990

Department of the Treasury Internal Revenue Service

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

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

♦ information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2014 Open to Public Inspection

<u>A</u>	For the	e 2014 calendar year, or tax year beginning , and ending			
В	Check if a	applicable: C Name of organization		D Employer	identification number
	Address o	targe WORLD AFFAIRS COUNCIL			
币	Name cha	Doing business as		91-0	586924
片		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	number
-	initial retu			206-	<u>441-5910</u>
	Final retur terminated				
П	Amended	SEATTLE WA 98121		G Gross rec	eipts\$ 999,46 <u>6</u>
Ħ	A	F Name and address of principal officer:	H(a) Isthisagro	un ratum for s	ubordinates? Yes X No
ш	Athraics	panding JACQUELINE MILLER	11(4) 212090	op (outil tot s	
			H(b) Are all sub-		
_			If "No."	attach a list.	(see instructions)
<u></u>	Tax-exem	npt status: X 501(c)(3) 501(c) () ♦ (insert no.) 4947(a)(1) or 527]		
<u>J</u> _	Website:		H(c) Group exer	nption number	•
,		organization: X Corporation Trust Association Other ♦ L Y	ear of formation: 1	<u>951</u>	M State of legal domicite: WA
_ P	art I	Summary			
	1 6	Briefly describe the organization's mission or most significant activities:			
ė		TO ADVANCE GLOBAL UNDERSTANDING AND ENGAGEMENT THROUGHOU			
ğ		OUR PROGRAMS PROVIDE OPPORTUNITIES FOR EVERYONE TO BE A			BY
Governance		ADVANCING A DEEP UNDERSTANDING OF INTERNATIONAL EVENTS A			
Ó		Check this box ◆ if the organization discontinued its operations or disposed of more than 25%			
46	3 1	Number of voting members of the governing body (Part VI. line 1a)		. 3	24
8	4 1	Number of independent voting members of the governing body (Part VI. line 1b)		4	23
Activities	5 7	Total number of individuals employed in calendar year 2014 (Part V. line 2a)		5	18
Act	6	Total number of volunteers (estimate if necessary)	6	290	
	7a 7	Total unrelated business revenue from Part VIII. column (C). line 12		7a	0
_	b !	Net unrelated business taxable income from Form 990-T. line 34		. 7b	0
			Prior Yes		Current Year
ne ne	8	Contributions and grants (Part VIII. line 1h)		7,156	632,728
Revenue	9 F	Program service revenue (Part VIII. line 2g)	258	3,003	356,390
Š	10	Investment income (Part VIII. column (A). lines 3. 4. and 7d)	999	288	
	11 0	Other revenue (Part VIII. column (A). lines 5. 6d. 8c. 9c. 10c. and 11e)		9,123	10,060
		Total revenue – add lines 8 through 11 (must equal Part VIII. column (A). line 12)		5,281	999,466
	13 (Grants and similar amounts paid (Part IX. column (A). lines 1–3)			0
		Benefits paid to or for members (Part IX. column (A). line 4)	1.60	0	
8	15 5	Salaries. other compensation. employee benefits (Part IX. column (A). lines 5-10)	69	7,469	619,715
Expenses	16a	Professional fundraising fees (Part IX. column (A). line 11e)			0
ន្ត	D	Total fundraising expenses (Part IX. column (D). line 25) ◆ 38,848	447		071 144
_	111	Other expenses (Part IX. column (A). lines 11a-11d. 11f-24e)		7,935	371,460
		Total expenses. Add lines 13–17 (must equal Part IX. column (A). line 25)		,404	991,175
be 9	19 F	Revenue less expenses, Subtract line 18 from line 12	-320 Beginning of Cur	7,123	8,291
Net Assets or Firm Returne	20 1	Total assets (Part X. line 16)		1,248	End of Year 441,775
24	21	Total liabilities (Part X. line 16)		L,799	41,035
茎	22	Net assets or fund balances. Subtract line 21 from line 20		2,449	400,740
	art li	Signature Block		_ ,	300,120
	**	nalties of perjury. I declare that I have examined this return, including accompanying schedules and statements.	and to the best of	mi knowles	dan and hallof it in
tr	ue. corre	act, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a	ny knowledge.	my knowiec	ige and belief, it is
					.
Sig	an	Signature of officer	-	Date	
He	-	JOHN COMERFORD TREAST	IRER		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	IF PTIN
Pai	d	JEFFREY K MOCK JEFFREY K MOCK		15 self-em	└ ─``}
Pre	parer	Fints name " CPA-CONSULTING, INC, PS		rm's EIN 66	91-2015797
Use	e Only	PO BOX 53086		and LBV	
		Firm's address " BELLEVUE, WA 98015		hone no.	425-401-5061
Ma	y the IR	2S discuss this return with the preparer shown above? (see instructions)		1IU.	Yes No
		ork Reduction Act Notice, see the separate instructions.	• • • • • • • • • • • • • • • • • • • •		Form 990 (2014)
DAA		-			. 500 000 (2014)

