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)

lacktriangle Do not enter social security numbers on this form as it may be made public. ◆ Go to www.irs.gov/Form990 for Instructions and the latest information.

2017 Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	For the	ne 2017 c	alendar year, or t	tax year be	sanima		<u>, and ending</u>	!					
В	Check if	f applicable:	C Name of organization	on							D Employe	er identification n	umber
	Address	s change		WO	RLD AFF	AIRS CO	UNCIL						
Ħ	Name d	thoma	Doing business as								91-0	586924	
\equiv		•	Number and street (ress)		1	Room/suite	E Telephor		^
	Initial ref		2200 ALAS								206-	441-591	.0
	Final reti terminate		City or town, state of	ir province, cou	intry, and ZIP or					ļ			
	Amende	ed neturn	SEATTLE	- 6 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		WA 9812	21	-			G Gross re	ceipts\$	947,277
\equiv			F Name and address							H(a) Is this a grou	io return for :	subordinates?	Yes X No
Ш.	Application	ion pending	JACQUEL]	INE M	ILLER				- 1	_	-	一	=
										H(b) Are all subc			Yes No
										If "No,"	attach a list.	(see instructions)	
1	Tax-exe	empt status:	X 501(c)(3)	501(c)	() •	(insert no.)	4947(a)(1) or	527					
J	Website	te: 🔷 W	<u>WW.WORLD-</u>	<u>AFFAII</u>	RS.ORG					H(c) Group exem	ption numb	er 🔷	
K	Form of	f organization:	X Corporation	Trust	Association	Other 🌩			L Yes	rofformation: 19	951	M State of legal	domicie: WA
P	art I	Su	mmary										
	1	Briefly de	scribe the organization	ation's miss	sion or most	t significant a	ctivities:					-	
ø		TO A	DVANCE GLOE	BAL UNI	ERSTAND	ING AND	ENGAGEMEN	T THROU	GHOU	JT GREATE	R SEA	TTLE.	
g l	ĺ		PROGRAMS PR										
Governance			NCING A DEF										
Š	,		s box ♦ if the				*********						
			f voting members	_		-	4.3				1 . 1	22	
ಷ			•	_		•	* * * * * * * * * * * * * * * * * * * *					21	
Activities	4	Number o	f independent voti	ng membel	rs of the gov	eming body	(Part VI, line 1b)			· · · · · · · · · · · · · · · · · · ·	. 4		
Ξ			ber of individuals				art V, line 2a)					15	
Ac			ber of volunteers									633	
			elated business rev										0
\Box	b	Net unrela	ted business taxa	ble income	from Form	990-T, line 3	<u>4</u>						0
									\vdash	Prior Year		Current	
ø	8	Contribution	ons and grants (Pa	art VIII, line	• 1h)				. _		,888		<u>46,483</u>
24	9		service revenue (P	Part VIII. line	e 2a)					176	, 653	2	94,342
ኤ									.	4/0	, 055		<u> </u>
ever	10	Investmen				I, and 7d)	•••••			4/0	44	<u>3</u>	52
Revenue	10 11	Investment Other reve	t income (Part VIII	l, column (A), lines 3, 4	l, and 7d)			L			<u>3</u>	
Rever	11	Other revo	t income (Part VIII enue (Part VIII, col	I, column (A lumn (A), lii	A), lines 3, 4 nes 5, 6d, 8d	l, and 7d) c, 9c, 10c, ar	nd 11e)			5	44 ,893		52 6,400
Rever	11 12	Other reve	t income (Part VIII enue (Part VIII, col nue – add lines 8	I, column (a lumn (A), lii through 11	A), lines 3, 4 nes 5, 6d, 8d (must equa	l, and 7d) c, 9c, 10c, ar l Part VIII, co	nd 11e) olumn (A), line 12	· · · · · · · · · · · · · · · · · · ·			44 ,893		52
Rever	11 12	Other reve Total reve Grants an	it income (Part VIII enue (Part VIII, col nue – add lines 8 d similar amounts	I, column (A), li lumn (A), li through 11 paid (Part	A), lines 3, 4 nes 5, 6d, 8d (must equa IX, column (l, and 7d) c, 9c, 10c, ar i Part VIII, co (A), lines 1–3	nd 11e) olumn (A), line 12	······································		5	44 ,893		52 6,400
_	11 12 13 14	Other reve Total reve Grants an Benefits p	it income (Part VIII enue (Part VIII, col nue – add lines 8 d similar amounts aid to or for memb	I, column (A), li lumn (A), li through 11 paid (Part pers (Part I	A), lines 3, 4 nes 5, 6d, 8d (must equa IX, column (A X, column (A	I, and 7d) c, 9c, 10c, ar I Part VIII, co (A), lines 1–3 l), line 4)	nd 11e) olumn (A), line 12	()		5 1,193	44 ,893 ,478	9	52 6,400 47,277 0 0
_	11 12 13 14	Other reve Total reve Grants an Benefits p	it income (Part VIII enue (Part VIII, col nue – add lines 8 d similar amounts aid to or for memb	I, column (A), li lumn (A), li through 11 paid (Part pers (Part I	A), lines 3, 4 nes 5, 6d, 8d (must equa IX, column (A X, column (A	I, and 7d) c, 9c, 10c, ar I Part VIII, co (A), lines 1–3 l), line 4)	nd 11e) olumn (A), line 12	()		5 1,193	44 ,893	9	52 6,400 47,277 0 0 36,997
_	11 12 13 14	Other reve Total reve Grants an Benefits p	it income (Part VIII enue (Part VIII, col nue – add lines 8 d similar amounts aid to or for memb	I, column (A), li lumn (A), li through 11 paid (Part pers (Part I	A), lines 3, 4 nes 5, 6d, 8d (must equa IX, column (A X, column (A	I, and 7d) c, 9c, 10c, ar <u>I Part VIII, cc</u> (A), lines 1–3 l), line 4)	nd 11e) olumn (A), line 12	()		5 1,193	44 ,893 ,478	9	52 6,400 47,277 0 0
_	11 12 13 14 15 16a b	Other reversible Total reversible Grants and Benefits p Salaries, or Profession Total fund	it income (Part VIII) enue (Part VIII, col nue – add lines 8 d similar amounts aid to or for memb other compensation al fundraising fees raising expenses (I, column (.) lumn (A), liumn (A)	A), lines 3, 4 nes 5, 6d, 8d (must equa IX, column (A X, column (F X), column (A D), linmn (D), linmn (D), linmn (D), linmn (D), linmn (D), linms (D), lin	1, and 7d) c, 9c, 10c, ar il Part VIII, cc (A), lines 1–3 A), line 4) Part IX, colur line 11e) ue 25) ♦	nd 11e) olumn (A), line 12	()		5 1,193 681	44 ,893 ,478 ,759	9	52 6,400 47,277 0 0 36,997 0
Expenses	11 12 13 14 15 16a b	Other reversible of the revers	at income (Part VIII, colonue (Part VIII, colonue – add lines 8 d similar amounts aid to or for member ther compensational fundraising fees raising expenses (Part IX, colonue	I, column (lumn (A), liumn (A), liumn (A), liumn (A) lumn (A), liumn (A),	A), lines 3, 4 nes 5, 6d, 86 (must equa IX, column (A column (A), e benefits (F column (A), olumn (D), lin ines 11a–116	1, and 7d) c, 9c, 10c, ar il Part VIII, cc (A), lines 1–3 A), line 4) Part IX, colur line 11e) te 25) ♦ d, 11f–24e)	nd 11e) blumn (A), line 12 nn (A), lines 5–1 48,	o) 286		5 1,193 681 392	44 ,893 ,478 ,759	6	52 6,400 47,277 0 0 36,997 0
_	11 12 13 14 15 16a b 17	Other reverse Total reverse Grants and Benefits p Salaries, or Profession Total fund Other exp	at income (Part VIII) enue (Part VIII, col nue – add lines 8 d similar amounts aid to or for memb other compensation al fundraising fees raising expenses (enses (Part IX, co enses. Add lines 1:	I, column (lumn (A), lin through 11 paid (Part pers (Part II n, employe s (Part IX, (Part IX, co lumn (A), li 3–17 (must	A), lines 3, 4 nes 5, 6d, 8d (must equa IX, column (AX, column (AX, column (A), lumn (D), lin ines 11a–11d t equal Part	I, and 7d) c, 9c, 10c, ar il Part VIII, cc (A), lines 1–3 A), line 4) Part IX, colur line 11e) le 25) d, 11f–24e) IX, column (A)	nd 11e) plumn (A), line 12 b) nn (A), lines 5–1 48,	o) 286		5 1,193 681 392 1,074	44 ,893 ,478 ,759 ,853 ,612	9 6 3. 9	52 6,400 47,277 0 0 36,997 0 37,717 74,714
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(Expenses \$ 86,6

