Form 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.

2015
Open to Public Inspection

A	For the	2015 calendar year, or tax year beginning		, and ending										
В	Check if ap						D Employe	r identification number						
П	Address d	harge WORLD AFFA	WORLD AFFAIRS COUNCIL Doing business as 91-0586924											
=	Name char	Doing business as					91-0	586924						
Η		Number and street (or P.O. box if mail is not delivered				Room/suite	E Telephone							
_	Initial return						206-	441-5910						
	Final return terminated							*** = ==						
一	Amended	SEATTLE	WA 98121				G Gross red	peiots\$ 884,769						
Ħ	Application	r traine and address of philopat officer.				H(a) Isthisaga	oup return for s	subordinates? Yes X No						
Ш	Application	pending JACQUELINE MILLER					•	 						
						H(b) Are all sub								
						i: No,	attach a list.	(see instructions)						
	Tax-exem		insert no.)	4947(a)(1) or	527	1								
7	Website:					H(c) Group exer								
-		organization: X Corporation Trust Association	Oher •		L Y	ear of formation: 1	951	M State of legal domicile: W.A.						
<u>_</u> P	art I	Summary												
	1 E	Briefly describe the organization's mission or most significant	gnificant activition	es:				<u></u>						
8		TO ADVANCE GLOBAL UNDERSTANDI						· · · · · · · · · · · · · · · · · · ·						
Governance		OUR PROGRAMS PROVIDE OPPORTUNI						BY						
Je T		ADVANCING A DEEP UNDERSTANDING												
Ó	2 (Check this box $lacktriangle$ if the organization discontinued	•	•				امم						
∞5	3 1	Number of voting members of the governing body (Pa	rt VI, line 1a) _.				3	23						
ies Se	4 1	Number of independent voting members of the govern		4	22									
Activities	5 7	Total number of individuals employed in calendar year	r 2015 (Part V,	line 2a)			5	13						
Ą		Total number of volunteers (estimate if necessary)						300						
	7a T	Fotal unrelated business revenue from Part VIII, colur	nn (C), line 12				7a	0						
	١d	Net unrelated business taxable income from Form 99			0									
	١				-	Prior Ye		Current Year						
Revenue		Contributions and grants (Part VIII, line 1h)					2,728	510,298						
		Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, a				35	6,390	367,571						
86		288												
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9					0,060	6,856						
_		Total revenue – add lines 8 through 11 (must equal P				99	9,466	884,769						
	1	Grants and similar amounts paid (Part IX, column (A),						0						
		Benefits paid to or for members (Part IX, column (A),				C1	0 715	667 054						
S	15 5	Salaries, other compensation, employee benefits (Par	t IX, column (A	A), lines 5–10)		91	9,715	661,254						
sesued	16a F	Salanes, other compensation, employee benefits (Par Professional fundraising fees (Part IX, column (A), line Fotal fundraising expenses (Part IX, column (D), line	e 11e)					0						
				61,	205	0.5	1 460	252 221						
ŵ		Other expenses (Part IX, column (A), lines 11a-11d,					1,460	378,381						
		Total expenses. Add lines 13–17 (must equal Part IX,					1,175	1,039,635						
_	19 F	Revenue less expenses. Subtract line 18 from line 12	·			Beginning of Cu	8,291	-154,866 End of Year						
Net Assets or	20 7	Total assets (Bort V. line 16)			F		1,775	271,877						
93	20	Total assets (Part X, line 16)			·····		1,035							
<u> </u>		Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line			·····		0,740							
	Part II	Signature Block	e 20				0//10	215/0/1						
		nalties of perjury, I declare that I have examined this return,	including second		and statements	and to the best o	f my knowle	doe and holief it is						
		ect, and complete. Declaration of preparer (other than officer					i iliy kilowie	age and belief, it is						
_						. •	1							
Sig	an	Signature of officer					Date	<u> </u>						
He	-	JOHN COMERFORD			TREAS	TRER								
116	, C	Type or print name and title			110115	J11221								
_		Print/Type preparer's name	Preparer's signat.	ıre		Date	Check	if PTIN						
Pa	id	JEFFREY K MOCK	JEFFREY K				/16 self-en	· Ш"						
	eparer	" ODA GONGIII MING		PS		· ·	Firm's EIN 44	91-2015797						
	e Only	PO BOX 53086	IIIC)				mns EIN							
	,	TO THE T THE STEEL THE STATE OF	98015				Dhans	425-401-5061						
Ma	v the ID	RS discuss this return with the preparer shown above		nne)			Phone no.	X Yes No						
ivid	y ule in	o discuss any territi mini me bieharet sitomii anove	: lace mannen	лю <i>)</i>				AL TES NO						

Form 990 (2015) WORLD AFFAIRS		91-0586924	Page 2
	Service Accomplishments		a
		y line in this Part III	<u> </u>
1 Briefly describe the organization's mission			
TO ADVANCE GLOBAL UND			REATER SEATTLE.
OUR PROGRAMS PROVIDE	OPPORTUNITIES FOR E	VERYONE TO BE A GLOP	BAL CITIZEN BY
ADVANCING A DEEP UNDE	RSTANDING OF INTER	NATIONAL EVENTS AND (CULTURE.
2 Did the organization undertake any signific	ant program services during the year	which were not listed on the	
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new services on \$			
3 Did the organization cease conducting, or	make significant changes in how it co	nducts, any program	
services?	·		Yes X No
If "Yes," describe these changes on Sche			
4 Describe the organization's program service		ee largest program services, as measured	bv
expenses. Section 501(c)(3) and 501(c)(4)			-
the total expenses, and revenue, if any, for			,
are total experience, and revenues, in arry, is	a day program dorvice reported.		
4a (Code:) (Expenses \$	370,279 including grants of	of \$) (Reven	nue \$ 278,125
4a (Code:) (Expenses \$ INTERNATIONAL VISITOR		LOGISTICS, PROGRAM DI	
TRAININGS FOR INTERNA			
UNDER THE AUSPICES OF	THE U.S. DEPARTMEN	IT OF STATE AND OTHER	R RECOGNIZED
EXCHANGE PROGRAMS.			***************************************
5			
9			
			·