Form 990 (2014) WORLD AFFAIRS COUNCIL Part IV Checklist of Required Schedules **Checklist of Required Schedules**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes."		100	
	complete Schedule A	1	X	
2	is the organization required to complete Schedule B. Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for 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			
	"Ves " complete Schoolule D. Bort I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space.		-	22
	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."	···· '	-	Λ
				X
9	Complete Schedule D. Part III Did the organization report an amount in Part X. line 21. for escrow or custodial account liability; serve as a	8		Λ
•	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		i	30
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		X
10				
44	endowments. permanent endowments. or quasi-endowments? If "Yes." complete Schedule D. Part V	10	Х	_
11	If the organization's answer to any of the following questions is "Yes." then complete Schedule D. Parts VI.			
_	VII. VIII. IX. or X as applicable.	. —		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes."			
	complete Schedule D. Part VI	11a	X	
D	Did the organization report an amount for investments—other securities in Part X. line 12 that is 5% or more		ĺ	
	of its total assets reported in Part X. line 16? If "Yes," complete Schedule D. Part VII	11b		<u>X</u>
C	Did the organization report an amount for investments—program related in Part X. line 13 that is 5% or more		- 1	
	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	The state of the s	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X	11f	i	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	ŀ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E	13	$\neg \neg$	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	14ь		X
15	Did the organization report on Part IX. column (A). line 3. more than \$5.000 of grants or other assistance to or			- 32
	for any familiar association of the state of	4.5	i	v
16	Did the organization report on Part IX. column (A). line 3. more than \$5.000 of aggregate grants or other	15	-	<u>X</u>
	assistance to or for foreign individuals? If "Yes" complete Schedule E. Parte III and IV	1 40		v
17	assistance to or for foreign individuals? If "Yes." complete Schedule F. Parts III and IV Did the organization report a total of more than \$15.000 of expenses for professional fundraising services on	16	\longrightarrow	X
	Part IX. column (A), lines 6 and 11e2 if "Yes" complete Schedule C. Best I (see instructions)			v
18	Part IX. column (A). lines 6 and 11e? If "Yes." complete Schedule G. Part ! (see instructions) Did the organization report more than \$15,000 total of fundaming a part areas income and contributions.	17	\dashv	X
.0	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			
19	111111100000000000000000000000000000000	18		X
ıø	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a?			
20-	If "Yes." complete Schedule G. Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H	20a	\Box	<u> </u>
<u> </u>	If "Yes" to line 20a. did the organization attach a copy of its audited financial statements to this return?	20b	i	

	rt IV Checklist of Required Schedules (continued)	*	Yes	I NI
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		162	N/
	domestic government on Part IX, column (A). line 1? If "Yes." complete Schedule I. Parts I and II	21		X
	Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on		1-	┢
		22		2
	Part IX. column (A). line 2? If "Yes." complete Schedule I. Parts I and III Did the organization answer "Yes" to Part VII. Section A. line 3, 4, or 5 about compensation of the		 	ť
	-			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			١,
	employees? If "Yes." complete Schedule J	23		2
a	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			١.
	through 24d and complete Schedule K. If "No." go to line 25a	24a		L
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		L
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			Ĺ
	to defease any tax-exempt bonds?	24c		L
ł	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Γ
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			Г
	transaction with a disqualified person during the year? If "Yes." complete Schedule L. Part I	25a		
)	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			1
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	†		
	If "Ves." complete Schedule I. Part i	25b		l
	Did the organization report any amount on Part X. line 5. 6. or 22 for receivables from or payables to any	230	+	╁
	• • • • • • • • • • • • • • • • • • • •			l
	current or former officers, directors, trustees, key employees, highest compensated employees, or			l
	disqualified persons? If "Yes." complete Schedule L. Part II	26	┼	╀
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			l
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity or family member of any of these persons? If "Yes." complete Schedule L. Part III	27		L
	Was the organization a party to a business transaction with one of the following parties (see Schedule L.			
	Part IV instructions for applicable filling thresholds. conditions, and exceptions):		1	1
ì	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28a		
)	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			Т
	Schedule L. Part IV	28b		ı
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			T
	was an officer. director. trustee. or direct or indirect owner? If "Yes." complete Schedule L. Part IV	28c	x	ı
	Did the organization receive more than \$25.000 in non-cash contributions? If "Yes." complete Schedule M		+	t
	Did the organization receive contributions of art. historical treasures, or other similar assets, or qualified	······ 29	1	t
	consequentian contributions? If "Voc." complete Schoolule M			l
	* *************************************	30		╀
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N.			l
	Part [31	-	ļ
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes."		ļ	l
	complete Schedule N. Part II	32		Ļ
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes." complete Schedule R. Part I	33		L
	Was the organization related to any tax-exempt or taxable entity? If "Yes." complete Schedule R. Parts II. III.			ļ
	or IV. and Part V. line 1	34		
2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Т
,	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			T
	controlled entity within the meaning of section 512(b)(13)? If "Yes." complete Schedule R. Part V. line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		+-	+
	A. I. a Mark B. A.	96		
	***************************************	36	+-	╀
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	Ì		
	and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R.			1
	Part VI	37	1	Ļ
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and	ŀ	1	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	1

Pa	Int V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part \	<i>/</i>		· · · · · · · · · · · · · · · · · · ·		
		1			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and			U.S.	l	
	reportable garning (gambling) winnings to prize winners?			1c	X	
2a						
_	Statements, filed for the calendar year ending with or within the year covered by this return	_2a	18			
b	If at least one is reported on line 2a. did the organization file all required federal employment tax returns	?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1.000 or more during the year?					Х
b	If "Yes." has it filed a Form 990-T for this year? If "No" to line 3b. provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au					
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	rcial				
	account)?			4a		Х
b						
	See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Ac	counts				
	(FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	n?		5b		X
C	If "Yes" to line 5a or 5b. did the organization file Form 8886-T?			5c		
6a	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	OF				
				6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	· · · · · · · · · · · · · · · · · · ·	ods				
	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	X	
¢	Did the organization sell. exchange or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?		1	7c		Х
d	If "Yes." indicate the number of Forms 8282 filed during the year	7d				
0	Did the organization receive any funds. directly or indirectly, to pay premiums on a personal benefit con				ļ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			7f	ļ	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
_	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations, Enter:	1	ī	11		
a	Initiation fees and capital contributions included on Part VIII. line 12	10a				
b	Gross receipts. included on Form 990. Part VIII. line 12. for public use of club facilities	10b	<u> </u>			
11	Section 501(c)(12) organizations. Enter:	1	ī			
a	Gross income from members or shareholders	11a	<u> </u>			
þ	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1		12a	-	
b	If "Yes." enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers,			1	+	
a		• • • • • • • • •		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	1	ı			
	the organization is licensed to issue qualified health plans					
C	Enter the amount of reserves on hand	13c				-
14a	Did the organization receive any payments for indoor tanning services during the tax year?				_	X
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule 0	J	·····	14b		<u></u>

