# Form 990

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2013

Open to Public Inspection

▶ Do not enter Social Security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2013 calendar year, or tax year beginning 2013, and ending 20 D Employer Identification number Check if applicable: C Name of organization World Affairs Council of Houston Doing Business As World Affairs Council of Houston Address change 76-0308253 Name change Number and street (or P.O. box if mail is not delivered to street address) Boom/suite E Telephone number Initial return PO Box 920905 713-522-7811 City or town, state or province, country, and ZIP or foreign postal code Terminated G Gross receipts \$ 1,795,169.81 Amended return Houston, Texas 77292-0905 H(a) is this a group return for subordinates? Yes Vo Application pending F Name and address of principal officer: H(b) Are all subordinates included? Yes No. √ 501(c)(3) If "No," attach a list, (see instructions) ) ◀ (insert no.) ☐ 4947(a)(1) or \_\_\_ 501(c) ( Tax-exempt status: www.wachouston.org H(c) Group exemption number > Form of organization: Corporation Trust Association ☐ Other ► L Year of formation: M State of legal domicile: TX Part I Summary Briefly describe the organization's mission or most significant activities: The World Affairs Council of Houston was formed to Activities & Governance present educational programs on international topics. Presentations are balanced and do not promote political views, or religious positions. Prgrams are open to the public; we support teacher training and hold special student programs. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) ..... 50 Number of independent voting members of the governing body (Part VI, line 1b) 4 50 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 17 Total number of volunteers (estimate if necessary) . . . . . . 6 30 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 Current Year Contributions and grants (Part VIII, line 1h) . . . 8 709,642.00 784,940,43 9 Program service revenue (Part VIII, line 2g) 806,341.00 745,373.97 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 2,745.00 1,961.19 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 125,186.00 262,894.22 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,643,914.00 1,795,169.81 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 2,500.00 2,800.00 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 477,123.00 505,327.43 Professional fundraising fees (Part IX, column (A), line 11e) . . . 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1.094,084.00 1,067,803.30 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1.573,707.00 1,575,930.73 19 Revenue less expenses. Subtract line 18 from line 12 219,239.08 70,207.00 Beginning of Current Year End of Year 20 Total assets (Part X. line 16) 1.387,725.00 1,606,964.08 21 Total liabilities (Part X, line 26) . 0 22 Net assets or fund balances. Subtract line 21 from line 20 1,606,964.08 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge, and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Executive Director Here inda Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Paid Check | if self-employed Preparer Firm's EIN ▶ Firm's name ► Use Only Phone no. Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