<u> </u>	***************************************	• • • • • • • • • • • • • • • • • • • •	
# /O-4 \ /F	312,899 including grants of	f. #	63 203
4b (Code:) (Expenses \$		***************************************	
		D DISCUSSION IN OUR	
DEVELOPING AND IMPLEM	***************************************		ITS FOR THE
*	THROUGH ONGOING K	EYNOTE SPEAKER SERIES	B, DISCUSSION
GROUPS, AND LECTURES.	***************************************		
***************************************	*****		***************************************

*	***************************************	***************************************	
*			
4c (Code:) (Expenses \$	132,144 including grants	of \$) (Rever	nue \$ 4,835
		OR GREATER INTERNATION	

		DING CURRICULAR RESO	
PROFESSIONAL DEVELOPME		EACHERS, AND ENGAGE I	K-12 STUDENTS
DIRECTLY ON GLOBAL IS	SUES.		

• • • • • • • • • • • • • • • • • • • •			

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***************************************	***************************************	•••••	• • • • • • • • • • • • • • • • • • • •
· · · · · · · · · · · · · · · · · · ·		••••••	
44 04	-4.4- 0\		
4d Other program services (Describe in Scho			21 210
(Expenses \$ 82,202) (Revenue \$	21,318)
4e Total program service expenses ◆	897,524		

Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Cahadula A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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 ill	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
3	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		_	
	complete Schedule D, Part III	8		X
)	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
)	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
ı	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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
e	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	1		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
4a	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,	1		
_	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	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
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
7	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 (see instructions)	17		x
В	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>		
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	- "-		
-	If "Yes," complete Schedule G, Part III	19		X

Checklist of Required Schedules (continued) Part IV No Yes 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X 22 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 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 X employees? If "Yes," complete Schedule J 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 X Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II X 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." 32 X complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, X Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X related organization? If "Yes," complete Schedule R, Part V, line 2 36 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, X Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and X 19? Note. All Form 990 filers are required to complete Schedule O.

_	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					<u></u> .	
				_	_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5				·
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b_	_0				
C	Did the organization comply with backup withholding rules for reportable payments to vendors and						
	reportable gaming (gambling) winnings to prize winners?				C	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		12				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	13		.	v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	'	· · · · · · · · · · · · · · · · · · ·	·····	b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						x
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			· · · · · · · · · · · · · · · · · · ·	a		Λ.
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut	-					
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	Ciai					x
L.	account)?			·····	la		
b	If "Yes," enter the name of the foreign country: ◆ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc				. 1		
		Durits					
E	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				ia		x
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	 n2		· · · · · · · · · · · · · · · · · · ·	b b		X
b	16 SVA 2 to line En an Ele did the approximation Sta France 0000 TO				ic i		
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	• • • • • • •	• • • • • • • • • • • • • • • • • • • •	·····- - `	<u>~</u>		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?			١,	sa		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions			·····	-		
ь	Colditaubab vot ton deliable 2	01			Sb		
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 good	nds					
u				l .	7a	x	,
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	х	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
•	required to file Form 8282?			1 :	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d]				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cont		•		7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			· · · · · · · · · · · · · · · · · · ·	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		as required	d?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization				7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				7.		
	sponsoring organization have excess business holdings at any time during the year?				8		
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10	Section 501(c)(7) organizations. Enter:						
а	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					
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders	11a			•		
b	Gross income from other sources (Do not net amounts due or paid to other sources	ł	ļ				
	against amounts due or received from them.)	11b	<u> </u>		.		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	1		2a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	ļ				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>			
а					3a		
	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.	1				
	the organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand	13c					77
14a	Did the organization receive any payments for indoor tanning services during the tax year?				l4a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule C	J <u></u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	!4b		1

Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	or a "N	o"							
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See	instruc	ions.							
	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 23									
	If there are material differences in voting rights among members of the governing body, or	7 : 1								
	if the governing body delegated broad authority to an executive committee or similar									
	committee, explain in Schedule O.									
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 22									
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		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		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the emeritation have members or steelchelders?	6	х							
7a	Did the organization have members or stockholders, or other persons who had the power to elect or appoint									
14	and an except recently of the according had O									
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	Х							
,	standahardan ay nagang athan than the gaverning had.	7b		x						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
	The coverning hedu?	8a	X							
a b	First compliance with earlier had a behalf of the encountries had 2	8b	x							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	0.0								
Ð	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x						
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co									
000	tion b. I onoice (This occition is requeste information about policies not required by the internal revenue oc	40.7	Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100								
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
44.	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	\vdash						
11a		IIa	-25							
b 42-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	420	X							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	-						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	-	\vdash						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	x							
40	describe in Schedule O how this was done	12c	X	\vdash						
13	Did the organization have a written whistleblower policy?	13		├─						
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?									
а	The organization's CEO, Executive Director, or top management official	15a	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		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1.								
	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								
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ◆ 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									
	financial 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:									
	ORLD AFFAIRS COUNCIL 2200 ALASKAN WAY SUITE 450	e		010						
- 9	EATTLE WA 98121 20	6-44	1 - 5	4 1 (1						