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	ra "N	о"	
	response to line 8a. 8b. or 10b below, describe the circumstances, processes, or changes in Schedule O. See			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction A. Governing Body and Management			ــــــــــــــــــــــــــــــــــــــ
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee. explain in Schedule O.			
ь				
2	Enter the number of voting members included in line 1a. above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?			
3	***************************************	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		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	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	
þ	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	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at			
	the organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Cou	_		
	The state of the s	, <u>,</u>	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	1 69	X
þ		IUA		_
-	affiliates. and branches to ensure their operations are consistent with the organization's exempt purposes?	406		1
11a		10b	X	\vdash
b		11a		
12a	Describe in Schedule O the process. if any, used by the organization to review this Form 990.			
_	Did the organization have a written conflict of interest policy? If "No." go to line 13	12a	X	
b	The state of the s	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes."			
	describe in Schedule O how this was done	12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO. Executive Director. or top management official	15a	X	
b	Outer officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b. describe the process in Schedule O (see instructions).			
16a	Did the organization invest in contribute assets to or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled ◆ WA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable). 990. and 990-T (Section 501(c)(3)s only)	• • • • • • •	• • • • • •	
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19				
. •	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
20	financial statements available to the public during the tax year.			
20 ध्य	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	ORLD AFFAIRS COUNCIL 2200 ALASKAN WAY SUITE 450			0 = 0
<u> </u>	EATTLE WA 98121 206	-44	L-59	910

Form 990 (2014) WORLD AFFAIRS COUNCIL	91-0586924	Page 7
Part VII	Compensation of Officers, Directors	, Trustees, Key Employees, Highest Compensated	Employees, and
	Independent Contractors		_
	Check if Schedule O contains a respon	se 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. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week (list any	age Position per (do not check more than one ek box. unless person is both an		ın	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation			
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-271099-MISC)	from the organization and related organizations
(1) GLADYS GILLIS	2.00	x		х				0	0	0
(2) ALIDA SKOLD	0.00	-		A				•	<u> </u>	
(-,	2.00									
VICE CHAIR	0.00	X	L	X				0	0	0
(3) JEAN-DAVID LARSO	N									
	2.00									_
CHAIR ELECT	0.00	X	_	X	<u> </u>	$\vdash \vdash$		0	0	0
(4) JOHN COMERFORD	2 00									is
mbe a criber	2.00 0.00	x		x				0	0	0
TREASURER (5) ALICIA AUSTIN	0.00	<u> </u>	\vdash	^				<u> </u>		U
(a) and the modern	2.00									
SECRETARY	0.00	x		х				0	0	0
(6) KRISTI BRANCH		1		آ ّ						
	1.00									
DIRECTOR	0.00	X						0	0	0
(7) AARON BROWN										
	1.00									
DIRECTOR	0.00	X			_	\sqcup		0	0	0
(8) ANDREW CUSHMAN										
	1.00			[_
DIRECTOR CHOR	0.00	X	_	_	<u> </u>			0	0	0
(9) CHARLES GUST	1 00									
DIRECTOR	1.00 0.00	X						o	0	o
10) THAO HONG	0.00	<u> </u>		\vdash	\vdash	+ +		0		0
in the mond	1.00			ĺ						
DIRECTOR	0.00	X						o	o	o
(11) MARK KAMMERER	1	† <u></u>								
· ,	1.00									
DIRECTOR	0.00	X	1	Į	I	1 1		0	0	0

Part VII Section A. Onicers	, Directors, Tru:	stees	5, r.e	y Et	upic	yee	s, an	d nighest compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (Est any	bo	x. unle	Post check : ess per not a d	tion more rson is	s botin	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12) ROBERT E. KETTLE	,					_				
DIDECTOR	1.00	x						o	0	o
DIRECTOR (13) ELLEN LETTVIN	0.00	^		H			-			
	1.00									
DIRECTOR (14) RON MASNIK	0.00	X	-					0		0
(14) 21021 2222222	1.00									
DIRECTOR (15) ROGER MEECE	0.00	X				L		0	0	0
(15) ROGER FIELCE	1.00									
DIRECTOR	0.00	X		Ш		_	_	0	0	0
(16) CHRISTOPHER NEV	1.00									
DIRECTOR	0.00	X						0	0	0
(17) BRENT OLSON	1.00									
DIRECTOR	0.00	x						0	0	0
(18) LEE PASQUARELLA										
DIRECTOR	1.00 0.00	x						0	o	o
(19) TAMARA POWER-DRU	TIS						Г			<u>`</u>
DIRECTOR	1.00	x						0	0	0
1b Sub-total							•	117,795		3,436
d Total (add lines 1b and 1c)	ets to Part VII, S						*	117,795		3,436
Total number of individuals (increportable compensation from	cluding but not lin	nited					ove)	who received more than \$1	00,000 of	
reportable compensation from	trie organization	<u> </u>	_							Yes No
3 Did the organization list any fo employee on line 1a? If "Yes."								ee. or highest compensated		3 X
4 For any individual listed on line organization and related organi	1a. is the sum	of rep	ortal	ble c	omp	ensa	tion	and other compensation from	m the	
individual										4 X
5 Did any person listed on line 1 for services rendered to the or	a receive or acci	ue c	ompi	ensai	ion i	ITOM	any	unrelated organization or in	dividual	5 X
Section B. Independent Contracto	ors									
Complete this table for your five compensation from the organization.										
Name an	(A) d business address							Descrip	(B) otion of services	(C) Compensation
							+			
							_			
							\vdash	<u> </u>	<u></u>	
2 Total number of independent of								listed above) who		
received more than \$100.000	or compensation	rrom	пе	orga	ııza	uon 4	_			000