4e Total program service expenses ♦

4d Other program services (Describe in Schedule O.)

86,684 including grants of \$ nses ◆ 842,667) (Revenue \$

15,100

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 x complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 candidates for public office? If "Yes," complete Schedule C, Part I X 3 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 X 4 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, X Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 10 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, Fart V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII. VIII. IX. or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 X 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a 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 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign crganization? If "Yes," complete Schedule F, Parts II and IV \mathbf{x} 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 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) X 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 Х 18 Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a?

X

If "Yes," complete Schedule G, Part III

Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 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 employees? If "Yes," complete Schedule J 23 X 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 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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? 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 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? if "Yes," complete Schedule L, Part I X Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 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 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 conservation contributions? If "Yes," complete Schedule M X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, \mathbf{x} Part i Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II X 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 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? X If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization? If "Yes," complete Schedule R, Part V, line 2 \mathbf{x} 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R. Part VI X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. X

Check if Schedule O contains a response or note to any line in this Part V Yes It Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in the 1s. Enter -0- if not applicable Did the organization or Forms W-2G included in the 1s. Enter -0- if not applicable Did the organization or Forms W-2G included in the 1s. Enter -0- if not applicable Did the organization have unrelated business gross income of \$1,000 or more during the very -3 a. If Yes, 1st if filed a Form 990-1 for this year? If 'M'ro' is in 80, provide a mespheration in Schedule O At any time during the celendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country: ◆ If 'Yes,' enter the name of the foreign country: ◆ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? See Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? See Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? See Did the organization as an 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 or gift	X X X
the Enter the number reported in Box 3 of Form 1086. Enter -0- if not applicable 1 a 3 1 b 0	x x x
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Za 15 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a 1 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts account)? 5 if "Yes," enter the name of the foreign country: ◆ 5 see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 6 If "Yes to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Does the organization aparty notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 b If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 c If "Yes," indicate the number of Forms 282 filed during the year 10 If the organization	x x x
c Did the organization comptly with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 3 Istatements, filed for the calendar year ending with or within the year covered by this return 2 It at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 It at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 It at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 If Yes," has it filed a Form 990-T for this year? If You' to line 3b, provide an explanation in Schedule O 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 1 If Yes," enter the name of the foreign country. ◆ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 2 If Yes, or the same of the foreign country that we are in a party to a prohibited tax shelter transaction? 3 If Yes," did the organization that were not tax deductible as charitable contributions? 4 If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 4 Organizations that may receive deductible contributions under section 170(c). 5 If Yes," did the organization notify the donor of the value of the goods or services provided? 5 If Yes," did the organization notify the donor of the value of the goods or services provided? 5 If Yes, "did the organization notify the donor of the value of the goods or services provided? 6 If Yes, "did the organization on receive a payment in excess of \$75 made partly as a contribution and partly for goods and s	x x x
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Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Table If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Total If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Total If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Total If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? Total If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? The Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	•
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b	
10 Section 501(c)(7) organizations, Enter:	
1.77.	
a Initiation fees and capital contributions included on Part VIII, line 12	
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:	
a Gross income from members or shareholders	
b Gross income from other sources (Do not net amounts due or paid to other sources	
against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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.	
a le the experiention licensed to insue qualified health plane in more than one state?	
Note. See the instructions for additional information the organization must report on Schedule O.	
b Enter the amount of reserves the organization is required to maintain by the states in which	
the organization is licensed to issue qualified health plans	
c Enter the amount of reserves on hand	
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 O	_

Form 990 (2017) WORLD AFFAIRS COUNCIL 91-0586924 <u>Page</u> 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes Nο 1a Enter the number of voting members of the governing body at the end of the tax year 22 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 21 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? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 5 Did the organization have members or stockholders? X 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, b stockholders, or persons other than the governing body? X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X 8a Each committee with authority to act on behalf of the governing body? X 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? X 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X b 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 X 12a 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? 14 14 X Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ◆ ₩A 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 | Upon request Other (explain in Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records: • WORLD AFFAIRS COUNCIL 2200 ALASKAN WAY SUITE 450

