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orm 00/9-LU	5	, or fiscal year beginning	and the second se		20	0000	
at a start of the	For calendar year 2020,	Do not send to the	the second se		, 20	2020	
Department of the Treasury		Go to www.irs.gov/Form			an and the second second		200
lame of exempt organization				11 M.	Taxpayer iden	ification numbe	er
	him Roundo	li an			27-049	0012	
Iorld Leaders	and the second se			Charles .	27-049	0045	
Ross Wehner Co-Founder							
	<b>Return and Ret</b>	urn Information (Wh	ole Dollars Only)	And States		Maple	Sec. 18
a Form 990 check here Form 990 check here Form 990-EZ check here Form 990-EZ check here Form 990-PF check here Form 8868 check here Form 990-T check here Form 4720 check here Form 4720 check here The form 4720 check here Form 4720 check here Form 4720 check here	2b, 3b, 4b, 5b, 6b, c         e applicable line bel         Image: Second state         here       Image: Second state <td< th=""><th>or 7a below, and the amour or 7b, whichever is applicate low. Do not complete more al revenue, if any (Form 99 Total revenue, if any (Form 1120-F Tax based on investment Balance due (Form 8868, Total tax (Form 990-T, Par Total tax (Form 4720, Part cure Authorization of</th><th>ole, blank (do not ent e than one line in Par 0, Part VIII, column ( n 990-EZ, line 9) POL, line 22) c income (Form 990-f line 3c) t III, line 4) t III, line 1) Officer or Perso</th><th>er -0-). But, if you ( rt I. A), line 12) PF, Part VI, line 5)</th><th>entered -0- on the 1b 2b 3b 4b 4b 5b 6b 7b</th><th></th><th><u>^</u></th></td<>	or 7a below, and the amour or 7b, whichever is applicate low. Do not complete more al revenue, if any (Form 99 Total revenue, if any (Form 1120-F Tax based on investment Balance due (Form 8868, Total tax (Form 990-T, Par Total tax (Form 4720, Part cure Authorization of	ole, blank (do not ent e than one line in Par 0, Part VIII, column ( n 990-EZ, line 9) POL, line 22) c income (Form 990-f line 3c) t III, line 4) t III, line 1) Officer or Perso	er -0-). But, if you ( rt I. A), line 12) PF, Part VI, line 5)	entered -0- on the 1b 2b 3b 4b 4b 5b 6b 7b		<u>^</u>
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Form <b>990</b>
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Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

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



AF	or the	and a 2020 calendar year, or tax year beginning and	ending			
B C a	heck if pplicabl	e: C Name of organization		D Employer identified	cation number	
	Addre	World Leadership Foundation				
	Name Chang			27-049084	43	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number		
	Final return	5595 Sunshine Canyon Drive		(303) 67	9-3412	
	termir ated			<b>G</b> Gross receipts \$	22,353.	
	Amen return	Boulder, CO 80302		H(a) Is this a group re	eturn	
	Applic tion	F Name and address of principal officer: AOSS WEIIIIEL		for subordinates	? Yes X No	
	pendi	<sup>9</sup> same as C above		H(b) Are all subordinates in	cluded? Yes No	
		empt status: 🗴 501(c)(3) 🔄 501(c) ( )◀ (insert no.) 🗌 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions	
		te:▶ www.worldleadershipschool.com		H(c) Group exemption	n number 🕨	
		organization: 🔀 Corporation 🔄 Trust 🔄 Association 📄 Other 🕨	L Year	of formation: 2009	A State of legal domicile: CO	
Pa	art I	Summary				
ð	1	Briefly describe the organization's mission or most significant activities: See S	Schedu	le 0		
Governance						
srne	2	Check this box 🕨 🔀 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass		
No.					4	
ي م		Number of independent voting members of the governing body (Part VI, line 1b)			0	
es		Total number of individuals employed in calendar year 2020 (Part V, line 2a)		<u> </u>		
iviti		Total number of volunteers (estimate if necessary)				
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12		0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.	
				Prior Year	Current Year	
e	8	Contributions and grants (Part VIII, line 1h)		618,350.	22,329.	
Revenue	9	Program service revenue (Part VIII, line 2g)		33,800. 21.	<u> </u>	
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		21.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		652,171.	0.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		052,171.	<u> </u>	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
		Benefits paid to or for members (Part IX, column (A), line 4)		187,124.	0.	
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.	
en		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	0.	
Expenses		Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		392,276.	16,302.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		579,400.	16,302.	
		Revenue less expenses. Subtract line 18 from line 12		72,771.	6,051.	
or				ginning of Current Year	End of Year	
ets c ance	20	Total assets (Part X, line 16)		283,659.	<u>54</u> ,020.	
Assets -	20	Total liabilities (Part X, line 26)		56,691.	0.	
Net , und		Net assets or fund balances. Subtract line 21 from line 20		226,968.	54,020.	
Pa	nrt II	Signature Block	·····	220,2000	01,0200	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <u>Ross Wehner, Co-Founde</u> : Type or print name and title	r Arm J	Date July 21, 2021						
Paid	Print/Type preparer's name Jeffrey Starkey	Preparer's signature Jeffrey Starkey	Date Check PTIN 07/21/21 self-employed P00303384						
Preparer	Firm's name KURTZ FARGO LLP		Firm's EIN ► 27-3147421						
Use Only	Firm's address 🕨 1470 Walnut Stre	et, Ste 301							
	Boulder, CO 8030	2	Phone no. (720) 310-2078						
May the II	May the IRS discuss this return with the preparer shown above? See instructions								
032001 12-2	23-20 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.	Form <b>990</b> (2020)						