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. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (D) (E) (F) Name and Title Average Position Reportable Reportable Estimated hours per (do not check more than one compensation compensation from amount of box, unless person is both an week from related other (list any officer and a director/trustee) the organizations compensation organization (W-2/1099-MISC) hours for from the Individual fighest of related (W-2/1099-MISC) organization stitutional organizations and related employee below dotted organizations compensated Inustee line) trustee (1) JEAN-DAVID LARSON 2.00 0.00 X X CHAIR 0 0 (2) THAO HONG 2.00 X X VICE CHAIR 0.00 0 0 0 (3) JOHN COMERFORD 2.00 X TREASURER 0.00 X 0 0 0 (4) ALICIA AUSTIN 2.00 0.00 X X SECRETARY 0 0 0 (5) KRISTI BRANCH 1.00 0.00 X 0 0 DIRECTOR (6) AARON BROWN 1.00 DIRECTOR 0.00 X 0 0 0 (7) ANDREW CUSHMAN 1.00 0.00 X 0 DIRECTOR 0 0 (8) GLADYS GILLIS 1.00 DIRECTOR 0.00 X 0 0 (9) CHARLES GUST 1.00 DIRECTOR 0.00 X 0 0 0 (10) MARK KAMMERER 1.00 DIRECTOR 0.00 X 0 0 (11) ROBERT E. KETTLE 1.00 0.00 DIRECTOR 0 0

Part VII Section A. Officers	, Directors, Trus	stees	s, Ke	у Е	mplo	yees	s, an	d Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (ilst any	bo	x, unl	Pos check ess pe	erson i	than o s both or/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	((F) Estimated amount of other compensation	of ion	
	hours for related organizations betow dotted fine)	Individual trustee or director	Institutional trustee	Officer	Key employee	righest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-M:SC)		from the organizatio and relate organization	on ad	
(12) ELLEN LETTVIN	1.00												
DIRECTOR	0.00	х						. 0	0				C
(13) RON MASNIK	1.00	x						0	0				O
(14) ROGER MEECE									,				
DIDECTOR	1.00	x						0					O
(15) CHRISTOPHER 1	NEVAN	^						0	0				
	1.00												
DIRECTOR (16) BRENT OLSON	0.00	X				\vdash		0	0				0
DIRECTOR OLDSON	1.00	x						0	o				C
(17) LEE PASQUAREI	I												
DIRECTOR	0.00	x						0	اه				C
	DRUTIS 1.00												
DIRECTOR	0.00	X						0	0				
(19) CHARLES SAMUE	L ROYER												
DIRECTOR	0.00	x						0	o				(
1b Sub-total							•						
c Total from continuation shee d Total (add lines 1b and 1c)								113,543 113,543				6,3	
2 Total number of individuals (inc	duding but not lin	nited	to th									<u> </u>	
reportable compensation from	the organization	*	1									Yes	No
3 Did the organization list any fo	rmer officer, dire	ctor,	or tr	uste	e, ke	y em	ıploy	ee, or highest compensated	d	-		100	
employee on line 1a? If "Yes," 4 For any individual listed on line	complete Schedu 1a. is the sum o	ule J of rec	for s	such ble c	indi\ omo	/idual ensa	i	and other compensation fro	m the		3	,	X
organization and related organi	izations greater t	han S	\$150	,000	? If '	Yes,	" cor	nplete Schedule J for such				.	x
individual	a receive or accr	ue c	omp	 ensa	tion	from	any	unrelated organization or in	dividual	• • • • • •	4		
for services rendered to the or	ganization? If "Ye	es," c	omp	lete	Sche	edule	J fo	r such person			5		X
Section B. Independent Contracto 1 Complete this table for your five		nsate	ed in	depe	ende	nt co	ntrac	ctors that received more that	n \$100.000 of				
compensation from the organiz	ation. Report cor							year ending with or within	the organization's tax year.			(C)	
Name and	(A) d business address						╀	Descrip	(B) otion of services		Com	(C) ipensati	<u>on</u>
						*	+						
]						
· _													
							+						
2 Total number of independent of received more than \$100,000								listed above) who	0				1 "
received more than \$100,000	or compensation	HOM	rie	orga	111129	uQII •	<u> </u>		Ü				

Part VII Section A. Officers	, Directors, Tru	stees	s, Ke	у Е	mple	yees	s, an	d Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any	bo	x, unl	Pos check ess pe	irson i	than o s both or/trusto	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	c	(F) Estimat amount othe: compens	ted t of	
	hours for related organizations below dotted line)	or director	.—	Officer	Key employee	Highest comparisated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	,	from to organiza and rela organizat	he ition eted	
(20) ELIZABETH SCA	LLON		"			8							
DIRECTOR	1.00	x						0	o				0
(21) ALIDA SKOLD									<u> </u>				
DIRECTOR	1.00	x						o	٥				0
(22) JENNIFER SPAT	z												
DIRECTOR	1.00	x						0	o				0
(23) WINONA RENNIC	K												
EX-OFFICIO DIRECTOR	1.00	x						0	o				0
(24) BARBARA STANI	AL												
DIRECTOR	1.00	x						0	o				0
(25) SIMRAN SINGH						-							
EX-OFFICIO DIRECTOR	1.00	x						0	o				O
(26) JACQUELINE M	·· -												
PRESIDENT	40.00			x				113,543	0			6,:	335
1b Sub-total							*	113,543				6,	335
c Total from continuation shee d Total (add lines 1b and 1c)	•						•						
Total number of individuals (increportable compensation from	duding but not lin	nited					ove)	who received more than \$1	00,000 of				
		•										Yes	No
 3 Did the organization list any foemployee on line 1a? If "Yes," 4 For any individual listed on line 	rmer officer, dire complete Sched	ctor. ule J	or tr	ustee such	e, ke indiv	y em idual	ploy	ee, or highest compensated	1 		3		
organization and related organi	izations greater t	han (\$150	,000	? If "	Yes,	con	mplete Schedule J for such		i			
individual 5 Did any person listed on line 1	a receive or accr	rue c	omp	ensa	tion 1	from	any	unrelated organization or in	dividual		4		
for services rendered to the on Section B. Independent Contracto		es," c	omp	lete	Sche	dule	J fo	r such person			5		
Complete this table for your five compensation from the organization.	e highest compe												
	(A) d business address	IIÞei	iaauc	// 1 <u>0</u>	u IC	Calo	Tual		(B) tion of services		α	(C) ompensat	lion
									-				
<u></u>							-						
							\perp						
							_						
							_						
2 Total number of independent of received more than \$100,000								listed above) who					