Part VII Section A. Officers	i, Directors, Iru	Steet	s, Ke	у Е	mpic	yees	s, a	na Highest Compensated	Emproyees (continued)			
(A) Name and ≝te	(B) Average hours per week (fist any	bo	x. unl	Pos check ess pe	rson !	than on s both or/truste	en	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	Est/c armo of compe	(F) mated cunt of ther ensation	
	hours for related organizations below dotted [he]	individual trustee or director	Institutional trustee	Officer	Key employee	emboyos Highest companisation	Former	organization (W-2/1099-MISC)	(W-2/1099-M:SC)	orga: and	m the nization related lizations	
(12) CHARLES SAMUEL	ROYER		<u> </u>		⊢	8	-					
(12) CHARLES SAMUEL	1.00											
DIRECTOR	0.00	X						0	o			0
(13) ELIZABETH SCALL												
PARAMORA	1.00	v						0				
DIRECTOR (14) SIMRAN SINGH	0.00	X		-		\vdash	\vdash	0	0	-		0
(17) 32130211 3211311	1.00											
DIRECTOR	0.00	X						0	0			0
(15) JENNIFER SPATZ	1 00											
DIRECTOR	0.00	x						0	o			0
(16) BARBARA STANDAL	+ 0.00	1	-			Н	\vdash					
`	1.00											
DIRECTOR	0.00	X		_			Ļ	0	0			0
(17) JACQUELINE MILL	40.00						ĺ					
PRESIDENT (MAY-DEC)	0.00	•		x				75,905	o		3,	046
(18) SANDY CLARK							Г		-			
	40.00							41 000				200
INTERIM PRESIDENT (J (19)	0.00	\vdash		X	\vdash		\vdash	41,890	0			390
(19)												
		<u> </u>										
1b Sub-total							•	117,795			<u>3,</u>	436
c Total from continuation she d Total (add lines 1b and 1c)							•	····				-
2 Total number of individuals (in						d abo	ove)	who received more than \$1	00.000 of			
reportable compensation from	the organization	<u> </u>									Ves	No
3 Did the organization list any fo											165	140
employee on line 1a? If "Yes."										3		_
4 For any individual listed on line organization and related organ									m the			
individual 5 Did any person listed on line	10				 				مان شام المان الما	4	-	+
for services rendered to the or									aividuai	5		
Section B. Independent Contracto												
 Complete this table for your fired compensation from the organi 												
	(A) nd business address						T		(B) tion of services		(C) Compens	salinn
							T	Doug	THE COLUMN		ост.ран	
							╄					
							l					
							╁					
										T		
			_				+					
2 Total number of independent								e listed above) who				
received more than \$100.000	of compensation	from	the	orga	niza	tion 4	<u> </u>				- 00	On 1004

Pa	rt V			response or	note to any line in	this Part VIII	*****	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ş ş	1a	Federated campaigns	1a					
틸	b	Membership dues	1b	72,785				
S. E.	C	Fundraising events	1c					
불	đ	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions)	10	110,986				
Hior S 2	f	All other contributions, gills, grants.						
훒		and similar amounts not included above	1f	448,957				
E	g	Noncash contributions included in lines 1	a-1f: \$					
<u>2 E</u>	h	Total. Add lines 1a-1f			632,728			
age				Busn, Code				
Š	2a	INTERNATIONAL VISIT	FOR PROGRAM		277,202	277,202		
6 1	b	COMMUNITY PROGRAMS			47,715	47,715		
Ş	C	GLOBAL CLASSROOM			14,855	14,855		
8	d	JAPANESE CONNECTION	N		8,550	8,550		<u> </u>
9	е				8,068	8,068		
Program Service Revenue	f	All other program service reve						
_	g	Total. Add lines 2a-2f			356,390			
	3	Investment income (including	arvidends. Intere	est.	200			200
		and other similar amounts)		🕇 🗕	288			288
	4	income from investment of ta	. ,					
	5	Royalties						
	6-	(i) Real	0,060) Personal				
	6a		7,060					
	b	Less: rental exps.	0,060				- 11 - 1 - 1	
	C	Rental inc. or (loss) 10	7,000		10,060			10,060
	d 7a	Gross amount from (i) Securitie	oe I	(ii) Other	10,080			10,060
		sales of assets		(ii) Galca				
	b	other than inventory Less: cost or other						
	_	basis & sales exps.						
	c	Gain or (loss)						
	4	Net gain or (loss)						
	Ra	Gross income from fundraising ev						****
eune	"-	(not including \$						
Š		of contributions reported on line 1	c).					
2		See Part IV. line 18						
Other Rev	ь	Less: direct expenses	b					
ō		Net income or (loss) from fun		•				
		Gross income from garning activit						
		See Part IV. line 19						
	b	Less: direct expenses						
		Net income or (loss) from gar						
		Gross sales of inventory, less						
		returns and allowances	а	,				
	b	Less: cost of goods sold						
		Net income or (loss) from sale		•				
		Miscellaneous Revenue	· · · · · · · · · · · · · · · · · · ·	Busn. Code				
	11a	* 14445111111111111111111111111111111111						
	b	* 1 * * * * * * * * * * * * * * * * * *						
	C	*						
	d	All other revenue						
	e	Total. Add lines 11a-11d						
		Total revenue. See instruction			999,466	356,390	0	10,348

91-0586924 WORLD AFFAIRS COUNCIL Form 990 (2014) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (C) Management and (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part Vill. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments, See Part IV. line 21 Grants and other assistance to domestic individuals. See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV. lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 127,537 85,148 24,054 18,335 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7,915 Other salaries and wages 401,164 347,141 46,108 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 37,638 39,699 394 1,667 Other employee benefits 51,315 42,237 6,460 2,618 Payroll taxes 10 Fees for services (non-employees): a Management b Legal 10,647 10,647 Accounting d Lobbying Professional fundraising services. See Part IV. line 17 Investment management fees Other, (If line 11g armount exceeds 10% of line 25, column 3,000 3,000 (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 12 14,244 17,181 1,951 986 Office expenses 12,917 11,325 641 951 Information technology 14 15 Royalties 56,676 4,291 65,818 4,851 16 Occupancy 112 61,527 61,366 49 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Payments to affiliates 21 1,036 17,26615,021 1,209 Depreciation. depletion. and amortization 22 10,726 9,664 572 490 Insurance 23 24 Other expenses, Ilemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25. column (A) amount, list line 24e expenses on Schedule O.) 88,669 88,669 IVP PROGRAM EXPENSE 47,117 47,117 COMMUNITY PROGRAMS 19,515 19,515 GLOBAL CLASSROOM 447 MISCELLANEOUS 17,077 12,085 4,545 e All other expenses 991,175 850,846 101,481 38,848 25 Total functional expenses. And lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

following SOP 98-2 (ASC 958-720)