	m 990 (2020) World Leadership Founda	ation	27-0490843	Page <b>2</b>
Pa	art III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in th	s Part III		X
1	Briefly describe the organization's mission: World Leadership Foundation's mission	n is to unleash	the notential of	
	global communities through technolog			
	Most recently our foundation incubat			
	through education" in rural schools			
2	Did the organization undertake any significant program services during	the year which were not listed o		
	prior Form 990 or 990-EZ?		X Yes	No
	If "Yes," describe these new services on Schedule O.			_
3	Did the organization cease conducting, or make significant changes in	now it conducts, any program s	ervices? X Yes	No
	If "Yes," describe these changes on Schedule O.	- Charles - Lawrence - Lawrence -	· · · · · · · · · · · · · · · · · · ·	
4	Describe the organization's program service accomplishments for each Section 501(c)(3) and 501(c)(4) organizations are required to report the			ad
	revenue, if any, for each program service reported.	aniount of grants and anocation		iu -
4a		of \$	) (Revenue \$	0.)
	Families at Menlo School in Menlo Pa	rk, California,	donated to pay f	or
	key project costs at Banjika Seconda	ry School. This	including	
	purchasing of Personal Protective Eq		cleaning supplies	,
	and food to families from the school	•		
	For the first time ever, World Leade			
	Coordinators Fund, which was focused			
	and supplying donations to our netwo			e
	Peru, India, and Belize. Many of the unable to buy enough food during the			
	helped support their families.	pandemic, and		
4b	(Code:) (Expenses \$ including grants	of \$	) (Revenue \$	)
				,
4c	(Code:) (Expenses \$ including grants	of \$	_) (Revenue \$	)
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants of \$	) (Revenue \$	)	
4e	Total program service expenses ► 16,166.			
			Form 9	<b>90</b> (2020)

<u>Form 990 (</u>			Leadership	Foundation
Part IV	Che	cklist of Required S	Schedules	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	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, VII, 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		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X 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	0.51		x
	Schedule L, Part I	25b		<u> </u>
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%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
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	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV	20a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		<u> </u>
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		<u> </u>
UL.	Schedule N. Part II	32	х	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	1

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
_			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0	<b>.</b>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
0-	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ - <i>file</i> (see instructions)	0.		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a or		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
48	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 farcian country (such as a back account, country account, or other financial account)?	40		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		- 11
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
	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?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8				
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12       10a         Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b ] Section 501(c)(12) organizations. Enter:			
'' a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.		000	

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 Part VI
 Governance, Management, and Disclosure
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Chack if Schodula O contain oto to c w line in this Part VI

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b		0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	1	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	)	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	120		
13	Did the organization have a written whistleblower policy?	13		
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	1	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
0	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <b>None</b>	<u></u>	<b>.</b>	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(	3)s only	) availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finai	ncial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records Megan B. Warren - 757-442-6398			
	30495 Big Pine Rd., Painter, VA 23420			
	JABLE DIA LINE WAS LAINCELS AN 79470			

#### 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.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless pers		person is both an director/trustee)		n an	compensation	compensation	amount of
	week				a director/trustee)		lee)	from	from related	other
	(list any	irecto						the organization	organizations (W-2/1099-MISC)	compensation
	hours for related	e or d	tee			sated		(W-2/1099-MISC)	(00-2/1099-00150)	from the organization
	organizations	ruste	al trus		yee	mpen		(** 2/1000 10100)		and related
	below	Individual trustee or director	In stitutional trustee	5	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			-
(1) Bruce Miller	0.00									
Board Member		Х						0.	0.	0.
(2) Erin Hawk	0.00									
Board Member		Х		х				0.	0.	0.
(3) Ross Wehner	0.00									
Board Member		х		х				0.	0.	0.
(4) David Maher	0.00									
Board Member		X						0.	0.	0.
		•								
		1								
						-				
		1								
		-								
		1								
		I						1	I	