WA 98121

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	-,		
Part VII	Compensation of Officers, Directors, Trus	stees, Key Employees, Highest	Compensated Employees, and
	Independent Contractors		_
	Check if Schedule O contains a response or	note to any line in this Part VII	

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

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

compensated employees; and forme			aire	ctors	, ins	แเบนอ	naı	trustees; onicers; key emp	loyees, riignest	
Check this box if neither the org	janization nor ar	y rel	ated	orga	aniza	ition (com	pensated any current office	er, director, or trustee.	
(A) Name and Title	(B) Average hours per week (list any	bo	x, unie	Pos check ess pe	rson 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
	hours for related organizations below dotted :ine)	Individual trustee or director	institutional trustee	Officer	Kay amployee	Highest companisated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) THAO HONG										
CHAIR	2.00 0.00	x		x				0	0	0
(2) ROGER MEECE						П				
	2.00			x					0	•
VICE-CHAIR (3) JOHN COMERFORD	0.00	X	\vdash		_	$\vdash \vdash$	_	0	0	0
(3) DOMN COMERFORD	2.00									
TREASURER	0.00	x		x				0	0	0
(4) ALICIA AUSTIN										
·	2.00	_								
SECRETARY	0.00	X		X		\vdash		0	0	0
(5) KATE BEHNCKEN	1.00									
DIRECTOR	0.00	x						0	0	0
(6) KRISTI BRANCH						Н				
	1.00					ŀ				
DIRECTOR	0.00	X						0	0	0
(7) AARON BROWN										
<u></u>	1.00	4.5					ı	م		•
OIRECTOR (8) TODD HINNEN	0.00	X	\vdash	\dashv		\vdash	_	0	0	0
(8) TODD HINNEN	1.00						[
DIRECTOR	0.00	x						o	0	0
(9) MARK KAMMERER								-		
	1.00									
DIRECTOR	0.00	X		_			_	0	0	0
(10) MARWAN KASHKOUSI										
DIRECTOR	1.00 0.00	x		ĺ			ĺ	o	o	0
(11) ROBERT E. KETTLE			\dashv		\dashv	\dashv	\dashv			
	1.00				İ					
DIRECTOR	0.00	x	. 1					0	0	0
DAA										Form 990 (2017)

Part VII Section A. Officers	, Directors, Tru	ıstee	s, K	ey E	Emp	loyee	es, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any	bo	x, unl	Pos check ess pe	erson	than o	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)	or director	Institutional trustee	Officer	Кеу втрюуее	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12) JEAN-DAVID L	ARSON 1.00								_	
DIRECTOR	0.00	x						0	o	0
(13) TOM LOMBARDO			<u> </u>							
,	1.00	.								_
DIRECTOR (14) FRASER MENDEI	0.00	X		 			<u> </u>	0	0	0
DIRECTOR	1.00	x						0	0	٥
	JEVAN		-	┢						
	1.00									
DIRECTOR	0.00	X	_		<u>L</u> .	L.,		0	0	0
(16) SHEILA REMES	1.00									
DIRECTOR	0.00	x						o	0	l
	LLON									
	1.00			l						
DIRECTOR (18) JENNIFER SPAT	0.00	X				\vdash		0	0	0
(18) JENNIFER SPAT	1.00									
DIRECTOR	0.00	x						0	0	o
(19) HARESH VED										
DIRECTOR	1.00 0.00	х						0	0	. 0
1b Sub-total							•	122 004		2 107
c Total from continuation shee d Total (add lines 1b and 1c)							•	122,004 122,004	-	2,187 2,187
2 Total number of individuals (ind	cluding but not li	mited	d to				bove		\$100,000 of	
reportable compensation from	the organization	•	1							Yes No
3 Did the organization list any fo								oyee, or highest compensa	ted	
employee on line 1a? If "Yes," For any individual listed on line organization and related organ	1a, is the sum	of re	port	able	com	pens	atior		from the	3 X
individual								· · · · · · · · · · · · · · · · · · ·		4 X
5 Did any person listed on line 1 for services rendered to the or	a receive or acc	rue (comp	ens	ation	tron	ı an	y unrelated organization or		5 X
Section B. Independent Contractor			00///	noic	007	COUR	,	or sacri person		3 12
1 Complete this table for your five										
compensation from the organiz	(A) business address	mpe	nsau	on ic	or un	e can	enda		in the organization's tax ye (B) on of services	(C) Compensation
Name and	ousness address							Descripti	on or services	Compensation
						\dashv				
						-			<u></u>	
2 Total number of independent of								e listed above) who		
received more than \$100,000 c	of compensation	from	the	orga	aniza	tion	<u> </u>		0	Form 990 (2017)
D7 0 1										FUIII @@@ (2017)

Pa	rt V	/III Statement of R Check if Schedu	levenue ile O contai	ns a response o	or note to any line in	n 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
at se	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		140,385	200			
S, A	С	Fundraising events	1c					
돌	d	Related organizations	1d					
έE	е	Government grants (contributions)	1e	193,376				
SE	f	All other contributions, gifts, grants,						
<u>P</u>		and similar amounts not included abo	ove 1f	212,722				
	g	Noncash contributions included in lin	es 1a–1f: \$					
<u>0 8</u>	h	Total. Add lines 1a-1f			546,483			
100				Busn. Code				
e e	2a	INTERNATIONAL VI	SITOR PROG	RAM	278,002	278,002		
9	b				96,990	96,990		
Š	С	*			15,100	15,100		
8	ď	GLOBAL CLASSROOM			4,250	4,250		
Program Service Revenue	е							
ğ		All other program service			394,342			
=		Total. Add lines 2a-2f Investment income (includ			391,312			
	3	and other similar amounts	`	•	52			52
	4	Income from investment or						
	5	Royalties		. ,				
	J	(i) Ro		(ii) Personal				
	6a		6,400	(ii) r croonar				
	b		0,200					
			6,400					
	d	, ,		•	6,400			6,400
		Less: rental exps. Rental inc. or (loss) Net rental income or (loss) Gross amount from sales of assets (i) Securities (ii) Other						
		sales of assets other than inventory						
	b							
		basis & sales exps.		ļ				
	С	Gain or (loss)						
		Net gain or (loss)						
d)	8a	Gross income from fundraising	events					
Other Revenue		(not including \$						
e e		of contributions reported on lin						
2		See Part IV, line 18	a					
ţ.	b	Less: direct expenses	b					
0	C	Net income or (loss) from	fundraising ev	ents				
	9a	Gross income from garning at		ļ				
		See Part IV, line 19	a				·	
	C	Net income or (loss) from	gaming activiti	es •				
	10a	Gross sales of inventory, I						
		returns and allowances	a					
		Less: cost of goods sold	b 🗀					
	Ç	Net income or (loss) from						
		Miscellaneous Reve	nue	Busn. Code				
	11a	* * * * * * * * * * * * * * * * * * * *		J I				
	b	• • • • • • • • • • • • • • • • • • • •						
	C	* , , ,						
		All other revenue						
		Total. Add lines 11a-11d			947,277	394,342	0	6,452
	12	Total revenue. See instru	GUUFIS		721/4/1	337,324		3,232