	Check if Schedule O contains a response or note	to any line in i	TRIS F CIT X	/A\	<u> </u>	
				(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing			253,167	1	235,473
2	Savings and temporary cash investments			35,859	2	35,979
3	Pledges and grants receivable, net			70,000	3	100,000
4	Accounts receivable, net			27,694	4	31,898
5	Loans and other receivables from current and former of	fficers. director	s.			
	trustees, key employees, and highest compensated en	ployees.				
	Complete Part II of Schedule L				5	
6		sons (as define	ed under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B).					
	sponsoring organizations of section 501(c)(9) voluntary					
	organizations (see instructions). Complete Part II of Sci				6	
7					7	
7 8	Incompanies for sole on con-				8	
9	Prepaid expenses and deferred charges			18,227	9	15,132
1 -	a Land, buildings, and equipment; cost or	11			9	20/202
100		100	100,336			
	other basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a		39,301	10c	23,293
44	Investments publish traded equities	100	11,043	33,301	11	23,23.
11				· · · · · · · · · · · · · · · · · · ·	12	
12						
13	Fata a Mata a manada				13	_
14	•••••••••••••••••••••••••••••••••••••••				14	
15				444,248	15	441,775
16				10,314	16	21,683
17				10,314	17	21,003
18	* *		385	18	6,250	
19	***************************************			263	19	6,230
20	* *************************************				20	
21	•				21	
22	• •					
	trustees, key employees, highest compensated employ	ees. and				
	disqualified persons. Complete Part II of Schedule L				22	
23		d parties			23	
24					24	
25	, ,		i i			
	parties, and other liabilities not included on lines 17-24	•		11 100		10 100
	of Schedule D		·····	11,100		13,102
26			[99]	21,799	26	41,035
	Organizations that follow SFAS 117 (ASC 958), che		X and			
3	complete lines 27 through 29, and lines 33 and 34.			104 170		100 646
27	1144444			134,173	27	188,648
28	* *************************************			252,417	28	176,113
29	***************************************			35,859	29	35,979
	Organizations that do not follow SFAS 117 (ASC 9	58), check her	e ♦ ∐ and			
5	complete lines 30 through 34.					
30					30	
31	• • •				31	 _
27 28 29 30 31 32	-	or other funds		444	32	
33	***************************************			422,449		400,740
34	Total liabilities and net assets/fund balances			444,248	34	441,775

Form 990 (2014)

\$CHEDULE A (Form 990 or 990-EZ) **Public Charity Status and Public Support**

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

◆ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WORLD AFFAIRS COUNCIL

Employer Identification number 91-0586924

Pa	art I	Reaso	on for Public Charity	Status (All organizations r	nust co	mplete th	nis part.) See instruction	S
Γhe	o <u>rga</u> r	nization is not a	private foundation because i	t is: (For lines 1 through 11. chec	ck only on	e box.)		
1		A church, con	vention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A)(i).	
2	П	A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)				
3	П			organization described in section	on 170(b)	(1)(A)(iii).		
4	П			n conjunction with a hospital des			70(b)(1)(A)(lii). Enter the hosp	ital's name.
	_	city, and state					- (-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(
5		•		a college or university owned or	operated	hv a gover	nmental unit described in	
•	ш		(b)(1)(A)(iv). (Complete Part i		оролого	., a gara.	The contract of the contract o	
•				·· <i>)</i> vernmental unit described in sec	tion 170/	L\(4\(A\(.)		
7	H				•			
'		-		obstantial part of its support from	a govern	rieniai unii	or from the general public	
_	\Box		section 170(b)(1)(A)(vi). (Co	·				
8	⊌			70(b)(1)(A)(vi). (Complete Part II.				
9	X	_		more than 33 1/3% of its suppor			·	
		· ·	•	t functions—subject to certain ex	•			
			-	unrelated business taxable inco			1 tax) from businesses	
			-	1975. See section 509(a)(2). (0		•		
10	Ш	An organization	on organized and operated ex	clusively to test for public safety.	See sec	tion 509(a)(4) .	
11	Ш	-		clusively for the benefit of, to per				
		one or more	publicly supported organizatio	ns described in section 509(a) (1	1) or secti	on 509(a)	(2). See section 509(a)(3). Ci	neck
		the box in line	es 11a through 11d that descr	ibes the type of supporting organ	nization an	d complete	e lines 11e. 11f. and 11g.	
a	Ш	Type I. A sup	porting organization operated	. supervised. or controlled by its	supported	i organizat	ion(s). typically by giving	
		the supported	organization(s) the power to	regularly appoint or elect a majo	rity of the	directors of	or trustees of the supporting	
		organization.	You must complete Part IV	, Sections A and B.				
þ	Ш	Type II. A su	pporting organization supervis	ed or controlled in connection w	ith its sup	ported org	anization(s). by having	
		control or ma	nagement of the supporting o	rganization vested in the same p	ersons the	at control o	or manage the supported	
		organization(s). You must complete Part	IV, Sections A and C.				
C	П	Type III fund	tionally integrated. A suppo	rting organization operated in co	nnection v	vith. and fi	unctionally integrated with.	
		its supported	organization(s) (see instruction	ons). You must complete Part I	V, Sectio	ns A, D, a	nd E.	
d		Type III non	functionally integrated. A s	upporting organization operated	in connec	tion with it	s supported organization(s)	
	_	that is not fur	nctionally integrated. The orga	mization generally must satisfy a	distributio	n requirem	nent and an attentiveness	
				complete Part IV, Sections A a		-		
е	П			a written determination from the			I. Type II. Type III	
	ـــا			ctionally integrated supporting org			, , , , , , , , , , , , , , , , , , ,	
f	Enf	-	of supported organizations	,g	,			
a			ring information about the su	oported organization(s).	• • • • • • • • • • • • • • • • • • • •			
		ne of supported	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
		ganization		(described on lines 1-9		ur governing	support (see	other support (see
				above or IRC section	docu	ment?	instructions)	Instructions)
				(see instructions))	Yes	No		
(A)								
6 9								
(B)							··-	
(-,						i i		
(C)								
(0)								
/D\								
(D)								
/ETY					-			
(E)					1			
	_							•