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Part VII Section A. Officers, Directors, Tru		ploy	ees,			ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average		<b>(C)</b> Position					<b>(D)</b> Reportable	<b>(E)</b> Reportable		Fe	(F) timate	d
Name and the	hours per	box	, unle	ss per	rson i	than o s both	n an	compensation	compensatior	n		iount o	
	week		cer ar	nd a di	irecto	or/trus <sup>:</sup>	tee)	from	from related			other	
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MIS	I		oensat om the	
	related	ee or	Istee			insated		(W-2/1099-MISC)	(11 2) 1000 1110	<i>°</i> ,		anizati	
	organizations	al trust	nal tru		oyee	e e					and	l relate	ed
	below line)	dividua	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	ons
		Ē	Ë	9	Ke	e Hi	Бo			$\rightarrow$			
		1											
		1								-+			
		1											
		-											
		-								$\rightarrow$			
		-											
		1											
		1											
		4											
		-											
		-											
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including but	not limited to th	iose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization												<del></del>	0
										ſ		Yes	No
3 Did the organization list any <b>former</b> office			-	•				, , ,		- 1	3		х
<ul><li>line 1a? If "Yes," complete Schedule J for</li><li>For any individual listed on line 1a, is the s</li></ul>										····	3		
and related organizations greater than \$15	-		-						-	- 1	4		х
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes," con	nplete Schedul	e J f	or sı	ıch ı	oers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co										ensat	ion fro	m	
the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.		(C	•	
(A) Name and busines:	s address	N	ONE	2				Description of s	ervices	C	omper		า
				_									
2 Total number of independent contractors		ot lir	niteo	d to f			ted	above) who received mo	ore than				
\$100,000 of compensation from the organ	ization 🕨				(	J							

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Pa	rt V								
			Check if Schedule O contains a respo	onse or	r note to any line	<u>e in this Part VIII</u> (A)	(B)	(C)	[D]
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
	4	_	Federated campaigns 1a						3001013 312 314
Contributions, Gifts, Grants and Other Similar Amounts	13								
្ព័ត្ត									
Å,									
ia ici									
Sirs,			Government grants (contributions)1eAll other contributions, gifts, grants, and						
er ti		f	similar amounts not included above <b>1f</b>		22,329.				
ē₽		~		¢	22,525.				
, in the second		-	Noncash contributions included in lines 1a-1f			22,329.			
00			Total. Add lines Ta-11		Business Code	22,525.			
•	2 8	2		-	Business Obue				
vice		a b							
Ser		c							
εş		d							
gra Re		u A		—					
Program Service Revenue		e f	All other program service revenue	— F					
_			Total. Add lines 2a-2f						
	3	9	Investment income (including dividends, in						
	Ŭ		other similar amounts)			24.			24.
	4		Income from investment of tax-exempt bo						
	5		Royalties						
	Ū		(i) Real		(ii) Personal				
	6 :	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
	7 :		Gross amount from sales of (i) Securit		(ii) Other				
			assets other than inventory <b>7a</b>						
		b	Less: cost or other basis						
е			and sales expenses						
venue		с	Gain or (loss) 7c						
Rev			Net gain or (loss)	<u>.</u>	►				
Other	8 8	а	Gross income from fundraising events (not						
₹			including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18	8a					
	I	b	Less: direct expenses	8b					
		С	Net income or (loss) from fundraising ever	nt <u>s .</u>	►				
	9 8	а	Gross income from gaming activities. See						
			Part IV, line 19	9a					
			Less: direct expenses	9b					
			Net income or (loss) from gaming activities	s	►				
	10 :	а	Gross sales of inventory, less returns						
			and allowances						
			Less: cost of goods sold						
	(	С	Net income or (loss) from sales of inventor						
S				_	Business Code				
Miscellaneous Revenue	11 :	а							
lan		b		—  -					
Sel	•	С		—  -					
Mis	(		All other revenue						
		e	Total. Add lines 11a-11d			00 DED	0	0	24
	12		Total revenue. See instructions		🕨 🖌	22,353.	0.	0.	24.