1,359,730.94

Total program service expenses

Form 99	0 (2013)		f	age 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			_
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			1
7	"Yes," complete Schedule D, Part I	6		¥
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		3 Y S	
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
þ	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f		11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		1	
ь	Was the organization included in consolideted, 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.	12a		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		1
14 a		14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		1
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see Instructions)	17		1
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	1	
	If "Yes," complete Schedule G, Part III	19		1
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):		8 T	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
C	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	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
36	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 related organization? If "Yes," complete Schedule R, Part V, line 2	35b		1
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,	50		
38	Part VI	37		1
	19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Part				
	Check if Schedule O contains a response or note to any line in this Part V	4 4		. []
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8		100	
b	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable 1b 0	1137		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		SEE.	3
0-	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	-	100	, :
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 17	The second		2000
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	Transaction of the last of the
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	A THE C	200	1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b 4-	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	40		1
ь.	If "Yes," enter the name of the foreign country:	4a	FF53.9	7
b	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1.51	500	0/=
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	DEC -	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Ou		,
	gifts were not tax deductible? ,	6b		
7	Organizations that may receive deductible contributions under section 170(c).	10.7		QTE.
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		-	145
	and services provided to the payor?	7a	1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	100		MILE
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		1.20	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	1.5	D.	1500
	organization, have excess business holdings at any time during the year?	8	-	
9	Sponsoring organizations maintaining donor advised funds.	50	197	
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	10.0145	1
10	Section 501(c)(7) organizations. Enter:		1	1/15
a	Initiation fees and capital contributions included on Part VIII, line 12	100	1	
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	7 1	rich.	
11	Section 501(c)(12) organizations. Enter:	They !	W-,	
a b	Gross income from members or shareholders	1000		
D		1		
120	against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		-
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a	15 00 4	1000
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	TE ST	1	350
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	No.	
ū	Note. See the instructions for additional information the organization must report on Schedule O.	TOA	700	100
b	Enter the amount of reserves the organization is required to maintain by the states in which	1.11		285
	the organization is licensed to issue qualified health plans	( 2)		
С	Enter the amount of reserves on hand	Will	(3.7)	
14a	Did the organization receive any payments for indoor tanning services during the tax year? , .	14a		
h	If "Ves." has it filed a Form 720 to report these payments? If "Na." provide an evaluation in Schoolule O	14h		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				
	Check if Schedule O contains a response or note to any line in this Part VI				
Secti	on A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  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.	1a	50	151	
ь 2	Enter the number of voting members included in line 1a, above, who are independent.  Did any officer, director, trustee, or key employee have a family relationship or a business rany other officer, director, trustee, or key employee?	-	50 h	10.3	1
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 99	00 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization	n's assets? .	5		1
6 7a	Did the organization have members or stockholders?		6 7a	<b>✓</b>	1
b	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?		3, <b>7</b> b		1
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	dertaken durin	9	2.43	
а	The governing body? ,		8a	1	
р	Each committee with authority to act on behalf of the governing body? ,		8b		1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		1
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Rev	enue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	100	1
	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exem				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e filing the form?	11a	1	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		1.3	1.50	
<b>12</b> a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	-	
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv Did the organization regularly and consistently monitor and enforce compliance with the p describe in Schedule O how this was done.		"		
13	Did the organization have a written whistleblower policy?		12c	1	
14	Did the organization have a written document retention and destruction policy?		14	1	
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation	and approval b			
а	The organization's CEO, Executive Director, or top management official		15a		
þ	Other officers or key employees of the organization		15b	1	
16a	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 simi with a taxable entity during the year?			0	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to	to evaluate it		May.	
Casti	organization's exempt status with respect to such arrangements?			21 - 11	1
17	on C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ none	_			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available. Check all that apply.	nd 990-T (Sec	ion 501	(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Sci Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.		interest	policy	y, and
20	State the name, physical address, and telephone number of the person who possesses the beorganization: Linda Wuest, World Affairs Council of Houston, 2500 East TC Jester, Suite 350, Houston, 2500 East TC Jester, 2500 East TC			<del>)</del>	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization no	r any relate	d orga	aniz	atio	n c	ompe	กรล	ted any curren	t officer, director	r, or trustee.
(A) Namé and Title	(B) Average hours per week (list any hours for related	box, office	ınles r and	Pos ieck is pe d a d	more rson irecte	than dis both or/trust emplo	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
	organizations below dotted line)		Institutional trustee	ř.	Key employee	Highest compensated employee	er 	(W-2/1099-MISC)		organization and related organizations
(1) See Attached										
(2)										
(3)										
(4)										
(5)										
(6)										
(8)										
(9)										
(10)										
(11)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	, ar		lighes	it C	ompensated E	mployees (cont	rinued)
	(A) Name and title	(B) Average hours per	box, t	unles	Posi eck s pe	tion more	than o is both or/trust	an	(D) Reportable compensation	(E) Reportable compensation fron related	(F) Estimated amount of other
		week (list any hours for related organizations below dotted line)		institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation
(15) Se	e Attached								99,916.44		
(16)									30,010.11		
(17)	***************************************									3	
(18)											
(19)				2-3				Г			
(20)									-		
(21)											
(22)											
(23)											
(24)											
(25)	***************************************										
1b c d	Sub-total	VII, Sectio	ηA				-	<b>A A A</b>			
2	Total number of individuals (including but reportable compensation from the organic	not limited					above	e) w	ho received m	ore than \$100,0	000 of
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc						mp	ployee, or high	est compensa	ted Yes N
4	For any individual listed on line 1a, is the organization and related organizations individual	greatar th	an \$1								
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or individ	
	n B, Independent Contractors										
1	Complete this table for your five highest compensation from the organization. Repyear.										
	(A) Name and business add	res\$							(B) Description of s	ervices	(C) Compensation
									-		
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed ab-	ove) who	