Part IX Statement of Functional Expenses

	Statement of Functional Exp				
Sec	tion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respon			mpiete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		0.40		
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			4.00	
=	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				1.5.
5	Compensation of current officers, directors,				
	trustees, and key employees	124,291	99,453	12,419	12,419
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	420,654	356,380	40,509	23,765
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	38,279	32,336	4,491	1,452
10	Payroll taxes	53,773	45,095	5,154	3,524
11	Fees for services (non-employees):			,	
а	Management				
þ	Legal				
C	Accounting	12,241		12,241	
d					
e					
f	Investment management fees				
g	,	2 000	2 000		
	(A) amount, list line 11g expenses on Schadule C.)	3,000	3,000		
12		17 002	15 450	2 060	465
13	Office expenses	17,983 13,913	15,450 12,453	2,068 279	465 1,181
14 15	Information technology	13,313	12,33		1,101
16	Royalties	63,071	56,764	2,523	3,784
17	Occupancy	80,809	79,423	518	868
18	Payments of travel or entertainment expenses		15/125	310	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,186	1,967	88	131
23	Insurance	8,805	7,925	352	528
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If			- *.	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	IVP PROGRAM EXPENSE	77,729	77,729		
b	COMMUNITY PROGRAMS	39,136	39,136		
C	FISCAL AGENT FEES	7,500	7,500		
d	MISCELLANEOUS	5,891	2,757	3,000	134
е	All other expenses	5,453	5,299	119	35
25	Total functional expenses. Add lines 1 through 24e	974,714	842,667	83,761	48,286
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ♦ if				
DAA	following SOP 98-2 (ASC 958-720)				Form 990 (2017)
					rum aau (2017)

	Check if Schedule O contains a response or note	to any line ii	this Part A			
				(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing			187,037	1	262,892
2	Savings and temporary cash investments	*****		35,065	2	39,408
3	Pledges and grants receivable, net			100,000	3	
4	Accounts receivable, net			58,912	4	33,080
5	Loans and other receivables from current and former of	fficers, direct	ors,			
	trustees, key employees, and highest compensated em	ployees.				
	Complete Part II of Schedule L	-			5	
6	-					
	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 Sch				6	
7					7	
8	Inventories for sale or use					
9	Prepaid expenses and deferred charges			12,567	21,291	
1 -	Land, buildings, and equipment: cost or	T				
''	other basis. Complete Part VI of Schedule D	10a	91,235		1	
l h	Less: accumulated depreciation	10b	81,114	6,932	10c	10,121
11			· · · · · · · · · · · · · · · · · · ·		11	20,222
12	Investments—other securities. See Part IV, line 11		12			
13	Investments—program-related. See Part IV, line 11		13			
14					14	
15	Intangible assets Other assets. See Part IV, line 11			15		
16	Total assets. Add lines 1 through 15 (must equal line 3		400,513	16	366,792	
17	Accounts payable and accrued expenses		16,715	17	20,915	
18			10//15	18	20,513	
19	Grants payable		,	9,270	19	245
20	Deferred revenue	• • • • • • • • • • • • • • • • • • • •		3/2/0	20	21-
	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV o	 f Sabodulo Γ		<u></u>	21	
21			′			
22	Loans and other payables to current and former officers					
	trustees, key employees, highest compensated employee			,	20	
	disqualified persons. Complete Part II of Schedule L				22	
	Secured mortgages and notes payable to unrelated third				23	
24	Unsecured notes and loans payable to unrelated third p				24	
25	Other liabilities (including federal income tax, payables to		i			
	parties, and other liabilities not included on lines 17-24).			9,788	ا ء	8,329
	of Schedule D	• • • • • • • • • • • • • • • • • • • •		35,773	25	29,489
26	Total liabilities. Add lines 17 through 25	- I A	V	33,113	26	29,409
	Organizations that follow SFAS 117 (ASC 958), check	k nere 🗢 🛚	A and			
	complete lines 27 through 29, and lines 33 and 34.			150 450		221 754
27	Unrestricted net assets		159,450 170,225	27	231,754 66,141	
28	Temporarily restricted net assets			35,065	28	39,408
29	Permanently restricted net assets		:: <u>:::::::::::::::::::::::::::::::::::</u>	33,003	29	39,400
	Organizations that do not follow SFAS 117 (ASC 958	e♦ ∐ and				
	complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds			30		
31	Paid-in or capital surplus, or land, building, or equipment				31	
32	Retained earnings, endowment, accumulated income, or			264 740	32	225 222
33	Total net assets or fund balances			364,740	33	337,303
34	Total liabilities and net assets/fund balances			400,513	34	366,792

Form	990 (2017) WORLD AFFAIRS COUNCIL	91-0586924			Pa	ige 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any	line in this Part XI				$\Box\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	,,	1			277
2	Total expenses (must equal Part IX, column (A), line 25)		2			<u>714</u>
3	Revenue less expenses. Subtract line 2 from line 1		3	-	27 <u>,</u>	<u>437</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line	33, column (A))	4	3	64,	740
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	Investment expenses					
8	Prior period adjustments		1 - 1			
9	Other changes in net assets or fund balances (explain in Schedule O)		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (m	nust equal Part X, line				
	33, column (B))	***************************************	10	3.	37,	303
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any	line in this Part XII				_Ш_
		_			Yes	No
1		Accrual Other				,
	If the organization changed its method of accounting from a prior year or	checked "Other," explain in			٠.	. :
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an			2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for	or the year were compiled or				3
	reviewed on a separate basis, consolidated basis, or both:				. 10	
	X Separate basis Consolidated basis Both consolidate					
b	Were the organization's financial statements audited by an independent a		, ,	2b		Х
	If "Yes," check a box below to indicate whether the financial statements for	or the year were audited on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidate	d and separate basis			,	
C	If "Yes" to line 2a or 2b, does the organization have a committee that ass	. , ,				
	of the audit, review, or compilation of its financial statements and selection	on of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process	ss during the tax year, explain in				15.
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo a	n audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?			3a		_X
b	If "Yes," did the organization undergo the required audit or audits? If the o	rganization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any step	s taken to undergo such audits.		3b		

