax amount here			▶				ı	88	<u> 86.</u>
5	2020	net 965 tax liability paid from Form 965-A	or Form 965-B, Part I	II, column (k), lin	ne 4 _,	. ,		5	5		0.
6a	Paym	ents: A 2019 overpayment credited to 20)20		<u>6a</u>		400	•			
b	2020	estimated tax payments. Check if section	n 643(g) election applie	es ▶ 🗆	6b			_			
С							1,000	<u>. </u>			
d	Forei	gn organizations: Tax paid or withheld at	source (see instruction	ns)	6d			_			
е		up withholding (see instructions)						_			
f		t for small employer health insurance pre			6f			_			
g	Other	credits, adjustments, and payments:			_						
			Other								
7		payments. Add lines 6a through 6g						_ _7	7 1	.,40	00.
8		ated tax penalty (see instructions). Checl					▶ ∟	ا لــ			
9		ue. If line 7 is smaller than the total of lin						<u> </u>		- 1	
10		payment. If line 7 is larger than the total						<u> 1</u>		51	<u>4.</u>
11 Dort		the amount of line 10 you want: Credite					Refunded >	<u> </u>	1		0.
Part		Statements Regarding Certain			· ·						
1		y time during the 2020 calendar year, did	•		•			•		Yes	No
		a financial account (bank, securities, or of		-	-		-				
		N Form 114, Report of Foreign Bank and	d Financial Accounts. I	f "Yes," enter tr	ne name (of the fo	reign country	/			v
_	here	·				4 6					<u> </u>
2		g the tax year, did the organization receiv		-							X
		n trust?									
3		s," see instructions for other forms the or the amount of tax-exempt interest receiv	-				•				
3 4a		ne organization change its method of acc									X
ч а b		s "Yes," has the organization described t	• .	,							
b		in in Part V	ū				•				
Part		Supplemental Information									
		planation required by Part IV, line 4b. Al	so provide any other a	additional inform	nation Se	e instri	ıctions				
Tovido		spianation required by raintry, into 18.7 to	oo, provide any enter t	additional imorn	nation. O	50 1110110	.01.01.0.				
		nder penalties of perjury, I declare that I have examined						vledge a	nd belief, it is true,		
Sign	CC	rrect, and complete. Declaration of preparer (other than	i taxpayer) is based on all intor	rmation of which prep	oarer nas any	y knowleag	je.	Mayrith	e IRS discuss this r		4le
Here				PRESI	DENT/	CEO		-	parer shown below		uri
		Signature of officer	Date	Title				instruc	tions)? X Yes		No
_		Print/Type preparer's name	Preparer's signature		Date		Check	if	PTIN		
Paid		LORI ROTHE	LORI ROTHE				self- employe	ed			
Prepa	arer	YOKOBOSKY, CPA	YOKOBOSKY,	CPA	04/27	//22			P012734		
-	se Only Firm's name ▶ COHNREZNICK LLP						Firm's EIN	>	22-1478	099)
	,	1	NSIN AVENUE	, SUITE	400E						
		Firm's address ▶ BETHESDA,	MD 20814				Phone no.	301	<u>-652-91</u>		
									Form 99	0-T (2	2020)

OMB No. 1545-0047

1

Unrelated Business Taxable Income From an Unrelated Trade or Business

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

						oo i(o)(o) organizations only
A N	ame of the organization LEADERSHIP GREATER WASHINGTON	В	B Employer identification number 52-1552960			
<u>с</u> u	nrelated business activity code (see instructions) > 54180	D	Sequence:	1 of 1		
E D	escribe the unrelated trade or business ADVERTISING	IN M	MEMBERSHIP D	IREC	TORY	
Par	t I Unrelated Trade or Business Income		(A) Income	(E	3) Expenses	(C) Net
1 a	Gross receipts or sales					
	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)) (see instructions)	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10	10.000			16.056
11	Advertising income (Part IX)	11	18,000.		1,144.	16,856.
12	Other income (see instructions; attach statement)	12	10 000		1 1 4 4	16.056
<u>13</u>	Total. Combine lines 3 through 12	13	18,000.		1,144.	16,856.
Par	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in		or limitations on de	eduction	ons) Deductio	ns must be
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages					
3	Repairs and maintenance					
4	Bad debts					
5	Interest (attach statement) (see instructions)					
6	Taxes and licenses				ء ا	470.
7	Depreciation (attach Form 4562) (see instructions)					
8	Less depreciation claimed in Part III and elsewhere on return				8b	
9	Depletion				9	
10	Contributions to deferred compensation plans					
11	Employee benefit programs					
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)					11,165.
14	Other deductions (attach statement)					44.65-
15	Total deductions. Add lines 1 through 14				15	11,635.
16	Unrelated business income before net operating loss deduction. S					F 001
	column (C)					5,221.
17	Deduction for net operating loss (see instructions)					0.
18	Unrelated business taxable income. Subtract line 17 from line 1	6				5,221.
LHA	For Paperwork Reduction Act Notice, see instructions.				Sched	ule A (Form 990-T) 2020