Part	VIII	Statement of Revenue		5		
yı Hiri		Check if Schedule O contains a response or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
क क	1a	Federated campaigns 1a 0	<b>注意从图卷</b> 图	200		
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues 1b 596,586.00			SON PARTIES	
S, G	C	Fundraising events 1c 0				
ar ar	d	Related organizations 1d 0				
S, E	е	Government grants (contributions) 1e 0				
tion	f	All other contributions, gifts, grants,				
the		and similar amounts not included above 1f 188,354.43				
do	g	Noncash contributions included in lines 1a-1f: \$				
8 0	h	Total. Add lines 1a–1f ▶	784,940.43	and the same	1000	
ē		Business Code			11000	
Уeг	<b>2</b> a	General Programs	373,595.82	373,595.82	0	0
2	b	Education Outreach	56,070.14	56,070.14	0	0
ξi	С	International Study Tour	315,708.01	315,708.01	0	0
Ser	d					
Program Service Revenue	e					
.0g	f	All other program service revenue.				
<u>~</u>	g	Total. Add lines 2a–2f ▶	745,373.97	i I farkillası	- 40 - 10 H Ka	The state of the s
	3	Investment income (including dividends, interest,				
		and other similar amounts)	1961.19	0	0	1961.19
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties	Commence of the Commence of the			
	_					
	6a	Gross rents				
	b	Less: rental expenses				
	С	Rental income or (loss)	SCENIE CALL		April 1	* Andrews The North Control
	_d	Net rental income or (loss)				The second second second
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory				Name of the second
	b	Less: cost or other basis				
		and sales expenses .				
	C	Gain or (loss)	The same and	Decree and the same		
	q	Net gain or (loss)	Kent Antomistical I	ED WAR VENUE	75 25 300 3	
Ge	8a	Gross income from fundraising	No. 17 THE WAY			
e l		events (not including \$				
ě		of contributions reported on line 1c),				
e		See Part IV, line 18 a 295,340.00			4	
Other Revenu	b	Less: direct expenses b 32,445.78				
•	С	Net income or (loss) from fundraising events . >	262,894.22		0	C
	9a	Gross income from gaming activities.	Marie Lander		The state of the s	
		See Part IV, line 19 a	in the wall to be		No. 22 ALVANIA	
	ь	Less; direct expenses b				
	С	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less	The same of the sa	A AV		
		returns and allowances a	1-21			
	ь	Less; cost of goods sold , , . b			The Park	
	C	Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue Business Code	THE PROVIDED BY			
	11a					
	ь					
	С	***************************************				
	d	All other revenue				
	е	Total. Add lines 11a-11d ,			ASA, MA	Carried and Santa
	12	Total revenue See instructions	4 705 400 54	745 070 07	_	4 664 46