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

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

Sec	tion A. Public Support		-		•			
Caler	ndar year (or fiscal year beginning in) ◆	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	4	(f) Total
1	Gifts. grants. contributions. and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
5	Total. Add lines 1 through 3 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)						-1	
6	Public support. Subtract line 5 from line 4.							_
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) ◆	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							 -
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities. etc.	(see instructions)					12	
13	First five years. If the Form 990 is for the	organization's first	. second. third. four	th. or fifth tax year	as a section 501(c)(3)		
	organization, check this box and stop here		<u>,</u>					<u></u>
Sec	tion C. Computation of Public Si							
14	Public support percentage for 2014 (line 6.	column (f) divided	by line 11. column	(f))			14	%
15	Public support percentage from 2013 Schei	dule A. Part II. line	14				15	%
16a	33 1/3% support test—2014. If the organi				1/3% or more, ch	eck this		
	box and stop here. The organization quality			***************************************				▶ ∟
b	33 1/3% support test—2013. If the organi							
47-	check this box and stop here. The organiz							▶ ∟
17a		-						
	10% or more, and if the organization meet				- '			
	Part VI how the organization meets the "fa organization		•	•				▶□
b	10%-facts-and-circumstances test-20							
	15 is 10% or more, and if the organization							
	Explain in Part VI how the organization me					icly		
			********	_	-	-		▶ [
18	Private foundation. If the organization did							
	instructions		******************		***************			▶ [

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

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

Sec	tion A. Public Support	duality direct are	TOOLO HOLOGIA	10111 010000 001	TIPIOTO I GITE (III)		
	ndar year (or fiscal year beginning in) ◆	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts. grants. contributions. and membership fees received. (Do not include any "unusual grants.")	652,983	763,477	1,166,978	517,156	632,728	3,733,322
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	514,682	344,236	347,811	258,003	356,390	1,821,122
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,167,665	1,107,713	1,514,789	775,159	989,118	5,554,444
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5.000						
	or 1% of the amount on line 13 for the year	50,016	92,743	71,035	70,716	108,282	392,792
	Add lines 7a and 7b	50,016	92,743	71,035	70,716	108,282	392,792
8	Public support (Subtract line 7c from line 6.)						E 161 6E2
Sec	tion B. Total Support						5,161,652
	ndar year (or fiscal year beginning in) ◆	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	1,167,665	1,107,713	1,514,789	775,159	989,118	5,554,444
10a							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30. 1975	2,445	2,133	21,700	20,122	10,348	56,748
C	Add lines 10a and 10b	2,445	2,133	21,700	20,122	10,348	56,748
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9. 10c. 11.	T					
	and 12.)	1,170,110	1,109,846	1,536,489	795,281	999,466	5,611,192
14	First five years. If the Form 990 is for the		econd. third. fourth.	or fifth tax year as	a section 501(c)(3))	, \Box
800	organization, check this box and stop here	******		·····			<u>P</u>
	ction C. Computation of Public Su					l de l	
15 16	Public support percentage for 2014 (line 8. Public support percentage from 2013 Scheo	column (t) divided by	/ !!!! 13. COIUMN (1)	»	***************************************	15	91.99 %
	tion D. Computation of Investme				***************		93.02 %
17	Investment income percentage for 2014 (lin			dumn (fl)		17	1%
18	Investment income percentage from 2013	Schedule A. Part III.	line 17	······································		18	1%
19a	33 1/3% support tests—2014. If the organ	nization did not check	the box on line 14	. and line 15 is mo	re than 33 1/3%. ar	nd line	
b	17 is not more than 33 1/3%, check this box 33 1/3% support tests—2013, if the organ	x and stop here. Th	e organization qual	ifies as a publicly s	supported organizati	ion	▶ 🗓
_	line 18 is not more than 33 1/3%, check this						▶□
20	Private foundation. If the organization did	-	-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	▶

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I. complete Sections A and C. If you checked 11c of Part I. complete Sections A. D. and E. If you checked 11d of Part I. complete Sections A and D. and complete Part V.)

Section A. All Supporting Organizations

- 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,
- 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).
- Did the organization have a supported organization described in section 501(c)(4). (5). or (6)? If "Yes." answer
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I. answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes." describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations,
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes." explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add. substitute, or remove any supported organizations during the tax year? If "Yes." answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action. and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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.
- Did the organization provide a grant. loan. compensation. or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes." complete Part I of Schedule L (Form 990).
- 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).
- 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 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- Did a disqualified person (as defined in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer (b) 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
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	9a	-15	
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	9b		
	9c		
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	10a		
	10b		
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3a

Parent of Supported Organizations, Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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.

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

5

Schedule A	/Form	996 or	990_E7\	2014
CALIBRATE M	/i Airii	930 UI	900-1	2017

5 Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

Parl	V Type III Non-Functionally Integrated 509(a)(3)		ons (continued)	Page /
_	on D - Distributions	Oupporting Organizati	one (contanted)	Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	es		Ourion Tag
2	Amounts paid to perform activity that directly furthers exempt purposes			
-	organizations. in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of suppo	<u> </u>		
4	Amounts paid to acquire exempt-use assets	Trad organicady to		 -
5	Qualified set-aside amounts (prior IRS approval required)		<u></u>	*
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization	tion is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C. line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C. line 6			
2	Underdistributions. if any. for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover. if any. to 2014:			
a				
b				
С				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
<u> i </u>	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g. 3h. and 3i from 3f.			
4	Distributions for 2014 from Section			
	D. line 7: \$			
a	Applied to underdistributions of prior years		_	
b	Applied to 2014 distributable amount			
c	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014. if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero. see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (If amount greater than zero. see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			1/11
8	Breakdown of line 7:			
a				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Fo	orm 990 or 990-EZ):	2014 WORLD	AFFAIRS	COUNCIL		91-0586924	Page 8
Part VI	Supplemental	Information.	Provide the ex	planations req	uired by Part II. line 10 information. (See instr	; Part II. line 17a or 17b;	and
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

◆ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization Employer Identification number WORLD AFFAIRS COUNCIL 91-0586924 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990. Part IV. line 6. (a) Donor advised funds Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees. donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV. line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ♦ Number of states where property subject to conservation easement is located ◆ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII. describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990. Part IV. line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not 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 furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items, b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990. Part VIII. line 1 (ii) Assets included in Form 990. Part X ************************* 2 If the organization received or held works of art. historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990. Part VIII. line 1 **♦** \$

Assets included in Form 990, Part X .