Form **990** (2017)

Part VII Section A. Officers (A) Name and title	(B) Average hours per week (list any hours for	(d	lo not	Pos check ess pe	C) sition more erson	than of the contract of the co	one i an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compansated employee	Former	(W-2/1099-MISC)	(**************************************	organization and related organizations
(20) JOELLA WERLIN	1.00									
DIRECTOR	0.00	x		L				0	0	C
(21) ALEXIS CHOUE	1.00									
EX-OFFICIO DIRECTOR	0.00	x						0	o	d
(22) ANDREW CUSHMA	N									
DIRECTOR	1.00	x						0	o	ا ا
(23) MIRIAM FARHI	0.00			-	\vdash	\vdash				
	1.00	l								
DIRECTOR (24) GLADYS GILLIS	0.00	X	\vdash	\vdash				0	0	
	1.00									
DIRECTOR (25) ELLEN LETTVIN	0.00	X						0	0	
(25) ELLEN LETTVIN	1.00									
DIRECTOR	0.00	x						0	0	0
(26) RON MASNIK	1.00	i								
DIRECTOR	0.00	x						0,	0	o
(27) TAMARA POWER	-DRUTIS									
DIRECTOR	1.00 0.00	x						o	o	o
1b Sub-total							♦			
c Total from continuation shee d Total (add lines 1b and 1c)	•						♦			
d Total (add lines 1b and 1c) . Total number of individuals (ind	cluding but not li						bove	e) who received more than	\$100,000 of	
reportable compensation from	the organization	•			_					Yes No
3 Did the organization list any fo								oyee, or highest compensa	ted	
employee on line 1a? If "Yes," 4 For any individual listed on line								n and other compensation	from the	3
organization and related organ	izations greater	than	\$15	0,00	0? <i>If</i>	"Ye:	s, " co	omplete Schedule J for suc		4
individual	a receive or acc	rue o	comp	ens	ation	fron	n an	y unrelated organization or		
for services rendered to the or Section B. Independent Contractor		es,"	com	olete	Sch	edul	e <i>J f</i>	for such person		5
1 Complete this table for your fiv	e highest compe									
compensation from the organiz	ation. Report co (A) business address	mpe	nsati	on fo	or the	e cal	enda		in the organization's tax ye (B) on of sevices	ear. (C) Compensation
Name and	biusiness address					\dashv		Descripti	on of services	Complensation
							-		· · · · · · · · · · · · · · · · · · ·	
						_				
						\dashv			·	
						\sqcup				
Total number of independent or received more than \$100,000 or received more than \$100,00								e listed above) who		

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	not ox, unli	Pos check ess po	erson direct	is both	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)		Estima amous other organization	nted nt of er sation the ation lated	
(28) JACQUELINE M	TLLER		*		 	201	_						
,	40.00												
PRESIDENT	0.00			X	\vdash			122,004	. 0			2,	187
	· · · · · · · · · · · · · · · · · · ·												
	_												
	• • • • • • • • • • • • • • • • • • • •												
1b Sub-total	<u> </u>						•	122,004				2	187
c Total from continuation shee	ts to Part VII, S	ecti	on A	٠			•	122/001				٠,	
d Total (add lines 1b and 1c) Total number of individuals (inc							♦ bove) who received more than	\$100,000 of	<u> </u>			
reportable compensation from	the organization	<u> </u>						•	-			Yes	No
3 Did the organization list any fo employee on line 1a? If "Yes,"											3		
4 For any individual listed on line organization and related organi	1a, is the sum	of re	port	able	com	pens	ation		from the		Ť		
individual											4		
5 Did any person listed on line 1st for services rendered to the on	a receive or acc	rue (comp	ens	ation	TOT	າ an	y unrelated organization or		<u></u>	5		
Section B. Independent Contractor 1 Complete this table for your five		neat	tod ir	nden	onde	ent c	ontra	ectors that received more fi	nan \$100,000 of				
compensation from the organiz	ation. Report co							ar year ending with or withi	n the organization's tax ye	ear.		<i>(</i> C)	
Name and	(A) business address					\dashv		Descripti	(B) on of services	-	Co	(C) npensal	li cn
										1			
													
						\dashv						•	
								 .					
Total number of independent or received more than \$100,000 or contact.								e listed above) who					
DAA											Form	990	(2017)

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.

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ♦ Attach to Form 990 or Form 990-EZ.