Form 990 (2020) World Leadership Foundation
Part IX Statement of Functional Expenses

	ot include amounts reported on lines 6b,	<b>(A)</b> Total expenses	<b>(B)</b> Program service	<b>(C)</b> Management and	<b>(D)</b> Fundraising
'b, 8	b, 9b, and 10b of Part VIII.		expenses	general expenses	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				
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				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A) amount, list line 11g expenses on Sch O.)				
2	Advertising and promotion				
3	Office expenses				
4	Information technology				
5	Royalties				
6	Occupancy				
7	Traval	165.	165.		
	Payments of travel or entertainment expenses				
5	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
9 0	-				
0 1	Interest Payments to affiliates				
1 2	Depreciation, depletion, and amortization				
3 4	Insurance				
4	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 O.) `´ Materials	15,801.	15,801.		
a L	Bank Fees	336.	200.	136.	
Ø		330.	200.	130.	
c					
d					
	All other expenses	16 200	16 100	120	
5	Total functional expenses. Add lines 1 through 24e	16,302.	16,166.	136.	
6	Joint costs. Complete this line only if the organization				
•					
0	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

World Leadership Foundation	n
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		Check if Schedule O contains a response or note to any line in t	this Part X	<b>(A)</b> Beginning of year		(B) End of year
	-	Cash non-interest bearing		280,146.		49,502.
	1	Cash - non-interest-bearing	Г	200,140.	1 2	47,302.
	2	Savings and temporary cash investments				
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer,				
		trustee, key employee, creator or founder, substantial contribute			-	
					5	
	6	Loans and other receivables from other disqualified persons (as			~	
	_	under section 4958(f)(1)), and persons described in section 4958	Г		6	
ets	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
1	9	Prepaid expenses and deferred charges	····· -		9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a				
	b				10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		2 512	14	1 510
	15	Other assets. See Part IV, line 11		<u>3,513.</u> 283,659.	15	<u>4,518.</u> 54,020.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		6,691.	16	<u> </u>
	17	Accounts payable and accrued expenses		0,091.	17	0.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Sched			21	
ies	22	Loans and other payables to any current or former officer, direc				
oilit		trustee, key employee, creator or founder, substantial contribute		50,000.		0.
Liabilities				50,000.	22	0.
-	23	Secured mortgages and notes payable to unrelated third parties	·····		23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related				
		parties, and other liabilities not included on lines 17-24). Comple				
		of Schedule D		56,691.	25	0.
	26	Total liabilities. Add lines 17 through 25		50,091.	26	0.
ŷ		Organizations that follow FASB ASC 958, check here				
JCe	07	and complete lines 27, 28, 32, and 33.				
alaı	27	Net assets without donor restrictions	F		27	
ä	28	Net assets with donor restrictions			28	
ň		Organizations that do not follow FASB ASC 958, check here				
ъ		and complete lines 29 through 33.		0		0
its (	29	Capital stock or trust principal, or current funds		0.	29	0.
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund		<u> </u>	30	
štА	31	Retained earnings, endowment, accumulated income, or other t	Г	-	31	54,020.
Ř	32	Total net assets or fund balances		226,968.	32	54,020.
	33	Total liabilities and net assets/fund balances		283,659.	33	54,020.

Form 990 (2020)
Part X Balance Sheet

Form **990** (2020)

	990 (2020) World Leadership Foundation	27-049	0843	Page 12	2
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	Х	]
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,353.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,302.	
3	Revenue less expenses. Subtract line 2 from line 1	3		,051.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	226	,968.	•
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		,398.	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-174	,601.	•
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	54	,020.	•
Par	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII			<u>  </u>	
				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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	X	_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	<u> </u>	_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. <b>2</b> c		_
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		3a	<u> </u>	_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		_

Form 990 (2020)

SCHEDULE A
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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.

	OMB No. 1545-0047								
	2020								
	Open to Public Inspection								
r	r identification number								