Pa	rt VI		nt of Reve Schedule (ns a response or	note to any line in	this Part Vill		П
		÷	4			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campa Membership due		1a	93,720				
호임		Fundraising ever		1c	20,120				
ξŠ		Related organiza		1d					
<u> </u>				1e	174,797				
Sir.		Government grants (co		16	1/1/19/				
동희	T	All other contributions, g and similar amounts no		4.	241 701				
恒				1f	241,781				
달	•	Noncash contributions i				E10 000			
	<u>h</u>	Total. Add lines	1a-1t			510,298			
Program Service Revenue					Busn. Code				*
8	2a	INTERNATIO	ONAL VISITO	OR PROGE	MAS	278,125	278,125		
2	b	COMMUNITY	PROGRAMS			63,293	63,293		
ള	C	OTHER				12,768	12,768		
8	d	JAPANESE	CONNECTION			8,550	8,550		
E	е	GLOBAL CL	ASSROOM			4,835	4,835		
Ď	f	All other program	service rever	nue					
4	g	Total. Add lines	2a–2f			367,571			
	3	Investment incon	ne (including d	dividends,	interest,				
		and other similar	amounts)		•	44			44
	4	Income from inve							
l	5	Royalties		•					
			(i) Real		(ii) Personal				
	6a	Gross rents	6	,856	**				
		Less: rental exps.							
	5 6a b c	. –	6	,856					
		Rental inc. or (loss)				6,856			6,856
		Net rental income Gross amount from				0,830			0,830
		sales of assets	(i) Securities	•	(ii) Other				
		other than inventory		-					
	þ	Less: cost or other							
		basis & sales exps.							
	C	Gain or (loss)							
	d	Net gain or (loss)	<u></u>					
a	8a	Gross income from	fundraising eve	ents					
Ē		(not including \$							
9		of contributions rep	orted on line 1c).					
R		See Part IV, line 18	3	a					
Other Revenue	b	Less: direct expe							
0					ents •				
		Gross income from	•				·		
		See Part IV, line 19			1				
	b	Less: direct expe							
					es				
		Gross sales of in		9 00010					
	100	returns and allow	_	اء			17 J		
	L			a				:	į.
		Less: cost of god		~ ∟	lan.			·	
		Net income or (le	oss) from sale: laneous Revenue		Busn. Code				
	,,		IGITOUUS TUUVUUUG		Dusn. Code				
	11a								
	b								,
	C	*							
	d	All other revenue							
	е	Total. Add lines							
	12	Total revenue.				884,769	367,571	0	6,900

Form 990 (2015)

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 (A) Total expenses Do not include amounts reported on lines 6b, Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. general expenses 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, 97,684 12,211 122,106 12,211 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) Other salaries and wages 447,320 376,438 35,922 34,960 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,879 40,112 34,540 Other employee benefits 1,693 9 51,716 39,637 8,338 3,741 10 Payroll taxes Fees for services (non-employees): 11 a Management b Legal 10,968 10,968 c Accounting e Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 3,000 3,000 (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 12 15,740 13,300 1,886 554 Office expenses 13 10,632 9,333 297 1,002 Information technology 14 15 Royalties 62,169 55,952 2,487 3,730 16 Occupancy 76,207 74,508 147 1,552 17 Travel _____ Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 14,593 Depreciation, depletion, and amortization 16,215 649 973 22 362 9,051 8,146 543 Insurance Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) IVP EXPENSE 89,907 89,907 COMMUNITY PROGRAMS 62,529 62,529 b OTHER 3,760 17,223 13,217 246 4,740GLOBAL CLASSROOM 4,740 All other expenses 1.039.635 897,524 80,906 61,205 Total functional expenses. Add 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) .

Form 990 (2015) WORLD AFFAIRS COUNCIL
Part X Balance Sheet

	Check if Schedule O contains a response or note to	o any line in t	his Part X			
				(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing	_		235,473	1	190,322
2	Savings and temporary cash investments			35,979	2	34,154
3	Pledges and grants receivable, net			100,000	3	
4	Accounts receivable, net			31,898	4	23,976
5	Loans and other receivables from current and former offi					
•	trustees, key employees, and highest compensated employees	=	·,			
	Ourselate Dark II of Cabadula I				5	
6	Loans and other receivables from other disqualified personal					
Ū	4958(f)(1)), persons described in section 4958(c)(3)(B), a	•	1			
	sponsoring organizations of section 501(c)(9) voluntary e				1	
	organizations (see instructions). Complete Part II of Sche		-	<i>'</i>	6	
7					7	
7	Notes and loans receivable, net Inventories for sale or use			'	8	
8				15,132	9	16,348
9	Prepaid expenses and deferred charges	TT		10,132	9	10,340
10a	Land, buildings, and equipment: cost or	10	100 336		- 1	
	other basis. Complete Part VI of Schedule D	10a	100,336 93,259	22 202		7 077
	Less: accumulated depreciation		-	23,293	10c	7,077
11	Investments—publicly traded securities				11	
12	Investments—other securities. See Part IV, line 11				12	
13	Investments—program-related. See Part IV, line 11				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11	,		444	15	
16	Total assets. Add lines 1 through 15 (must equal line 34			441,775	16	271,877
17	Accounts payable and accrued expenses		21,683	17	15,773	
18	Grants payable			18		
19	Deferred revenue			6,250	19	2,491
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Part IV of	Schedule D			21	
22	Loans and other payables to current and former officers,	directors,				
	trustees, key employees, highest compensated employee	es, and		1		
	disqualified persons. Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrelated third	parties			23	
24	Unsecured notes and loans payable to unrelated third pa	rties			24	
25	Other liabilities (including federal income tax, payables to					
	parties, and other liabilities not included on lines 17-24).	Complete Pai	t X			
	of Schedule D		L	13,102	25	7,739
26	Total liabilities. Add_lines 17 through 25			41,035	26	26,003
	Organizations that follow SFAS 117 (ASC 958), check	k here 🔷	X and			
	complete lines 27 through 29, and lines 33 and 34.		_	7	*	
27	Unrestricted net assets		i	188,648	27	128,609
28	Temporarily restricted net assets			176,113	28	83,111
29	Permanently restricted net assets			35,979	29	34,154
	Organizations that do not follow SFAS 117 (ASC 958					
	complete lines 30 through 34.	_				
30	One that a to also as to set and a shall be a summer than the				30	
31	Paid-in or capital surplus, or land, building, or equipment			-	31	
32	Retained earnings, endowment, accumulated income, or				32	
				400,740	33	245,874
33	Total net assets or fund balances			700.770	2.2	/ / / / / / / / / / / / / / / / / / / /