WORLD AFFAIRS COUNCIL

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

Employer Identification number 91-0586924

P	art I	Reas	son for Public Charity	Status (All organizations	must c	complete	this part.) See instruction	ns.					
The	orga	nization is no	t a private foundation because	se it is: (For lines 1 through 12,	check on	ly one bo	x.)	<u> </u>					
1		A church, co	onvention of churches, or as	sociation of churches described	in section	n 170(b)	(1)(A)(i).						
2	П	A school des	scribed in section 170(b)(1)	(A)(ii). (Attach Schedule E (For	m 990 or	990-EZ).)							
3	П			ice organization described in se									
4	П	A medical re	esearch organization operate	d in conjunction with a hospital	described	in section	on 170(b)(1)(A)(iii). Enter the I	hospital's name.					
	_	city, and sta	=	•			,,,,,,	,					
5		•	· · · · · · · · · · · · · · · · · · ·	of a college or university owned	or opera	ted by a	povernmental unit described in	· · · · · · · · · · · · · · · · · · ·					
Ī	ш		(b)(1)(A)(iv). (Complete Par		о. орола	, ;	30.0						
6	П			governmental unit described in :	section 1	70(b)(1)(/	AXv).						
7	Н			-			., .	•					
-		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8	П	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9	П	A community flust described in section 170(b)(1)(A)(v), (complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(lx) operated in conjunction with a land-grant college											
	ш	or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or											
		university:	.	,			,, <u></u>						
10	X	An organizat	ion that normally receives: (1) more than 33 1/3% of its sup	port from	contribut	ions, membership fees, and on	OSS					
		receipts from	activities related to its exen	npt functions—subject to certain	exceptio	ns, and (2	2) no more than 33 1/3% of its						
		• • •	•	nd unrelated business taxable ir	,								
		acquired by t	the organization after June 3	0, 1975. See section 509(a)(2)	. (Comple	ete Part II	l.)						
11	Ш	An organizat	ion organized and operated	exclusively to test for public saf	ety. See	section 5	i09(a)(4).						
12	Ш	-	-	exclusively for the benefit of, to	-								
	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12a, 125 and 12a.												
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.												
	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the												
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B.												
	supporting organization. You must complete Part IV, Sections A and B.												
	a	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported											
				Part IV, Sections A and C.	same per	sons mac	control or manage the support	ea					
	С			supporting organization operated	l in conn	action with	and functionally integrated w	ith					
	·			structions). You must complete				щ,					
	ď	Type III	non-functionally integrated	d. A supporting organization ope	erated in	connectio	n with its supported organization	on(s)					
		_		e organization generally must sa			., -	· ·					
		requireme	ent (see instructions). You r	nust complete Part IV, Sectior	ns A and	D, and P	art V.						
	e			eived a written determination fro			a Type I, Type II, Type III						
				n-functionally integrated suppor	ting orga	nization.							
			mber of supported organizati										
				ne supported organization(s).	1								
(i		of supported anization	(ii) EIN	(III) Type of organization	, ,	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of					
	orga	anzanon		(described on lines 1-10 above (see instructions))	1 -	ment?	instructions)	other support (see instructions)					
				, "	Yes	No	· · · · · · · · · · · · · · · · · · ·	,					
(A)								-					
. 7													
(B)	_		-										
(0)													
(C)					 			<u> </u>					
(0)													
(D)					 								
(D)					i								
(E)													
(E)					1								

WORLD AFFAIRS COUNCIL 91-0586924 Schedule A (Form 990 or 990-EZ) 2017 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 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) Public support. Subtract line 5 from line 4. Section B. Total Support (d) 2016 Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (e) 2017 (f) Total Amounts from line 4 Gross income from interest, dividends, 8 payments received on securities loans. rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2016 Schedule A, Part II, line 14 15 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below please complete Part II.)

_	ii tile organization lails to	quality under the	ne lesis listed t	elow, please o	ompiete Part II.	<u>}</u>	
	tion A. Public Support	<u> </u>					
Cale	ndar year (or fiscal year beginning in) 🔷 🔷	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gills, grants, contributions, and membership						
	fees received. (Do not include any "unusual grants.")	517,156	632,728	510,298	625,761	546,483	2,832,426
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	258,003	356,390	367,571	561,780	394,342	1,938,086
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	775,159	989,118	877,869	1,187,541	940,825	4,770,512
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	70 716	100 202	104 600	go 883	114 500	450.150
_		70,716	108,282	104,699	80,773	114,690	479,160
	Add lines 7a and 7b	70,716	108,282	104,699	80,773	114,690	479,160
8	Public support. (Subtract line 7c from						
Sac	tion B. Total Support						4,291,352
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	/8 T-+-1
							(f) Total
9	Amounts from line 6	775,159	989,118	877,869	1,187,541	940,825	4,770,512
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	20,122	10,348	6,900	5,937	6,452	49,759
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						_
С	Add lines 10a and 10b	20,122	10,348	6,900	5,937	6,452	49,759
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, and 12.)	795,281	999,466	884,769	1,193,478	947,277	4,820,271
14	First five years. If the Form 990 is for the						
	organization, check this box and stop here	•				····	▶
Sec	tion C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2017 (line 8,	column (f) divided	by line 13, column	(f))		15	89.03 %
16	Public support percentage from 2016 Sche						90.75 %
Sec	tion D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2017 (li	ne 10c, column (f)	divided by line 13,	column (f))		17	1%
18	Investment income percentage from 2016		U line 47			[46]	1%
19a	33 1/3% support tests-2017. If the organ						
	17 is not more than 33 1/3%, check this bo	x and stop here.	The organization qu	ualifies as a public	dy supported organ	ization	▶ 🗓
b	33 1/3% support tests-2016. If the organ	nization did not che	ck a box on line 14	or line 19a, and	line 16 is more than	33 1/3%, and	_
	line 18 is not more than 33 1/3%, check thi	s box and stop he	re. The organization	n qualifies as a p	ublicly supported or	rganization	▶ 📙
20	Private foundation. If the organization did	not check a box o	n line 14, 19a, or 1	9b, check this box	x and see instruction	ns	▶ 🔲

Schedule A (Form 990 or 990-EZ) 2017

Part IV Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 8 9a 9b 9c 10a			
1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 6 7 8 8 9a 9b 9c		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	1		
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b	1		
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	, .		
3c 4a 4b 4c 5a 5b 5c 66 7 8 8 9a 9b 9c	3a	, - I	7.
4a 4b 4c 5a 5b 5c 6 6 7 8 9a 9b 9c			
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
4c 5a 5b 5c 6 7 8 9a 9b 9c	4a		1.6
5a 5b 5c 6 7 8 9a 9b	4b		
5a 5b 5c 6 7 8 9a 9b	4c		
5b 5c 6 7 8 9a 9b			
6 6 7 8 9a 9b 9c	5a		
6 7 8 9a 9b 9c			4
7 8 9a 9b	3		
9a 9b 9c	6		
9a 9b 9c	7		
9b 9c	8	-	-
9c	9a		
	9b		
10a	9с		
	10a		

Schedule A (Form 990 or 990-EZ) 2017 WORLD AFFAIRS COUNCIL		91-05869	924 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	<u>rganizal</u>	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on I		` '	e
instructions. All other Type III non-functionally integrated supporting organizations m	ust compl	lete Sections A through E.	_
Section A - Adjusted Net Income		`(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		_
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		_
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		4 .4	
factors (explain in detail in Part VI):	1		
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 integrated	d Type Iil	supporting organization (s	ee
instructions).		• • • • • • • • • • • • • • • • • •	

Par	t V Type III Non-Functionally Integrated 509(a)(3)		ations (continued)	721 rage
	ion D - Distributions	Capporting Organiza	inerio (coriandoa)	Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	oses		- Carrone Tour
2	Amounts paid to perform activity that directly furthers exempt purpose		_	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of sup	ported 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 organizations	zation is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017	S. 14 S		
	(reasonable cause required-explain in Part VI). See			
2	instructions. Excess distributions carryover, if any, to 2017:			
3	Excess distributions carryover, if any, to 2017.			
a	From 2013			
	From 2014			
	From 2015			
	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)			
Ť	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
¢	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form	n 990 or 990-EZ) 2017	WORLD	AFFAIRS	COUNCIL		91-0586924	Page 8
Part VI	III, line 12; Part IVB, lines 1 and 2; 3a and 3b; Part V	V, Section A, Part IV, Section V, line 1; Part	lines 1, 2, 3b, on C, line 1; l V, Section B,	3c, 4b, 4c, 5a, Part IV, Section line 1e; Part V,	6, 9a, 9b, 9c, 11a, 11 D, lines 2 and 3; Part	; Part II, line 17a or 17t b, and 11c; Part IV, Sec IV, Section E, lines 1c, and 8; and Part V, Sec nuctions)	ction 2a, 2b,
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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.