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				
	ot include amounts reported on lines 6b, 7b, o, 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 governments and				
_	organizations in the United States. See Part IV, line 21	Ō	. 0		
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22	2,800.00	2,800.00		
3	Grants and other assistance to governments,			1 - 1 - 2 - 1 - 1	
	organizations, and individuals outside the United States. See Part IV, lines 15 and 16		_		
		0	0	1 1 1 1 1 1 1	
4 5	Benefits paid to or for members	. 0	0	MONTH TO BE SEE NO	
•	trustees, and key employees	00.046.44	ED 040 0C	20.074.00	0.004.6
6	Compensation not included above, to disqualified	99,916.44	59,949.86	29,974.93	9,991.6
0	persons (as defined under section 4958(f)(1)) and		- 11		
	persons described in section 4958(c)(3)(B)				
7		0	293,058.90	54.040.54	40.040.4
8	Other salaries and wages  Pension plan accruals and contributions (include	366,323.63	293,058.90	54,948.54	18,316.1
U	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	0	0	0	
10					
11	Payroll taxes	39,087.36	31,269.89	5,863.10	1,954.3
	Fees for services (non-employees):				
a	Management	0	0	0	
Ь	Legal			0	
ç	Accounting	984.16	0	984.16	
d	Lobbying	0	0	0	
e f	Professional fundraising services. See Part IV, line 17	0	2		
g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	0	0	0	
9	(A) amount, list line 11g expenses on Schedule O.)				
12		0	0	0	
13	Advertising and promotion			0 745 85	0.040.0
14	Information technology	44,972.29	35,977.83 25,321.46	6,745.85	2,248.6
15	Royalties	31,651.83	25,321.46	4,747.77	1,582.6
16	Occupancy	72,849.92	58,279.94	10.927.49	2 640 4
17	Travel	72,649.92	38,279.94	10,927.49	3,642.4
18	Payments of travel or entertainment expenses	U	U	U	
••	for any faderal, stata, or local public officials	0	0		
19	Conferences, conventions, and meetings .	1,047.00	0	1,047.00	
20		1,047.00	0	1,047.00	
21	Payments to affiliates	0	0	0	
22	Depreciation, depletion, and amortization	1770.00	0	1770.00	
23	Insurance	3,891.00	0	3,891.00	
24		3,091.00	10,700 (0.00)	3,091.00	The second
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If	31-1-1-1	All and the same	V 2 1 1 1 1 1 1	
	line 24e amount exceeds 10% of line 25, column		112 12 12 12 12 12 12 12 12 12 12 12 12	The fact that the	
	(A) amount, list line 24e expenses on Schedule O.)	N. 18 . 4 . 1	2 3 miles 2 1/4	The second state of the	
а	Program Expenses	705 700 02	705 700 00	0	300 1 1%
b	Bank Expenses	795,788.03	795,788.03	0	
c	Development Campaign	23,344.62	23,344.62	0	
d	Postage & Printing	62,826.71	15,706.68		47,120.0
e	All other expenses Dues & Others	23,420.00 5,257.74	16,394.00 1839.73	2,342.00	4684.0
25	Total functional expenses. Add lines 1 through 24e			3418.01	90 520 0
26	Joint costs. Complete this line only if the	1,575,930.73	1,359,730.94	126,659.85	89,539.9
-0	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2013)

Part X Balance Sheet

	aitA	Check if Schedule O contains a response or note to any line in this Pa	rt X		
	A	and a second of the second of	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	636,437.00	1	855,109.81
	2	Savings and temporary cash investments	749,518.00	2	751,854.27
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustaes, key employees, and highest compensated employees.  Complete Part II of Schedule L		5	
y,	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		6	
Assets	7	Notes and loans receivable, net		7	
AS	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment; cost or	The state of the s	DI UNSTR	The state of the s
		other basis. Complete Part VI of Schedule D 10a 7.080.00	THE RESERVE OF THE PERSON NAMED IN	6.710	
	Ь	Less: accumulated depreciation 10b 7,080.00	1,770.00	10c	0.
	11	Investments – publicly traded securities	11110100	11	•
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,387,725.00	16	1,606,964.08
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
c)	22	Loans and other payables to current and former officers, directors,			
Liabilíties		trustees, key employees, highest compensated employees, and	Aller Stranger		
abi		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D , , , . ,		25	
	26	Total liabilities. Add lines 17 through 25 ,		26	
or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			,
ā	27	Unrestricted net assets	1,387,725.00	27	1,606,964.08
Bal	28	Temporarily restricted net assets		28	
Ā	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and □	A Company of the		
5		complete lines 30 through 34,			
sts	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Š	33	Total net assets or fund balances	1,387,725.00	33	1,606,964.08
_	34	Total liabilities and net assets/fund balances	1,387,725.00	34	1,606,964.08