	ule A (Form 990-T) 2020				P	age 2
Part	III Cost of Goods Sold Enter metr	od of inventory valu	ation	Г		
1						
2	Purchases					
3	Cost of labor			3		
4	Additional section 263A costs (attach statement)					
5	Other costs (attach statement)					
6	Total. Add lines 1 through 5			6		
7	Inventory at end of year			7		
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	ere and in Part I, line	e 2	8		
9	Do the rules of section 263A (with respect to property p				Yes	No
Part	IV Rent Income (From Real Property and	Personal Prope	erty Leased with Re	al Property)		
1	Description of property (property street address, city, st	ate, ZIP code). Ched	ck if a dual-use (see instru	ctions)		
	A 🔛					
	В 🔲					
	c 🗆					
	D					
		Α	В	С	D	
2	Rent received or accrued					
а	From personal property (if the percentage of					
	rent for personal property is more than 10%					
	but not more than 50%)					
b	From real and personal property (if the					
	percentage of rent for personal property exceeds					
	50% or if the rent is based on profit or income)					
С	Total rents received or accrued by property.					
	Add lines 2a and 2b, columns A through D					
5 Part	Total deductions. Add line 4 columns A through D. En	ter here and on Part	I, line 6, column (B)	>		0.
1	Description of debt-financed property (street address, c	,	Check if a dual-use (see i	nstructions)		
-	A	,,,		···		
	в 🗆					
	c \square					
	D					
		Α	В	С	D	
2	Gross income from or allocable to debt-financed					
	property					
3	Deductions directly connected with or allocable					
	to debt-financed property					
а	Straight line depreciation (attach statement)					
b	Other deductions (attach statement)					
c	Total deductions (add lines 3a and 3b,					
_	columns A through D)					
4	Amount of average acquisition debt on or allocable					
	to debt-financed property (attach statement)					
5	Average adjusted basis of or allocable to debt-					
Ŭ	financed property (attach statement)					
6	Divide line 4 by line 5		% %	%		%
7	Gross income reportable. Multiply line 2 by line 6		70	70		/0
8	Total gross income (add line 7, columns A through D).	Enter here and on E	Part I line 7 column (A)	•		0.
	. State groot into the quad line 1, columns A through b).	Linton Horo and Off	a.c., iiio 7, oolulliii (A)			
9	Allerable deductions Malkink Pass On her Pass O					
-	Allocable deductions, Multiply line 3c by line b		1	l		
10	Allocable deductions. Multiply line 3c by line 6 Total allocable deductions. Add line 9, columns A thro	ough D. Enter here a	 und on Part I. line 7. colum	n (B)		0.

	ule A (Form 990-T) 2020 VI Interest, Annu		ovalties, and Re	ents fron	n Control	led Or	ganizations	s (see instr	uctions)		Page 3
1 art	WI micorcot, rume	artico, 110	yantico, ana m				Exempt Contro	,			
	Name of controlled organization		2. Employer identification number	3. Net unrelated 4. Tota		al of specified nents made 5. Part of controlling con		olumn 4 ed in the organiza-	6. Deductions of connected waniza-		
(1)								usire grees			
(2)											
(3)											
(4)											
				 	Controlled O						
7	'. Taxable Income	ir	Net unrelated acome (loss) e instructions)		Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income			coni	uctions directly nected with e in column 10
(1)											
(2)											
(3)											
(4)											
							Enter here	nns 5 and 10. and on Part I, column (A)	Ent	Add columns 6 and 11 Enter here and on Part line 8, column (B)	
Totals						▶		C).		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instruction	s)		
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connected (attach states	ected (attacl	Set-asides n stateme	ent)	. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					Add amo	ınte in					Add amounts in
					column 2	. Enter				ŀ	column 5. Enter
Totals				>	line 9, colu	umn (A) 0 •					line 9, column (B) 0 •
Part	VIII Exploited E	xempt A	ctivity Income,	Other T	Than Adve	ertising	g Income	see instructio	ns)		
1	Description of exploite	ed activity:							_		
2	Gross unrelated busin	ess incom	e from trade or busir	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)	. 2		
3	Expenses directly con	nected wit	h production of unre	elated busi	ness income	e. Enter I	here and on Pa	art I,			
	line 10, column (B)								3		
4	Net income (loss) from lines 5 through 7		trade or business.			•			4		
5	Gross income from ac										
6	Expenses attributable										
7	Excess exempt expen										
	4. Enter here and on F	Part II, line	12						. 7		