Form 990 (2015)

3b

SCHEDULE A (Form 990 or 990-EZ) **Public Charity Status and Public Support**

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

◆ Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

WORLD AFFAIRS COUNCIL

Employer identification number 91-0586924

			WORLD AFFAIR	S COUNCIL			91-058	0924					
P	art I	Reaso	on for Public Charity	Status (All organizations i	must co	mplete t	his part.) See instruction	S.					
The	orgar	nization is not a	private foundation because	it is: (For lines 1 through 11, che	ck only on	e box.)							
1		A church, con	vention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(<i>A</i>	\)(i) .						
2		A school desc	cribed in section 170(b)(1)(A	A)(II). (Attach Schedule E (Form 9	990 or 990)-EZ).)							
3		A hospital or	a cooperative hospital service	e organization described in secti	ion 170(b)	(1)(A)(iii).							
4		A medical res	earch organization operated	in conjunction with a hospital des	scribed in	section '	1 70(b)(1)(A)(iii) . Enter the hosp	ital's name,					
	_	city, and state	K										
5		An organization	on operated for the benefit of	a college or university owned or	operated	by a gove	mmental unit described in						
	_	section 170((b)(1)(A)(iv). (Complete Part I	II.)									
6	Ш	A federal, stat	te, or local government or go	vemmental unit described in sec	tion 170(b)(1)(A)(v).						
7	Ш	An organization	on that normally receives a su	ubstantial part of its support from	a governr	mental uni	t or from the general public						
	_	described in	section 170(b)(1)(A)(vi). (Co	omplete Part II.)									
8	Ш	A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part II	l.)								
9	X	An organization	on that normally receives: (1)	more than 33 1/3% of its suppo	rt from cor	ntributions	, membership fees, and gross						
		receipts from	activities related to its exemp	t functions—subject to certain ex	ceptions,	and (2) no	more than 33 1/3% of its						
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses												
			•	, 1975. See section 509(a)(2). (•	•							
10	Н	_	•	clusively to test for public safety		-	•••	_					
11	Ш		•	clusively for the benefit of, to pe									
			•	ns described in section 509(a)(•	•		heck					
				ribes the type of supporting organ									
а	Ш			I, supervised, or controlled by its	• • •	-	(//) / / / /						
				regularly appoint or elect a majo	onty of the	directors	or trustees of the supporting						
			You must complete Part iV	•									
b	Ш	• -		sed or controlled in connection w	-	-							
				organization vested in the same p	persons un	at control	or manage the supported						
_). You must complete Part	,	anastian .	المحمطان	Functionally integrated with						
C	ш			orting organization operated in co			· -						
d		, ,	*	ons). You must complete Part l supporting organization operated									
u	ш			anization generally must satisfy a									
			· · ·	complete Part IV, Sections A a		-	none and an attenuverious						
e			·	a written determination from the			L Type II. Type III						
٠	لسسا			ctionally integrated supporting or		• •	i, ijpo ii, ijpo iii						
f	Ent	-	of supported organizations	out in in the state of the stat	90	•		ſ					
g	Pro	vide the follow	ing information about the su	pported organization(s).									
	(i) Nam	ne of supported	(II) EIN	(III) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount	of				
	org	ganization		(described on lines 1-9		ur governing	support (see	other support					
				above (see instructions))	000.1	meni?	instructions)	instructions)				
					Yes	No							
(A)													
_		<u> </u>											
(B)													
_							·						
(C)													
					<u> </u>								
(D)													
					1								
(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					<u> </u>	-	
_	ndar year (or fiscal year beginning in) ◆	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 201	5	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge	-						
4 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)							
6	Public support. Subtract line 5 from line 4.							
	tion B. Total Support	1			1			
Caler	ndar year (or fiscal year beginning in) ◆	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 201	5	(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, check this box and stop here		<u> </u>		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u></u> .		
Sec	tion C. Computation of Public Sເ							
14	Public support percentage for 2015 (line 6,	column (f) divided	by line 11, column	(f))			14	%
15	Public support percentage from 2014 Scheen						15	%
16a	33 1/3% support test—2015. If the organi							
	box and stop here. The organization qualit	•	• •					▶ ∟
b	33 1/3% support test—2014. If the organi							
	check this box and stop here . The organiz							🟲 🗀
17a		-						
	10% or more, and if the organization meets							
	Part VI how the organization meets the "fa		·	•				
b	organization 10%-facts-and-circumstances test—20'							
D	15 is 10% or more, and if the organization	•				III I C		
	Explain in Part VI how the organization me			•	-	icly		
				ū	•	-		▶ □
18	supported organization Private foundation. If the organization did	not check a boy o	n line 13, 16a, 16b	. 17a. or 17b. chec	k this box and see			········ - L
10	•							▶ □
	instructions							······ - L