Schedule D (Form 990) 2014 WORLD AF	PAIRS COUNCI.	<u> </u>	91-0	300924		P	age Z
Part III Organizations Maintaining					ts (continu	red)	
3 Using the organization's acquisition, accession collection items (check all that apply):	n. and other records. che	ock any of the following	ng that are a significant	use of its			
a Public exhibition	d 🔲 Loa	an or exchange prog	rams				
b Scholarly research	e Ott	her					
c Preservation for future generations	_						
4 Provide a description of the organization's co	llections and explain how	they further the orga	anization's exempt purp	ose in Part			
XIII.							
5 During the year, did the organization solicit or							٦
assets to be sold to raise funds rather than to Part IV Escrow and Custodial Ar		or the organization's c	collection?		Y	es	No
Complete if the organization 990. Part X. line 21.	•	Form 990. Part	IV. line 9. or repo	rted an amour	it on Form		
1a Is the organization an agent. trustee. custodia included on Form 990. Part X?	•					es l	l No
b If "Yes." explain the arrangement in Part XIII					Ц'	es] 140
a ii v=-v -vipaiii eve avavigeviieni iii ait vaii	and complete the felletti	·9			Amour	nt	
c Beginning balance				1c			
d Additions during the year			· · · · · · · · · · · · · · · · · · ·	1d			
e Distributions during the year				1e			
f Ending balance	* * * * *			1f			_
2a Did the organization include an amount on Fo						es _	No
b If "Yes." explain the arrangement in Part XIII.	Check here if the explan	ation has been provide	ded in Part XIII	<u></u>		<u>l_</u>	
Part V Endowment Funds.	a consumered "Vee" to	Form 000 Bort	N/ line 10				
Complete if the organization	(a) Current year	1	(c) Two years back	(d) Three years ba	-t (a) Fa		h_al-
1a Beginning of year balance	35,859	(b) Prior year 32,319	29,906	31,		ur years	935
b Contributions	33,033	32,313	25,500	31,	733	23,	, 933
c Net investment earnings, gains, and							
losses	120	3,540	2,413	-2,	053	2,	024
d Grants or scholarships							
Other expenditures for facilities and							
programs	<u>_</u>						
f Administrative expenses	25.252		22 242				
g End of year balance	35,979	35,859		29,	906	31,	959
2 Provide the estimated percentage of the curre		e 1g. column (a)) hel	d as:				
a Board designated or quasi-endowment ◆ b Permanent endowment ◆ 100.00 %							
c Temporarily restricted endowment ◆	%						
The percentages in lines 2a. 2b. and 2c shou							
3a Are there endowment funds not in the posses	•	that are held and ad	ministered for the				
organization by:	•					Yes	No
(i) unrelated organizations					3a(i)	X	
(ii) related organizations					3a(ii)		X
b If "Yes" to 3a(ii). are the related organizations	listed as required on Sc	hedule R?			3b		<u> </u>
4 Describe in Part XIII the intended uses of the		ent funds.					_
Part VI Land, Buildings, and Equ	•	F 000 Doub	D/ Eng 445 One	F 000 D	.4.37 . !!	_	
Complete if the organization Description of property		1					
Description of property	(a) Cost or other basin (investment)	s (b) Cost or o	1 ''	Accumulated epreciation	(d) Boo	k value	
1a Land		lone	,				
1a Land b Buildings				_			
c Leasehold improvements				_			
d Equipment		336		77,043		23,	293
e Other							
Total. Add lines 1a through 1e. (Column (d) must e		column (B). line 10c.)		•		23,	293

Schedule D (Fo	rm 990) 2014	WORLD	AFFAIRS	COUNCIL			91-0586924	Page 3
Part VII			Securities.					
				ed "Yes" to F	orm 990. Part IV.	. line	11b. See Form 990. Part X. line 12	
		cription of security			(b) Book value		(c) Method of valuation:	
		cluding name of s					Cost or end-of-year market value	
(1) Financial o	lerivatives							
	d equity interest	\$						
(B)								
,(¢)								
,(D)								
(E)								
(F)							·	
(G)								
			art X. col. (B) line	12.) ◆				
Part VIII			m Related.		000 D. I D.		44. G., F	
				ed "Yes" to F	 	. Ilne	11c. See Form 990. Part X. line 13	
	{a)	Description of inv	vestment		(b) Book value		(c) Method of valuation:	
741							Cost or end-of-year market value	
(1)								
(2)							-	
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
_(9)								
			art X. col. (B) line	13.) 🔷				
Part IX	Other Ass							
	Complete if	the organi	ization answer		orm 990. Part IV	. line	11d. See Form 990. Part X. line 15	
			<u>_</u>	(a) Description			(b) Book	value
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Total. (Column			art X. col. (B) line	15.)			<u> </u>	
Part X	Other Liab	oilities.						
	Complete it	the organi	ization answer	red "Yes" to F	orm 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) ACCRU	ED VACATI	ON				204		
(3) ACCRU	ED PAYROL	L			4,	550		
(4) FICA						348		
(5)								
(6)								
(7)						·		
(8)	<u> </u>							
(9)								
	(b) must equal	Form 990 Ps	art X. col. (B) line	25) 🔷	13.	102		
							nncial statements that reports the	
							tnote has been provided in Part XIII	
OLAGE IINSTINITE	entity for discert	min rev hosing	AND UNICOT FIN 40	(AGO 140). CITEC	K HELE II LIE LEXL OF T	IC IUU	note has been provided in Part Alli	

Schedule D (Fo	m 990) 2014	WORLD	AFFAIRS	COUNCIL	91-0586924	Page 5
Part XIII	Supplementa	Inform	ation (continu	ied)		
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SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ. ♦ Information about Schedule L (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990. OMB No. 1545-004