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

OMB No. 1545-0047

Open to Public Inspection

Name	of the organization			Employe	r identification number
	ORLD AFFAIRS COUNCIL				586924
P	art I Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on			Accour	nts.
		1	(a) Donor advised funds		(b) Funds and other accounts
4	Total number at end of year	<u> </u>			(o) Fulles and other accounts
1	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				- <u></u>
4	Aggregate value of grants from (during year)				
5	Aggregate value at end of year Did the organization inform all donors and donor advisors in writing the		note held in doner advised	<u> </u>	
J	•				□ v _{ee} □ v
6	funds are the organization's property, subject to the organization's ex Did the organization inform all grantees, donors, and donor advisors in			• • • • • • • • • • • • • • • • • • • •	Yes No
0					
	only for charitable purposes and not for the benefit of the donor or do				Yes No
D:	conferring impermissible private benefit?				Yes Ne
-	Complete if the organization answered "Yes" on	Form 9	90, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (chec				
	Preservation of land for public use (e.g., recreation or education)		Preservation of a historically imp	ortant lan	d area
	Protection of natural habitat	Ħ	Preservation of a certified histori		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified cons	ervation	contribution in the form of a cons	ervation	
	easement on the last day of the tax year.			1	Held at the End of the Tax Ye
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements		*************************************	2b	
C	Number of conservation easements on a certified historic structure inc	cluded in	(a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25				ii ii
	historia atmentura lista d in the National Desister			2d	
3	Number of conservation easements modified, transferred, released, e			tion durin	g the
	tax year ♦	J			
4	Number of states where property subject to conservation easement is	located	•		
5	Does the organization have a written policy regarding the periodic mo				
	violations, and enforcement of the conservation easements it holds?				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling				
	*		_		- •
7	Amount of expenses incurred in monitoring, inspecting, handling of view	olations, a	and enforcing conservation easen	nents duri	ng the year
	♦\$				
8	Does each conservation easement reported on line 2(d) above satisfy	the requ	irements 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 easers				—
	balance sheet, and include, if applicable, the text of the footnote to the	e organiz	ation's financial statements that o	lescribes	the
	organization's accounting for conservation easements.				
Pa	rt III Organizations Maintaining Collections of Art,	Histor	ical Treasures, or Other	Similar	Assets.
	Complete if the organization answered "Yes" on	-			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),	not to rep	ort in its revenue statement and	balance s	heet
	works of art, historical treasures, or other similar assets held for public	exhibitio	n, education, or research in furth	erance of	
	public service, provide, in Part XIII, the text of the footnote to its finance	cial state	nents that describes these items.		
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	exhibitio	n, education, or research in furth	erance 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			., 🔷	\$
2	If the organization received or held works of art, historical treasures, o	r other si	milar assets for financial gain, pro	vide the	
	following amounts required to be reported under SFAS 116 (ASC 958)	_			
a	Revenue included on Form 990, Part VIII, line 1			•	\$
b	Assets included in Form 990, Part X			•	<u></u> \$