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.)

	in the Organization fails to	quality utituel til	e resis listed bi	siow, piedse co	mpiece i ait ii.)		
	tion A. Public Support						
Calen	dar year (or fiscal year beginning in) ◆	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	763,477	1,166,978	517,156	632,728	510,298	3,590,637
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-even pt purpose	344,236	347,811	258,003	356,390	367,571	1,674,011
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	1,107,713	1,514,789	775,159	989,118	877,869	5,264,648
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	92,743	71,035	70,716	108,282	104,699	447,475
	Add lines 7a and 7b	92,743	71,035	70,716	108,282	104,699	447,475
8	Public support. (Subtract line 7c from line 6.)						4,817,173
	tion B. Total Support	() 55(4]	71.0040	(-) 0040	(-1) 0044	(-) 0045	(0 T-1-1
	ndar year (or fiscal year beginning in) ◆	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	1,107,713	1,514,789	775,159	989,118	877,869	5,264,648
10a	Gross income from interest, dividends, payments received on securities loans, rents,				10.040	5 000	CT 000
b	royalties and income from similar sources Unrelated business taxable income (less	2,133	21,700	20,122	10,348	6,900	61,203
	section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	2,133	21,700	20,122	10,348	6,900	61,203
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,	1 100 046	1,536,489	795,281	999,466	884,769	5,325,851
4.4	and 12.) First five years. If the Form 990 is for the	1,109,846					3,323,031
14	organization, check this box and stop here	,	, ,	•			▶ □
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2015 (line 8,	column (f) divided b	y line 13, column	(f))		15	90.45%
16	Public support percentage from 2014 Sche						91.99 %
	tion D. Computation of Investme						
17	Investment income percentage for 2015 (li	ne 10c, column (f) d	livided by line 13, o	column (f))	,.,,,,	17	1%
18	Investment income percentage from 2014	Schedule A, Part III	, line 17	,		18	1%
19a	33 1/3% support tests-2015. If the organ	nization did not che	ck the box on line 1	14, and line 15 is me	ore than 33 1/3%, a	and line	
	17 is not more than 33 1/3%, check this bo		-				▶ 🗓
b	33 1/3% support tests—2014. If the orga	nization did not che	ck a box on line 14	or line 19a, and line	e 16 is more than 3	33 1/3%, and	_
	line 18 is not more than 33 1/3%, check thi	s box and stop he r	e. The organization	n qualifies as a pub	licly supported orga	anization	▶ ∟
20	Private foundation. If the organization did	not check a box or	line 14, 19a, or 19	9b, check this box a	ind see instructions		

Part IV Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2015

(Complete only if you checked a box in line 11 on 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

- 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 (b) and (c) 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 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.
- 5a 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).
- 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 (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 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		-
		-
2		
3a		
	-	
3b		
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9b		
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10a		
10b	or 990-	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organizațio	nns	721 rage
Check here if the organization satisfied the Integral Part Test as a qualifying trust on			
other Type III non-functionally integrated supporting organizations must complete Sec			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capita! 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		
Section 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):			* i,
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		
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 1-1/2% 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 .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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-integr		upporting organization (see	
instructions)	200	,, 0 0	

Schedule A (Form 990 or 990-EZ) 2015

Part	le A (Form 990 or 990-EZ) 2015 WORLD AFFAIRS COU		one (continued)	723 Page 1
		Supporting Organizati	Oris (continued)	Current Year
	on D - Distributions Amounts paid to supported organizations to accomplish exempt purpos			Current Tear
1				
2	Amounts paid to perform activity that directly furthers exempt purposes	or supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support	ntec organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		-	
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	ion is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	40		
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
C				
	From 2013			
	From 2014			•
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
-	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
•	D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2015, if			
9	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
	Remaining underdistributions for 2015. Subtract lines 3h			
0	-			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j		4.0	
	and 4c.			
8	Breakdown of line 7:			
a				
b	E (0040			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

◆ Attach to Form 990.

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

OMB No. 1545-0047

Employer Identification number Name of the organization

Open to Public Inspection

WC	RLD AFFAIRS COUNCIL		91-0586924
Pa	t I Organizations Maintaining Donor Advised Fu		Accounts.
	Complete if the organization answered "Yes" on		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	·	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that		
	funds are the organization's property, subject to the organization's excl		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in		
	only for charitable purposes and not for the benefit of the donor or done		
	conferring impermissible private benefit?		Yes No
Pa	t II Conservation Easements.		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check	all that apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	ortant land area
	Protection of natural habitat	Preservation of a certified historic	structure
	Preservation of open space	- 	
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conserva	ation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic structure incl		
d	Number of conservation easements included in (c) acquired after 8/17/		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, ex		
	tax year ◆		
4	Number of states where property subject to conservation easement is	located •	
5	Does the organization have a written policy regarding the periodic mor	itoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of		
	•		
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	lations, and enforcing conservation easemen	nts during the year
	♦ \$		
8	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)?		Yes No
9	In Part XIII, describe how the organization reports conservation easem	ents 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 desc	cribes the
_	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of Art		Similar Assets.
	Complete if the organization answered "Yes" or		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), r		
	works of art, historical treasures, or other similar assets held for public		ance or
	public service, provide, in Part XIII, the text of the footnote to its finance		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), t		
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthers	ance of
	public service, provide the following amounts relating to these items:		▲ #
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(II) Assets included in Form 990, Part X	a sthere also New manufacture for the state of the state	* \$
2	If the organization received or held works of art, historical treasures, o		de the
-	following amounts required to be reported under SFAS 116 (ASC 958)		A .c
	Revenue included on Form 990, Part VIII, line 1		
<u>b</u>	Assets included in Form 990, Part X		<u>,</u> \$