Department	of the Treasury enue Service			Attach to Form 990 or I v/Form990 for instructi			nformation.		Open to Public Inspection
Name of	the organizati							Employer	identification number
	U		d Leadersh	ip Foundatio	n				7-0490843
Part I	Reason	for Public (	Charity Status.	(All organizations must of	 complete th	nis part.) S	ee instructior		
The organ				For lines 1 through 12, c					
1				on of churches described			1)(A)(i)		
2				Attach Schedule E (Forr			•,\~,\')•		
3				anization described in s			;;)		
4	•	•		njunction with a hospital			•	Viii) Enter	the hospital's name
4	city, and state	-			described	Section			the hospital s hame,
5	•		or the benefit of a co	llege or university owned	t or operat	ed by a go	vernmental	nit describe	ad in
5			Complete Part II.)	lege of university owned	u or operat	eu by a gu	venimentaru		
c 🗌				aantal unit daaarihad in	anation 1	70/61/41/41	()		
6 🛄 7 X				nental unit described in					e de la cuite e dire
	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.)								
•					<b>+</b> II \				
8	-			(1)(A)(vi). (Complete Par	-				
9 🗌				in section 170(b)(1)(A)					
		or a non-land-ç	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
<b>10</b>	university:			11 00 <b>1</b> /00/					d anna a stada faran
10	-		•	than 33 1/3% of its supp				-	•
				t to certain exceptions;					
				(less section 511 tax) fro	om busines	sses acqui	red by the or	ganization a	after June 30, 1975.
			mplete Part III.)						
	-	-	-	ively to test for public sa	•				_
12	-	-		ively for the benefit of, to	-			-	
				ed in section 509(a)(1) of					Check the box in
	_			f supporting organization					
a			-	upervised, or controlled	• • • •	-			
		-		gularly appoint or elect a	a majority c	of the direc	tors or truste	es of the su	upporting
_	organizatio	n. You must o	complete Part IV, Se	ections A and B.					
b	<b>Type II.</b> A s	supporting org	anization supervised	l or controlled in connec	tion with it	s supporte	ed organizatio	n(s), by hav	ving
	control or n	nanagement o	of the supporting org	anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	ported
_	organizatio	n(s). <b>You mus</b>	st complete Part IV,	Sections A and C.					
c	_ Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
	its supporte	ed organizatio	n(s) (see instructions	). You must complete	Part IV, Se	ections A,	D, and E.		
d	_ Type III no	n-functionally	y integrated. A supp	porting organization oper	rated in co	nnection v	vith its suppo	rted organiz	zation(s)
	that is not f	functionally int	tegrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	/eness
	requiremen	it (see instruct	ions). You must cor	nplete Part IV, Section	s A and D,	and Part	V.		
e	Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
	functionally	integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f Ent	er the number	of supported o	organizations						
			n about the supporte		()	a incline linted			
	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the organized in your govern	anization listed ing document?	(v) Amount o		(vi) Amount of other
	organization	1		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)

## Schedule A (Form 990 or 990-EZ) 2020 World Leadership Foundation Part II Support Schedule for Organizations Described in Sections 170

27-0490843 Page 2

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	238,380.	347,235.	472,745.	618,350.	22,329.	1699039.
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	238,380.	347,235.	472,745.	618,350.	22,329.	1699039.
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)						187,780.
6	Public support. Subtract line 5 from line 4.						1511259.
	tion B. Total Support						10112000
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
	Amounts from line 4	238,380.	347,235.	472,745.	618,350.	22,329.	1699039.
	Gross income from interest,	230,300.	547,255.	1/2,/15.	010,550.	22,525.	1055055.
0	,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1699039.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3)	
	organization, check this box and stop					<u></u>	<b>&gt;</b>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	<u>88.95</u> %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	<u>90.49 %</u>
16a	33 1/3% support test - 2020. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this boy	and
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2019. If the c	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test		•••••				
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-	-	5	
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th	0					
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio				•••••		
				.,,, 01 170	, энсек кно рол а		🚩 🗖 🛄

Schedule A (Form 990 or 990-EZ) 2020

## Schedule A (Form 990 or 990-EZ) 2020 World Leadership Foundation 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</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						
6	Total. Add lines 1 through 5						
	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	) (f) Total
	Amounts from line 6	<u>(u) 2010</u>		(0) 2010			
	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						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	organization's fi	ret eacond third	fourth or fifth toy	Vear as a soction F	1 501(c)(3) or act	
1-1	•	•		-	•		·
Sec	check this box and stop here						
	Public support percentage for 2020 (li					45	0/
						15	%
	Public support percentage from 2019 ction D. Computation of Inves					16	%
	•						
	Investment income percentage for 20					17	%
	Investment income percentage from 2						%
19a	<b>33 1/3% support tests - 2020.</b> If the						ine 17 is not
b	more than 33 1/3%, check this box an <b>33 1/3% support tests - 2019.</b> If the						►∟ '3%, and
	line 18 is not more than 33 1/3%, chee	ck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies	as a publicly suppo	orted organiza	ition
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	structions	

### Schedule A (Form 990 or 990-EZ) 2020 World Leadership Foundation

#### Part IV Supporting Organizations

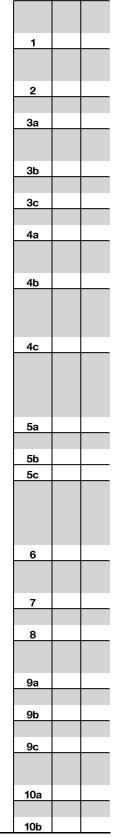
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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



#### Schedule A (Form 990 or 990-EZ) 2020 World Leadership Foundation

- -

Yes No

No

			Yes	No
11 H	Has the organization accepted a gift or contribution from any of the following persons?			
a /	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		
c /	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		
Secti	on B. Type I Supporting Organizations			
			Yes	No
r c	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> <b>Part VI</b> 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			
, c	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
5	Did the organization operate for the benefit of any supported organization other than the supported			
2 [	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes, " explain in			
<b>2</b> [	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,			

			Yes	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
<u> </u>	tion D'All Type III Supporting Organizations			

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

#### supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- 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.*

с		The organization supported a g	governmental entity.	Describe in Part VI how	you supported a governm	ental entity (see instruction <u>s).</u>
---	--	--------------------------------	----------------------	-------------------------	-------------------------	--

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

3b

Schedule A	(Form 990 or 990-EZ) 2020	World	Leadership	Foundatio	on
Part V	Type III Non-Function	onally Inte	egrated 509(a)(3)	Supporting O	rganizations

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.