Page	1	2
		_

Form	ggn	(201)	(3)

				t XI Reconciliation of Net Assets	Part
			, , , ,	Check if Schedule O contains a response or note to any line in this Part XI	
169.8	,795,	1	1	Total revenue (must equal Part VIII, column (A), line 12)	1
930.7	,575,	1	2	Total expenses (must equal Part IX, column (A), line 25)	2
239.0	219,		3	Revenue less expenses. Subtract line 2 from line 1 ,	3
725.0	,387,	- 1	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4
			5	Net unrealized gains (losses) on investments	5
			6	Donated services and use of facilities	6
			7	Investment expenses	7
			8	Prior period adjustments	8
			9	Other changes in net assets or fund balances (explain in Schedule O)	9
				Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	10
964.0	,606,	1	10	33, column (B))	
				Financial Statements and Reporting	Part
, L	4			Check if Schedule O contains a response or note to any line in this Part XII	
No	Yes				
			plain in	Accounting method used to prepare the Form 990:  Cash  Accrual  Other  If the organization changed its method of accounting from a prior year or checked "Other," e. Schedule O.	1
1	15.4	2a		Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were con reviewed on a separate basis, consolidated basis, or both:	2a
1 3	1-4			☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	
	1	2b		Were the organization's financial statements audited by an independent accountant?	b
			ed on a	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	
1		0.		☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent according to the second selection of the selection	С
1,		2c	articulit:		
/				If the organization changed either its oversight process or selection process during the tax year, e Schedule Q.	
1		3a	xplain in		За

## 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.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name	of the organization						E	mployer id	entification i	number		
World	Affairs Council of	Houston	*** ***				11.5		76-030			
			arity Status (All orga						nstruction	is.		-
1 2 3 4	☐ A church, conv☐ A school desci☐ A hospital or a☐ A medical rese	vention of church ribed in section cooperative ho	ation because it is: (Foches, or association of 170(b)(1)(A)(ii). (Attacospital service organization operated in conjuncter	churches th Schedu ation desc	describe ule E.) cribed in s	ed in sec section 1	tion 170( 170(b)(1)(	b)(1)(A)(i) A)(iii).		ii). Ente	r the	
5												
6 7												
9	An organization receipts from support from	n that normally activities relate gross investme	in section 170(b)(1)(A) receives: (1) more that ad to its exempt funct ent income and unre after June 30, 1975. Se	an 331/3% ions—sub lated bus	of its su oject to d siness tax	ipport fro certain ex xable inc	ceptions come (les	s, and (2) as section	no more	than 33	31/3%	of its
11	An organization purposes of operation 509(a)(3). Che a ☐ Type I☐ By checking the other than four or section 509 If the organization, of Since August following person (ii) A person with the organization of the organization, of the organization organization of the or	on organized a ne or more purch the box that b Type his box, I certify indation manage (a)(2). Attorn received theck this box 17, 2006, has ons?	a written determination the organization a written determination the organization accepting indirectly controls, eithoody of the supported	ely for the nizations as supporting I-Function is not core or more on from the core any there alone organizations	e benefit described g organiz nally Inter ntrolled d publicly the IRS t gift or co or togett ion?	t of, to per din section and grated directly or supported that it is contribution ther with	perform to the persons of the person	the function (1) or set to lines 1  Type III-N  y by one izations d  I, Type II  ny of the described	ions of, o ection 509 1e through Ion-function or more di lescribed in I, or Type	(a)(2). S in 11th. onally in isqualifi in section ill sup	tegrated peon 509	ection ted rsons 9(a)(1)
h	(iii) A 35% con	trolled entity of	son described in (i) abo f a person described in tion about the support	(i) or (ii) a	above?.					11g(ii)	_	
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	n (iv) is the organization (v) Did you noti		nization in of your port?	in organization in col.		vii) Amour su	nt of mo ipport	onetary	
			-	Yes	No	Yes	No	Yes	No			-
(A)												
(B)												
(C)												
(D)												
(E)						(°-)						
Tota		7/1-1	4-				100					