Sched	lule D (Form 990) 2015 WORLID AF	PAIKS COUNC	44	31-	0300324	_		<u></u>	age z
Pai	rt III Organizations Maintaining	Collections of	Art, Historical Tre	asures, or Othe	r Similar Ass	sets (co	ontinu	ed)	
	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other records, c	heck any of the following	ng that are a significa	nt use of its				
а	Public exhibition	d∏ı	oan or exchange prog	rams					
b	Scholarly research	6 (Other						
С	Preservation for future generations	96 taa							
4	Provide a description of the organization's co	ollections and explain ho	ow they further the orga	anization's exempt pu	rpose in Part				
	XIII.		,						
5	During the year, did the organization solicit of							_	,
	assets to be sold to raise funds rather than t		t of the organization's o	ollection?	<u></u>		Ye	s	No
Pa	rt IV Escrow and Custodial And Complete if the organization 990, Part X, line 21.		on Form 990, Part	IV, line 9, or rep	oorted an amo	ount on	Form		
1a	Is the organization an agent, trustee, custodi	an or other intermedian	y for contributions or ot	her assets not					
							Ye	s 「	No
	If "Yes," explain the arrangement in Part XIII			***************************************			_	_	-
		·	•				Amount		
С	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
	Ending balance								
2a	Did the organization include an amount on F	orm 990. Part X. line 2	1. for escrow or custodi	al account liability?			Ye	s	No
	If "Yes," explain the arrangement in Part XIII.						_	<u> </u>	1
	rt V Endowment Funds.								
	Complete if the organization	n answered "Yes"	on Form 990, Parl	IV, line 10.					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years	back	(e) Four	years	back
1a	Beginning of year balance	35,979	35,859	32,31	9 29	,906		31,	959
	Contributions								
	Net investment earnings, gains, and				-				
·		-1,825	120	3,54	0 2	2,413		-2.	053
A	Grants or scholarships	-1,825				7			-
	Other expenditures for facilities and								
e	·								
	programs				 				
	Administrative expenses	24 154	25 050	25.05		210			000
_	End of year balance	34,154			9 32	,319		29,	906
2	Provide the estimated percentage of the curr	• ,	line 1g, column (a)) hel	d as:					
а	Board designated or quasi-endowment •	%							
	Permanent endowment ◆ 100.00 %								
C	Temporarily restricted endowment ◆	%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organization	n that are held and ad	ministered for the					
	organization by:							Yes	No
	(i) unrelated organizations						3a(i)	X	
	400 1 - 4						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiz						3b		
4	Describe in Part XIII the intended uses of th				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Pa	rt VI Land, Buildings, and Equ				· <u> </u>				
	Complete if the organizatio	•	on Form 990. Part	t IV, line 11a. Se	e Form 990. I	Part X.	line 10	٥.	
	Description of property	(a) Cost or other b			c) Accumulated		(d) Book		
	•	(investment)	(othe		depreciation				
1a	Land								
	Buildings					+-			
	Leasehold improvements					+			
			1	00,336	93,259	9		7.	077
	Equipment Other		-			1			<i>4 / 1</i>
	. Add iines 1a through 1e. (Column (d) must		column (R) line 10c \			_		7	077
. Otal	. And littles to alrough te. (Column (a) must	oquai i oiiii aau, Fail A	, column (b), line 100.)			<u>- 1</u>			0//

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	(b) Book value	(c) Method of valuation:	
	(including name of security)		Cost or end-of-year market value	
(1) Financial	derivatives	. 1	_	
(2) Ciosely-hel	ld equity interests			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(B)				
(¢)	,,			
(D)				
(E)				
(F)				
(Ģ)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) ◆			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" on		·	13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
			Cost or end-of-year market value	
_(1)				
_(2)				
(3)				
(4)				
(6)				
(7)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	Form 000 Part IV line	11d Soc Form 000 Port V line	15
	Complete if the organization answered "Yes" on	1 FORM 990, Part IV, line	· ·	ook value
	(a) Description	· · · · · · · · · · · · · · · · · · ·	(0) 50	JOK ARIDE
(1)	<u> </u>			
(2)				
(3)				
(4)				
(5)				
(6)		· · · · · · · · · · · · · · · · · · ·		
(7)				<u> </u>
(8)	<u> </u>			
(9)	n (b) must equal Form 990, Part X, col. (B) line 15.)		•	
Part X	Other Liabilities.			
TartA	Complete if the organization answered "Yes" or	Form 990 Part IV line	11e or 11f See Form 990 Part	X
	line 25.	11 01111 000, 1 011 14, 1110	, 10 0. 11. 000 1 0 000, 1 0	~,
1.	(a) Description of liability	(b) Book value		
	income taxes	(4), 20011 1010		
	UED VACATION	7,739		
(2) ACCR		.,		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	on (h) must aqual Form 990 Part X col. (B) line 25.)	7,739		

Part XI Reconciliation of Revenue per Audited Financial Statem	ents With Re	91-0586924 evenue per Retu	ırn.	Page 4
Complete it the organization answered "Yes" on Form 99U i			41 11.	
Complete if the organization answered "Yes" on Form 990, I Total revenue, gains, and other support per audited financial statements			1	896,772
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	
a Net unrealized gains (losses) on investments	2a		•	
b Donated services and use of facilities		12,003		
c Recoveries of prior year grants		•		
d Other (Describe in Part XIII.)	·· 			
e Add lines 2a through 2d			2e	12,003
3 Subtract line 2e from line 1			3	884,769
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	4a			
a Investment expenses not included on Form 990, Part VIII, line 75 b Other (Describe in Part XIII.)			11-	
			4c	
c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	.,		5	884,769
Part XII Reconciliation of Expenses per Audited Financial States			eturn.	
Complete if the organization answered "Yes" on Form 990,			otal III	
1 Total expenses and losses per audited financial statements			1	1,051,638
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		• • • • • • • • • • • • • • • • • • • •		
	2a	12,003		
b Prior year adjustments	··		7	
c Other losses			100	
d Other (Describe in Part XIII.)			2e	12,003
e Add lines 2a through 2d			3	1,039,635
3 Subtract line 2e from line 1				_,,,,,,,,
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	40			
a Investment expenses not included on Form 990, Part VIII, line 7b			-	
b Other (Describe in Part XIII.)			4c	
c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,039,635
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.	<u></u>			1,000,000
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			., iine	