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

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

Schedule A (Form 990 or 990-EZ) 2020

1

## Schedule A (Form 990 or 990-EZ) 2020 World Leadership Foundation

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations <sub>(contine</sub>	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	6	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne 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)	(i) Excess Distributions	(ii) Underdistribution 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				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	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)				
_j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	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				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990 EZ) 2020 World Leadership Foundation	27-0490843	Page <b>8</b>
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	es 1 and 2; Part IV, Section ( art V, Section B, line 1e; Part	C, : V,

### Identification of Excess Contributions Included on Part II, Line 5

27-0490843

2020

# \*\* Do Not File \*\* \*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
Brad Feld	50,000.	16,019.
Dave and Kelly Burke	50,000.	16,019.
Eric Roza	75,000.	41,019.
Gregg Goldenberg	91,666.	57,685.
Julian Farrior	75,000.	41,019.
Gene and Maria Frantz	50,000.	16,019.
Total Excess Contributions to Schedule A, Part II, Line 5		187,780.

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

#### Name of the organization

## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

	World Leadership Foundation	27-0490843
Organization type (cheo	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

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

#### **Special Rules**

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

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

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

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

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Employer identification number

27 - 0490843

# World Leadership Foundation

WOLTO		41	-0490043
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Menlo School 50 Valparaiso Ave Atherton, CA 94027	\$6,094	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

noncash contributions.)

Name of organization

Employer identification number

27 - 0490843

World Leadership Foundation

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

Faitli	Noncash Flopenty (see instructions). Use duplicate copies of Part	ii ii additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of or	rganization			Employer identification number
World	Leadership Foundation Exclusively religious, charitable, etc., contribution			27-0490843
Part III	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cl	through <b>(e) and</b> the following line enaritable, etc., contributions of <b>\$1,000</b> of	entry. For organizations	hat total more than \$1,000 for the year
(a) No.	Use duplicate copies of Part III if additional s	pace is needed.		
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-	Transferee's name, address, and	(e) Transfer of g		nsferor to transferee
-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-	(e) Transferee's name, address, and ZIP + 4			nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of g		
-	Transferee's name, address, and	., .		nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of g	 jift	
-	Transferee's name, address, an	d ZIP + 4	Relationship of tra	nsferor to transferee

SCHEDULE D	)
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Department of the Treasury Internal Revenue Service

(Form	990)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Name	of the organization World Leadership Fo	oundation	Employer identification number 27-0490843
Par		d Funds or Other Similar Funds	
	organization answered "Yes" on Form 990, Part IV, lin		
	organization answered Tes of Form 990, Fart IV, in	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year		
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year	L	
5	Did the organization inform all donors and donor advisors in v	-	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o	· · · · ·	, – –
Par	impermissible private benefit?		Yes No
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	, <u> </u>	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	-	
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	e organization during the tax
	year 🕨		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) abov		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the
Dav	organization's accounting for conservation easements.		
Par			ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
<b>1</b> a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for put	plic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treater	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB A	-	
а	Revenue included on Form 990, Part VIII, line 1		• • •
b	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2020

Sche		eadership 1					27 - 04			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical	Treasures, c	or Othe	r Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of	the following the	at make s	ignificant	use of its		,	
	collection items (check all that apply):									
а	Public exhibition	c	l 🗌 Loan o	exchange prog	ram					
b	Scholarly research	e	e 🗌 Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they furth	er the organizati	ion's exer	mpt purpo	ose in Part	XIII.		
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran						0, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa		0				, ,	,		
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribu	itions or other as	sets not	included				
	on Form 990, Part X?		-					Yes		No
b	If "Yes," explain the arrangement in Part XIII									
		·	C					Amoun	t	
с	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII.							_		Ī
Par						10.				
		(a) Current year	(b) Prior yea				years back	(e) Four	years	back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur		e (line 1g, colun	n (a)) held as:						
а	Board designated or quasi-endowment		%	,						
b	Permanent endowment									
с		%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are he	ld and administe	ered for th	ne organiz	ation			
	by:	Ū				U U		]	Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 1	1a. See Form 99	0, Part X,	line 10.				
	Description of property	(a) Cost or c basis (investr	• • •	Cost or other asis (other)	1	ccumulat		<b>(d)</b> Boo	k valu	е
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must e		X. column (B) I	ne 10c.)						0.
							<u> </u>	- /-	000	