Part	(Complete only if you checked the Part III. If the organization fails to	e box on line	e 5, 7, or 8 of	Part I or if th	e organizat <mark>i</mark> o	n failed to qu	
Sacti	on A. Public Support	quality unde	er the tests its	sted below, p	lease comple	ete Fait III.)	
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2000	(0) 2010	(0) 2011	(4) 2012	(0) 2010	(i) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
_6	Public support. Subtract line 5 from line 4.		ac - 2007-1		12-11		
	on B. Total Support						
Çalen	dar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the	e organizatio	n's first, secon	id, third, fourth			
	organization, check this box and stop her						🕨 🗌
Secti	on C. Computation of Public Suppor					т т	
14	Public support percentage for 2013 (line 6					14	%
15 16a	Public support percentage from 2012 Sch 331/3% support test—2013. If the organiz box and stop here. The organization qual	zation did not	check the box	on line 13, an	d line 14 is 33		
Ь	331/a% support test—2012. If the organicheck this box and stop here. The organic	nization did no	ot check a box	x on line 13 o	r 16a, and line		or more,
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization meet Part IV how the organization meets the "factorization".	ets the "facts-	and-circumsta	ances" test, ch	eck this <b>b</b> ox a	nd s <b>top here.</b> I	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m	ion meets the eets the "fact	e "facts-and-c s-and-circums	ircumstances" stances" test. T	test, check the he organization	his box and st	op here.
18	supported organization	d not check a	box on line 13		a, or 17b, chec		see

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

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

	on A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	737,574.00	691,609.00	806.124.00	709,642.00	784,940,43	3,729,889.43
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	1,110,796.00	1,079,517.00	870,733.00	1.069,492.00	1.040.713.97	5,171,251.97
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	. 0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	0	0	٥	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	1,848,370.00	1,771,126.00	1,676,857.00	1,779,134.00	1,825,654.40	8,901,141.40
7a	Amounts included on lines 1, 2, and 3					_	
	received from disqualified persons .	16,750.00	21,250.00	27,469.00	25,450.00	9,000	99,919.00
þ	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	12,950.00	14,454.00	0	291,264.00	543,029.00	861,697.00
С	Add lines 7a and 7b	29,700.00	35,704.00	27,469.00	316,714.00	552,029.00	961,616.00
8	Public support (Subtract line 7c from	War 1					
	line 6.)	11527	V. L.				8,256,177.00
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	1,848,370.00	1,771,126.00	1,676,857.00	1,779,134.00	1,825,654.40	8,901,141.40
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	9,181.00	6,179.00	4,094.00	2,745.00	1,961.19	24,160.19
b	Unrelated business taxable income (less	-					
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	9,181.00	6.179.00	4,094.00	2,745.00	1.961.19	24,160.19
11	Net income from unrelated business						
	activities not included in line 10b, whether				)		
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part iV.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	1.857.551.00	1,777,305,00	1.680.951.00	1.781.879.00	1,827,615.59	8,925,301.59
14	First five years. If the Form 990 is for th						
	organization, check this box and stop her						
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2013 (line 8			3, column (f))		15	92.50 %
16	Public support percentage from 2012 Sch		,			16	93.01 %
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2013 (I			v line 13, colun	nn (f))	17	0.27 %
18	Investment income percentage from 2012					18	0.48 %
19a	331/3% support tests-2013. If the organi						
_	17 is not more than 331/3%, check this box a						
b	331/3% support tests-2012. If the organiz						
~	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did	-	-				

Schedule A (F	Form 990 or 990-EZ) 2013	Page 4
Part IV	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12. Also complete this part for any additional information. (See instructions).	and
		****
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		******
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	***************************************	