Employer Identification number

	WORLD AFFAIRS COUNCIL						91-	058692	24				
Part I	Excess Benefit Transactions Complete if the organization answered "												
1	(a) Name of disqualified person	(b) Relation	onship between disqu	alified	perso	on and	(c) Description of tr	ansaction	,			(d) Corrected?	
(1)		+	Or got intersect				·				Yes		10
(2)		+										+	
(3)												+	
(4)												\top	
(5)													
(6)													
under se	amount of tax incurred by the organization 4958												
3 Enter the	amount of tax. if any. on line 2. above. n	eimbursed by	trie organization	1				. 🕶 🤻	·				
Part II	Loans to and/or From Interes												
	Complete if the organization answered "	Yes" on Form	990-EZ. Part V	/. line	38	a or Form 990. F	art IV. line 26; or	if the					
	organization reported an amount on For			_			1 10 0	1	4 f. NO	Las A		16	F 501
	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	or fic	oan to im the		(f) Balance due	(g) In	default?	by bo	pard or	agree	/ritten ment?
				$\overline{}$	g.? From				Yes No		No Yes		No
			-	10	TOTAL		1	100	110	Yes	1.00	160	-
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(2)				L									
(3)													
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(8)	·												
(9)	· · · · · · · · · · · · · · · · · · ·												
(10)													
Total						<u></u> ◆ \$							
Part III	Grants or Assistance Benefit Complete if the organization answered	_			7.								
	(a) Name of interested person	(b) Relation	ship between interes	sted		Amount of assistance	(d) Type of assistance	•	(e)	Purpos	se of ass	istence	
(1)								\top					
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(9)

Part IV Business Transactions Involving In		29h or 20a		
Complete if the organization answered "Yes" on				(e) Sharing
(a) Name of interested person	(b) Relationship between Interested person and the	(c) Amount of transaction	(d) Description of transaction	of org.
	organization	u an rodiculor i		Yes No
(1) STARLINE LUXURY COACHES	BUSINESS	24,629	COMMISSIONS TO WAC	X
(Z) STARLINE LUXURY COACHES	BUSINESS	4,257	PAYMENTS FROM WAC	X
(3)				
(4)				
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Ø				
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(9) 10)				++-
Part V Supplemental Information			<u> </u>	
Provide additional information for responses to	guestions on Schedule L (se	ee instructions).		
	,		·· .	
SCHEDULE L, PART V - ADDITION	AL INFORMATION	N	·	
GLADYS T. GILLIS, THE BOARD M	EMBER, IS THE	OWNER AND	EO OF STARLINE LU	JXURY
	RTATION PROVID		D AFFAIRS	-
•				
COUNCIL'S INTERNATIONAL VISITO	OR PROGRAM. WA	AC PAID STAR	LINE FOR	
TRANSPORTATION SERVICES. STAR	LINE PAID WAC	COMMISSION	PAYMENTS FOR	
REFERRING THE CUSTOMERS.				
IN 2014, STARLINE WAS ALSO PA	ID BY OUTSIDE	ORGANIZATIO	NS (NOT WAC) FOR	
TRANSPORTATION OF IVP VISITOR	S THAT WERE PA	ART OF WAC 1	VP PROGRAMS. WAC	IVP
ORGANIZES THESE VISITS (INCLU	DING THE TRANS	SPORTATION O	F THE VISITORS),	BUT
PAYMENTS ARE MADE BY THE ORGA	NIZATIONS IN (CHARGE OF TH		
HAS NO ACCOUNTING OF THE AMOU		AYMENTS.		
IND NO ACCOUNTING OF THE AROU	AI OF THESE P	RIMMID.		
				_
				

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ,

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

WORLD AFFAIRS COUNCIL

91-0586924 FORM 990, PART I, LINE 6 THE NUMBER OF VOLUNTERS CLASSIFIED BY TYPE OF SERVICES PERFORMED IN CALENDAR YEAR OF 2014: BOARD MEMBERS - 29, YPIN BOARD - 25; INTERNS - 36; IVP HOME HOSPITALITY - 200. FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT JAPANESE CONNECTIONS - ORGANIZE AND LEAD HIGH SCHOOL STUDENTS TRIPS TO JAPAN. FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS THERE IS A SINGLE CLASS OF MEMBERS. EACH MEMBER IS ALLOWED TO VOTE FOR BOARD OF DIRECTORS FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS ALL MEMBERS HAVE THE RIGHT TO ELECT NEW BOARD BY VOICE VOTE AT ANNUAL MEETING FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS REVIEWED BY THE ORGANIZATION'S FINANCE DIRECTOR, PRESIDENT AND FINANCE AND AUDIT COMMITTEE. A COPY OF THE 990 IS MADE AVAILABLE TO ALL BOARD MEMBERS. THE FINANCE AND AUDIT COMMITTEE MAKES A RECOMENDATION TO THE BOARD FOR APPROVAL OF THE 990 WHICH IS ACTED UPON BY THE BOARD AND DOCUMENTED IN THE BOARD MINUTES FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

Schedule O (Form 990 or 990-EZ) (2014) Page 2 Employer Identification number Name of the omanization WORLD AFFAIRS COUNCIL 91-0586924 THIS POLICY IS MONITORED ANNUALLY FOR CONTINUING OFFICERS, ALL EMPLOYEES AND BOARD MEMBERS. NEW OFFICERS, EMPLOYEES AND BOARD MEMBERS MUST COMPLY WITH THE POLICY UPON ASSUMING THEIR POSITION. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL BASED ON A PERFORMANCE REVIEW, COMPARABLE SALARIES IN OTHER ORGANIZATIONS AND SUBJECT TO THE FINANCIAL VIABILITY OF THE ORGANIZATION OFFICERS DISCUSS, DETERMINE AND DOCUMENT COMPENSATION FOR THE PRESIDENT/CEO. FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS BASED ON A PERFORMANCE REVIEW, COMPARABLE SALARIES IN OTHER ORGANIZATIONS AND SUBJECT TO THE FINANCIAL VIABILITY OF THE ORGANIZATION THE PRESIDENT/CEO DETERMINES AND DOCUMENTS COMPENSATION FOR KEY EMPLOYEES OF THE ORGANIZATION. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION REQUESTS FOR THESE DOCUMENTS ARE SOLICITED FROM THE ORGANIZATION'S WEBSITE AND ARE RESPONDED TO BY THE FINANCE DIRECTOR.