Schedule A (Form 990-T) 2020

Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reportir	ng two or more periodicals on a co	onsolidated basis	3.	
	A MEMBERSHIP DIRECTOR	RY			
	В				
	c 🗌				
	D				
Enter 1	amounts for each periodical listed above in the	corresponding column			
LIILOI	amounts for each periodical listed above in the	A	В	С	D
•	Cross advertising income	10 000	В		U
2	Gross advertising income				18,000.
	Add columns A through D. Enter here and on	Part I, line 11, column (A)		······································	10,000.
а	Division and analysis in a second state of the second state of	1,144.			
3	Direct advertising costs by periodical				1,144.
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)		P	1,144.
_					
4	Advertising gain (loss). Subtract line 3 from lin	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in	1			
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
	than line 6, enter zero	11,165.			
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of				
	line 4, enter the lesser of line 4 or line 7	11,165.			
а	Add line 8, columns A through D. Enter the g	reater of the line 8a, columns tota	al or zero here an	d on	
_	Part II, line 13			>	11,165.
Part	X Compensation of Officers, Di	rectors, and Trustees (se	e instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (Se	ee instructions)			

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

Autom	atic 6-Month Extension of Time. Only subm	nit origina	al (no copies needed).			
All corpo	rations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnerships	s, REMICs	s, and trusts	
must use	e Form 7004 to request an extension of time to file incom	e tax retur	ns.			
Type or	Name of exempt organization or other filer, see instru	ıctions.		Taxpayer	identification numb	oer (TIN)
print						
File by the	LEADERSHIP GREATER WASHINGT	ON			52-155296	50
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 1602 L STREET, NW, NO. 950	ee instruct	ions.			
instructions	City, town or post office, state, and ZIP code. For a for WASHINGTON, DC 20036	oreign add	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)			<u>. 0 7 </u>
Applicat	ion	Return	Application			Return
Is For		Code	Is For			Code
Form 990	O or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	D-BL	02	Form 1041-A			08
	20 (individual)	03	Form 4720 (other than individual)			09
Form 990		04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	O-T (trust other than above)	06	Form 8870			12
	DOUGLAS DUNCAN	NTM CT	ITME OFO MACHINGE		na 20026	
	ooks are in the care of \blacktriangleright $\frac{1602 \text{ L STREET,}}{3200}$	INW SC	JITE 950 - WASHINGT	ON, D	C 20036	
		- : Ale - I I:	Fax No.			
	organization does not have an office or place of business is for a Group Return, enter the organization's four digit					· L
box >	. If it is for part of the group, check this box	_	ch a list with the names and TINs of			
DOX P	. If it is for part of the group, check this box	_ and atta	cit a list with the hames and Thys or	all IIIcilibe	ers the extension is	101.
1 re	equest an automatic 6-month extension of time until	MΑΥ	Y 16, 2022 to file	the ever	npt organization retu	ırn for
	e organization named above. The extension is for the organization		<u> </u>	tile exem	ipt organization ret	2111 101
un. ▶	calendar year or	amzationo	Totali Tot.			
	X tax year beginning JUL 1, 2020	an	d ending JUN 30, 2021			
		, uii			<u> </u>	
2 If t	he tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return	Final retur	n	
	Change in accounting period					
_						
3a If t	his application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069, e	enter the tentative tax, less			
<u>an</u>	y nonrefundable credits. See instructions.			3a	\$ 1	L,400.
b If t	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			
es	timated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	400.
с Ва	lance due. Subtract line 3b from line 3a. Include your pa	ayment witl	h this form, if required, by			
	ng EFTPS (Electronic Federal Tax Payment System). See			Зс		L,000.
Caution:	If you are going to make an electronic funds withdrawal	(direct del	oit) with this Form 8868, see Form 84	153-EO an	d Form 8879-EO for	r payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)