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020	World	Leadership	Foundation
	norra	<u>Header birrp</u>	roanaaoron

#### Part VII Investments - Other Securities.

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-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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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) Project Advance	4,518.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	▶ 4,518.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line	≥25
1.     (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Sche	edule D (Form 990) 2020 World Leadership Foundation	27-0490843 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With F	Revenue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b		
с		
d		
е	Add lines <b>2a</b> through <b>2d</b>	2e
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII.)	
с	Add lines <b>4a</b> and <b>4b</b>	4c
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With	Expenses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities 2a	
b		
с	Conter losses 2c	
d	Other (Describe in Part XIII.) 2d	
е	Add lines <b>2a</b> through <b>2d</b>	2e
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b	
b		
с	Add lines <b>4a</b> and <b>4b</b>	4c
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)	
Pa	rt XIII Supplemental Information.	

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.

SCHEDULE N Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32, or Form 990-EZ, line 36. Attach certified copies of any articles of dissolution, resolutions, or plans.						OMB No.	<u>1545-004</u>			
								Open t Insp	o Publection	
Name of the organizatio										ber
Part I Liquidation, space is need	Termination, or Dissol		is part if the organization a	nswered "Yes" on Form s	990, Part IV, line 31, o	r Form 990-EZ, line 36. Pa				al
distributed o	on of asset(s) or transaction ses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address	of recipient	recipi tax-exen	section of ient(s) (if npt) or typ entity	
	cer, director, trustee, or r or trustee of a success							2a	Yes	No
<b>b</b> Become an emplo		contractor for, a suc	cessor or transferee organ	nization?				2b		
d Receive, or becon	ne entitled to, compensa	ation or other simila	payments as a result of th lines 2a through 2d, provi	ne organization's liquidati	on, termination, or dis	solution?		2d		

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

Schedule N (Form 990 or 990-EZ) 2020

Page <b>2</b>	
	Page <b>2</b>

Part	Liquidation, Termination, or Dissolution (continued)						
	Note: If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0						
3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3					
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	4a					
b	If "Yes," did the organization provide such notice?	4b					
5	Did the organization discharge or pay all of its liabilities in accordance with state laws?	5					
6a	Did the organization have any tax-exempt bonds outstanding during the year?	6a					
b	If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws?	6b					
~	If "Vas" on line 6b. describe in Part III how the organization defeased or otherwise settled these lightlities. If "No" on line 6b. explain in Part III						

c If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III.

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1 (a) Description of asset(s) distributed or transaction expenses paid	<b>(b)</b> Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
					TeachUNITED	
ransfer of net assets to					19 Old Town Sq Ste 238	
[eachUNITED	01/01/20	174,601.	Book value	83-3898017	Fort Collins, CO 80524	501(c)(3)

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization:			
а	Become a director or trustee of a successor or transferee organization?	2a	X	
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b	X	
с	Become a direct or indirect owner of a successor or transferee organization?	2c		X
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d		Х
е	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. 🕨			
	-	-		

See Part III

**Part III** Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Part II, Line 2e:

Heather W Hiebsch

Part II, Line 2e:

Heather W Hiebsch was the Executive Director of World Leadership Foundation

and is now the CEO of TeachUNITED.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

World Leadership Foundation

Inspection Employer identification number 27-0490843

OMB No. 1545-0047

Open to Public

Form 990, Part I, Line 1

World Leadership Foundation (www.wortdleadershlpfoundatlon.org) is a

global non-profit that is on a mission "to unleash the potential of

global communities through technology, teaming, and collaboration."

World Leadership Foundation serves rural school partners in the USA and

abroad where there are significant funding gaps.

Who We Are

World Leadership Foundation has worked hard over the last decade to

Incubate and grow TeachUNITED (www.teachunlted.org, originally called

Tablab), which spun off as its own 501(c)3 non-profit as of Jan 1,

2020. TeachUNITED is pioneering a process for supporting rural school

teachers in the USA and abroad through training, resources, and

connections. We are very proud of this long journey to launch

TeachUNITED.

Form 990, Part III, Line 1, Description of Organization Mission: own independent 501(c)(3) non-profit as of January 1, 2020. Without TeachUNITED under its umbrella, World Leadership Foundation focused on funding critical improvements in our global school partners in 2020.

Form 990, Part III, Line 2, New Program Services:

With the departure of TeachUNITED, World Leadership Foundation is in a

year of transition as the foundation explores new and innovative ways

to support rural schools. We remain committed to increasing the qualityLHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) 2020032211 11-20-20Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page			
Name of the organization World Leadership Foundation	Employer identification number 27-0490843			
of education at our rural school partners around the world	despite			
funding gaps.				