Schedule D (Fo	rm 990) 2015	WORLD	AFFAIRS	COUNCIL	91-0586924	Page_ 5
Part XIII	Supplementa	al inform	nation (continu	ied)		
I dit Aiii	ouppio:none	21 11110111	ration (ooriant	.00)		
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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. 1545-0047

Open To Public Inspection

WORLD	AFFATRG	COINCE

Employer Identification number

	WORLD AFFAIRS COUN	CIL					91-0	58692	24				
Part i	Excess Benefit Transaction												
	Complete if the organization answer						u-EZ, Part V, line	400.					
1	(a) Name of disqualified person	(b) Relation	onship between disquor organization	ualified	perso	on and	(c) Description of tra	ensaction	1		(d) Yes	Correct	ted?
(4)		-	Organization:			-						+	-
<u>(1)</u> <u>(2)</u>											\vdash	+	
(3)						_							
(4)												\top	
(5)							-						
(6)											\Box		
2 Enter thunder s	ne amount of tax incurred by the organ section 4958							• \$	·				
3 Enter th	ne amount of tax, if any, on line 2, abov	e, reimbursed by	the organization	٠				. •\$				•	
Part II	Loans to and/or From Inte							•				•	
	Complete if the organization answer				388	a or Form 990, Pa	irt IV, line 26; or i	t tne					
 .	organization reported an amount on (a) Name of interested person	(b) Relationship	(c) Purpose of		can to	(e) Original	(f) Balance due	(a) In	default?	? (h) A	poroved	I in v	Vritten
	(-)	with organization		or fro	m the g.?	principal amount	(,, ===================================			by board or committee?			ment?
				То	From			Yes	No	Yes	No	Yes	No
(1)													
(0)													
								1		\top	\top		
_(3)				+	\vdash			+	\vdash	\vdash			
(4)						<u> </u>	<u> </u>	<u> </u>	-	\vdash	\vdash		<u> </u>
(5)									igdash	igspace	igspace	<u> </u>	lacksquare
(6)										L			
(7)											L		
(8)													
(9)													
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(10)	· ·					♦ \$		-	<u> </u>	+			_
Part III	Grants or Assistance Ben	ofiting Intoro	cted Percer			······· • • • ·							
rait iii	Complete if the organization answe				27.								
	(a) Name of interested person	1 ''	nship between intere and the organization		(c) /	Amount of assistance	(d) Type of assistance	9	(e) Purpo	se of as	sistance	J
(1)													
(2)					╙			\perp					
(3)					╄			\perp					
(4)	<u></u>				 			\rightarrow					
_(5)					-			\perp					
(6)					+		<u>-</u>						
<u>(7)</u>		-			+		.	+					
(8)					+			+					
(9)													

Schedule L (Form 990 or 990-EZ) 2015 Part IV

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing (a) Name of interested person (b) Relationship between (c) Amount of (d) Description of transaction of org. revenues? transaction interested person and the organization Yes No (1) STARLINE LUXURY COACHES BUSINESS 15,268 COMMISSIONS TO WAC X 1,661 PAYMENTS FROM WAC X (2) STARLINE LUXURY COACHES BUSINESS (3)(4) (5) (6) (7) (8)(9)(10) Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART V - ADDITIONAL INFORMATION

GLADYS T. GILLIS, THE BOARD MEMBER, IS THE OWNER AND CEO OF STARLINE LUXURY COACHES, WHICH IS THE TRANSPORTATION PROVIDER FOR WORLD AFFAIRS COUNCIL'S INTERNATIONAL VISITOR PROGRAM. WAC PAID STARLINE \$1,661 FOR TRANSPORTATION SERVICES. STARLINE PAID WAC \$15,268 COMMISSION PAYMENTS FOR REFERRING THE CUSTOMERS. IN 2015, STARLINE WAS ALSO PAID BY OUTSIDE ORGANIZATIONS (NOT WAC) FOR

TRANSPORTATION OF IVP VISITORS THAT WERE PART OF WAC IVP PROGRAMS. WAC IVP ORGANIZES THESE VISITS (INCLUDING THE TRANSPORTATION OF THE VISITORS), PAYMENTS ARE MADE BY THE ORGANIZATIONS IN CHARGE OF THE DELEGATION. WAC HAS NO ACCOUNTING OF THE AMOUNT OF THESE PAYMENTS.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2015

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

FORM 990, PART I, LINE 6

IVP HOME HOSPITALITY - 218.

◆ 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.

Open to Public Inspection

Name of the organization

WORLD AFFAIRS COUNCIL

Employer Identification number 91-0586924

THE NUMBER OF VOLUNTERS CLASSIFIED BY TYPE OF SERVICES PERFORMED IN CALENDAR YEAR OF 2015: BOARD MEMBERS - 25, YPIN BOARD - 17; INTERNS - 40;

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

JAPANESE CONNECTIONS - ORGANIZE AND LEAD HIGH SCHOOL STUDENTS ON TWO WEEK

TRIPS TO JAPAN.

OTHER PROGRAM SERVICES - COMPUTER-RELATED SERVICES THAT ARE NOT CARRIED ON THE REGULAR BASIS AND SUPPORT EXEMPT FUNCTION ACTIVITIES.

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

WORLD9105 Pg 39 Schedule O (Form 990 or 990-EZ) (2015) Page 2 Name of the organization Employer Identification number WORLD AFFAIRS COUNCIL 91-0586924 FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY 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.