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part IX	Schedule D (Form 990) 2017 WORLD A	FFAIRS COUN	CIL	91-0	586924		Page 2
collection terms (check ell thet apply): a	Part III Organizations Maintaini	ng Collections of	Art, Historical Tr	easures, or Othe	r Similar Assets	(continu	ıed)
c Preservation for future generations of Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Sull, Sull, Sull, Sull, by eyer, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be meintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an apent, trustes, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. III and complete the following lables: □ Beginning balance □ Beginning balance □ Beginning balance □ Bosinitudins during the year □ Bosinitudins dur	3 Using the organization's acquisition, acce- collection items (check all that apply):	ssion, and other record	s, check any of the foll	owing that are a signif	ficant use of its		
c Preservation for future generations of Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Sull, Sull, Sull, Sull, by eyer, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be meintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an apent, trustes, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. III and complete the following lables: □ Beginning balance □ Beginning balance □ Beginning balance □ Bosinitudins during the year □ Bosinitudins dur	a Public exhibition	d□	Loan or exchange pro	grams			
c Preservation for future generations of Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Sull, Sull, Sull, Sull, by eyer, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be meintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an apent, trustes, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. III and complete the following lables: □ Beginning balance □ Beginning balance □ Beginning balance □ Bosinitudins during the year □ Bosinitudins dur	b Scholarly research	• □	Other	•			
XIII. Soluting the year, clid the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Yes		_	*******				
XIII. Soluting the year, clid the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Yes	4 Provide a description of the organization's	collections and explain	how they further the	organization's exempt	purpose in Part		
## Sests to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes		·	•		, ,		
## Sests to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes	5 During the year, did the organization solid	it or receive donations	of art, historical treasu	res, or other similar			
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 890, Part X? □ If "Yes 'explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ Amount □ to □ Additions during the year □ Distributions during the year balance □ Distributions during the year □ Distributions during						Ye	s 🗍 No
1 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X7 Yes, explain the arrangement in Part XIII and complete the following labile:	Part IV Escrow and Custodial	Arrangements.			·		
Tal Is the organization an agent, fusitee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7 b If Yes,* explain the arrangement in Part XIII and complete the following lable: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Distributions during the year 1b If Yes, explain include an amount on Form 990, Part X, line 21, for escrow or custodial account tability? b If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered Yes* on Form 990, Part IV, line 10. 4a Beginning of year balance 35,065 34,154 35,979 35,859 32,3 b Contributions c Net investment earnings, gains, and losses c Net investment earnings, gains, and losses g End of year balance 39,408 35,065 34,154 35,979 35,859 Provide the estimated percentage of the current year and balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ↑ 50 % P Permanent endowment € 100.00 % C Temporarily restricted endowment ↑ 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (iii) related organizations (iii) related organizations (iii) related organizations 1b If Yes* on line 34(i), are the related organization answered Yes* on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Control the intended uses of the organization's endowment funds. Complete if the organization answered Yes* on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered Yes* on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered Yes* on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered Yes* on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if	-	on answered "Yes'	on Form 990, Par	rt IV, line 9, or rep	orted an amount	on Form	
Included on Form 1990, Part X?		odian or other intermed	liany for contributions o	r other accets not			
b If Yes, explain the arrangement in Part XIII and complete the following table: Amount						□ vo	s \square No
C Beginning balance 1c	h If "Ves " explain the arrangement in Part)	(III and complete the fo	llowing table:				, 🗀 40
C Beginning balance 1e	b it 100, explain the altergement in rate	this and complete the le	MOWING LADIC.			Amount	
d Additions during the year 1d	c Regioning balance				10	ranount	
e Distributions during the year f Ending belance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Pror year (b) Pror year batch (c) Contributions c Net investment earnings, gains, and losses (c) Contributions c Net investment earnings, gains, and losses (a) Tree years back (b) Fox years back (c) Fox years back (c) Fox years back (d) Tree years back (e) Fox years back (f) Fox years back (f) Fox years back (g) Fox	d Additions during the year				10		
f Ending balance	Distributions during the year	• • • • • • • • • • • • • • • • • • • •					
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Tree years back (o) Four years back (a) Experiment balance (a) Experiment Part X, and balance (a) Experiment Part X, and balance (a) Experiment Part X, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Tree years back (e) Four years back (a) Experiment balance (a) Experiment Part X, and balance (a) Experiment Part X, and balance (a) Experiment Part X, line 10. 1a Beginning of year balance (a) Experiment Part X, line 10. 2 Provide the astimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ◆ % b Permanent endowment ◆ 10.0.00 % T Temporarily restricted endowment ◆ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) lift "Yes" on line 3a(ii), are the related organizations isted as required on Schedule R? 4 Describe in Part XIII the intended uses of the organizations andowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 1	f Ending balance				16		
Description	23 Did the organization include an amount or	Form 000 Bort V line		todial account liability?		T va	s No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, Iine 10.							' H 🚾
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 35,065 34,154 35,979 35,859 32,3 b Contributions 35,065 34,154 35,979 35,859 32,3 c Net investment earnings, gains, and losses 4,343 911 -1,825 120 3,5 d Grants or scholarships e Other expenditures for facilities and programs		an, oneck hele ii the e.	xpianation has been pr	ovided on Fall All	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(a) Current year (b) Prior year (c) Two years back (d) Trees years back (e) Four years back (d) Trees years back (e) Four years back (d) Trees years back (e) Four years		on answered "Yes"	on Form 990 Pai	t IV line 10			
1a Beginning of year balance 35,065 34,154 35,979 35,859 32,3 b Contributions	Oomprote ii the organization	1			(d) Three years back	(a) Four	voore hark
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 39,408 35,065 34,154 35,979 35,8. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ◆ % b Permanent endowment ◆ 100.00 % c Temporarily restricted endowment ◆ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings c Leasehold improvements d Equipment c Other O	1a Reginning of year balance						
c Net investment earnings, gains, and losses 4,343 911 -1,825 120 3,5 d Grants or scholarships	h Contributions	33,003	31,131	337373	33,033		J2 , J1 J
Carants or scholarships		<u> </u>					
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 39,408 35,065 34,154 35,979 35,8 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ◆ % b Permanent endowment ◆ 100.00 % c Temporarily restricted endowment ◆ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations if 'Yes' on line 3a(i), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) cost or other basis (b) cost or other basis (c) Accumulated depreciation depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 91,235 81,114 10,12	• • • • • • • • • • • • • • • • • • • •	4 343	911	-1 825	120		3 540
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c Leasehold improvements 4 Equipment d Equipment 91,235 81,114 10,12	h Buildings						
d Equipment 91,235 81,114 10,12							
e Other 91,235 81,114 10,12					-		
		Q1	235		81 114	1	0 121
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					<u> </u>	1	0.121

Part VII	Investments—Other Securities. Complete if the organization answered "Yes	s" 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
) Financial	derivatives		
	d equity interests		
B) Other			
(<u>A</u>)			
(B)			
(C)			
(<u>D</u>)			
(<u>E</u>)			
(F)	,,,,		
(G)			
	(A)		
	(b) must equal Form 990, Part X, col. (B) line 12.) ◆		
Part VIII	Investments—Program Related.	" as Form 000 Best IV line	11a Coa Form 000 Dat V line 12
	Complete if the organization answered "Yes (a) Description of investment		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
/4)			Odd di did-di-year market value
<u>(1)</u>			
(2)			
(3)			
(4)		-	
(5) (6)	·		
(6) (7)			
			
(8) (9)			
	(b) must equal Form 990, Part X, col. (B) line 13.) ◆		
Part IX	Other Assets.		
raitiA	Complete if the organization answered "Yes	" on Form 990 Part IV line	11d See Form 000 Part V line 15
	(a) Description		(b) Book value
(4)	(a) Posicipal		(b) DOOR VAICE
(1)			
(2)			··
(3)			
(4) (5)			
(5) (6)		 	
(6)		 	
(7)			
(8)			· · · · · · · · · · · · · · · · · · ·
9)	(b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.		
rait A	Complete if the organization answered "Yes	" on Form 990 Part IV line	11e or 11f See Form 000 Port Y
	line 25.	on roini 550, Fait IV, line	THE OF THE OCCUPANT SEC, PAIL A,
	(a) Description of liability	(b) Book value	
	ncome taxes	(b) book value	
	ED VACATION	8,329	
· /	TO VACALION	0,323	
3)	· · · · · · · · · · · · · · · · · · ·		
4) 5)			
5)			
6)			
(7)			
(8)			
(9)		0.200	
otal. (Column	(b) must equal Form 990, Part X, col. (B) line 25.) ◆	8,329	

Schedule D (Fo	orm 990) 2017	WORLD	AFFAIRS	COUNCIL	91-0586924	Page 5
Part XIII	orm 990) 2017 Supplement	al Inforn	nation (continu	ied)		
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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.

2017

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

Open to Public

◆ Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization Employer identification number 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 2017: BOARD MEMBERS - 27, YPIN BOARD -20; INTERNS - 30; IVP HOSTING - 556. 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