World Leadership Foundation in 2020 focused on making key investments in rural school communities that have been affected by the COVID-19 pandemic. These investments included a range of projects related to providing food, Personal Protective Equipment (PPE), and critical infrastructure improvements.

Form 990, Part III, Line 3, Changes in Program Services: With the spin off of TeachUNITED, World Leadership Foundation ceased to support rural schools In Tanzania, Costa Rica, and the USA with training, resources, and connections.

Form 990, Part III, Line 4a, Program Service Accomplishments: World Leadership Foundation donations in 2020 also helped fund cleaning and food supplies to families of Banjika Secondary School in Karatu, Tanzania; a roof repair at a school in Santa Maria, Costa Rica; and a creation of a man-make lake for fish farming at a school in Heranjaiu, India. There were other projects, but these were the main ones.

Form 990, Part VI, Section A, line 2: Erin Hawk and Ross Wehner both work at World Leadership School, an educational consultancy that works with K12 schools to reimagine learning and create next-generation leaders. Ross Wehner and Bruce Miller are brother in laws.

Form 990, Part VI, Section B, line 11b:

Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization World Leadership Foundation	Employer identification number 27-0490843
Members of the board reviewed the 990 in conjunction with	the foundation's
book keeper.	
Form 990, Part VI, Section B, Line 12c:	
Board members were required to have no business dealings w	with any of the
school entities that received funds. During our board meet	ings, members
affirm that no conflicts of interest exist.	
•	
Form 990, Part VI, Section C, Line 18:	
World Leadership Foundation updates progress on these and	other community
projects on its website:	
http://www.worldleadershipfoundation.org/community-project	cs/
Form 990, Part VI, Section C, Line 19:	
No other documents available to the public, but available	to the board and
upon request to interested parties.	
Form 990, Part XI, line 9, Changes in Net Assets:	
Transfer of Fund Balance to TeachUNITED	-174,601.
Form 990, Part XI, Line 9	
When TeachUNITED become a separate entity on January 1, 20	)20, the
organization established separate bank accounts and transf	erred its
assets of \$174,601 into Its own accounts. All of the reduc	ction of
assets In 2020 were a result of TeachUNITED's spin off.	

SCHEDULE R	
(F	

#### (Form 990)

#### Cor

**Related Organizations and Unrelated Partnerships** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number 27 - 0490843

Name of the organization

World Leadership Foundation

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	I	1	1	1	I
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity		<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)		j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	ral or	Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	alloca	tions?	Code V-UBI amount in box 20 of Schedule	part	ner?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	1											
	1											
	1											
	1											
	1											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	512(i contr	i) b)(13) rolled tity?
		country)						Yes	No
World Leadership School - 26-0788336									
5595 Sunshine Canyon Drive									
Boulder, CO 80302		CO		S CORP	0.	0.	.00%		Х

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.									
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X					
	Gift, grant, or capital contribution to related organization(s)	1b		X					
	Gift, grant, or capital contribution from related organization(s)	1c		X					
d	Loans or loan guarantees to or for related organization(s)	1d		X					
е	Loans or loan guarantees by related organization(s)	1e		X					
f	Dividends from related organization(s)	1f		X					
g	Sale of assets to related organization(s)	1g		X					
	Purchase of assets from related organization(s)	1h		X					
	Exchange of assets with related organization(s)	1i		X					
	Lease of facilities, equipment, or other assets to related organization(s)	1j		X					
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X					
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X					
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X					
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X					
	Sharing of paid employees with related organization(s)	10		X					
р	Reimbursement paid to related organization(s) for expenses	1p		Х					
	Reimbursement paid by related organization(s) for expenses	1q		Х					
r	Other transfer of cash or property to related organization(s)	1r		Х					
s	Other transfer of cash or property from related organization(s)	1s		Х					
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.								

	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)				
<u>(2)</u>				
(3)				
<u>(</u> 4)				
(5)				
_(6)				

#### Schedule R (Form 990) 2020 World Leadership Foundation

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(h)	(c)	(4)	(-)		(4)	(c)		<u>لم</u>	(1)	(1)	(1-)
(a)	(b)	(c)	(d)	(e) Are a	<b>i</b> ll	(f)	(g)		h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	(related, unrelated,	partners 501(c) orgs.	s sec. (3)	Share of total	Share of end-of-year	tio	ropor- nate tions?	amount in box 20	managin	
of entity		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	orgs.		income			tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?	
		country)	sections 512-514)	Yes I	No	Income	255615	Yes	No	(Form 1065)	Yes No	·
				+	-+							+
								$\left  \right $			++	
								$\perp$				L
					+							
	-									1		
												<b> </b>

Schedule R (Form 990) 2020