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

76-0308253

World Affairs Co.	uncil of Houston	76-0308253					
Organization ty	pe (check one):						
Filers of:	Section:						
Form 990 or 990-EZ							
4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation							
☐ 527 political organization							
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion					
	☐ 501(c)(3) taxable private foundation						
	ganization is covered by the <b>General Rule</b> or a <b>Special Rule.</b> ction 501(c)(7), (8), or (10) organization can check boxes for both the General Rule ar	nd a Special Rule. See					
General Rule							
	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,00 ty) from any one contributor. Complete Parts I and II.	00 or more (in money or					
Special Rules							
under s the grea	ection 501(c)(3) organization filing Form 990 or 990-EZ that met the 33½ % support sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during tater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Foreste Parts I and II.	the year, a contribution of					
during t	ection 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, chartainal purposes, or the prevention of cruelty to children or animals. Complete Parts	ritable, scientific, literary,					
during t not tota year for applies	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year						
Caution, An orga	anization that is not covered by the General Rule and/or the Special Rules does not	file Schedule B (Form 990,					

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number
World Affairs Council of Houston 76-0308253

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) (c) Name, address, and ZIP + 4 Total contributions		(d) Type of contribution				
	Anadarko Petroleum  1201 Lake Robinns Dr.  The Woodlands, TX 77380	\$36,000	Person Payroll Noncash  (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	Aramco Service Company PO Box 4536 Houston, TX 77210-4536	\$17,000	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	Baker Hughes 2929 Allen Parkway, Suite 2100 Houston, TX 77019	\$42,000	Person Payroll Noncash  (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	CB&I  2013 Research Forest Drive  The Woodlands, TX 77380	\$40,000	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	Chevron  1500 Louisisana  Houston, TX 77002	\$85,500	Person Payroll Noncash  (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	ConocoPhilips 600 N. Dairy Ashford, TA-03-3080 Houston, TX 77079	\$37,100	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)				

Name of organization	Employer identification number
World Affairs Council of Houston	76-0308253

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	DNV GL  1400 Ravello Drive  Katy, TX 77449	\$17,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	European External Action Service  1046 Brussels  Belgium	\$ 48,554.43	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
*******	Exxon Mobil PO Box 2180 Houston, TX 77252	\$ 25,000	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	Marathon Oil 5555 San Felige Houston, TX 77056	\$ 30,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	Mayer Brown LLP  700 Louisiana St, #3400  Houston, TX 77002	\$26,500	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	Moran Resources  2803 Sackett St.  Houston, TX 77098-1125	\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)			

Name of organization Employer identification number
World Affairs Council of Houston 76-0308253

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	Shell Oil Company 910 Louisiana St  Houston, TX 77002	\$60,075	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	UHY LLP  12 Greenway Piaza  Houston, TX 77046	\$16,000	Person Payroll Noncash  (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				

Name of organization

World Affairs Council of Houston

Employer identification number 76-0308253

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (c) (a) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) No. (c) (d) FMV (or estimate) from Date received Description of noncash property given Part I (see instructions) (c) (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I (c) FMV (or estimate) (a) No. (b) (d) from Date received Description of noncash property given (see instructions) Part I (a) No. (c) (d) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions) (c) (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I

Employer identification number

Name of organization

Vorld Affa	irs Council of Houston			76-030825					
Part III	Exclusively religious, charitable, e								
	that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.								
	For organizations completing Part II	ons completing Part III, enter the total of exclusively religious, charitable, etc.,							
	contributions of \$1,000 or less for t	he year. (Enter this in	nformation once. Se	ee instructions.) 🕨 💲					
	Use duplicate copies of Part III if ad	ditional space is nee	ded.						
(a) No.	·	ì							
from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift	t is held				
Part I									
	***************************************	***************************************							
*******	***************************************	*****							
	**********	**********							
				<u> </u>					
		(e) Trans	fer of gift						
	Transferee's name, address, a	and ZIP + 4	Relation	ship of transferor to transferee	!				
				***************************************					
		***************************************							
(a) No.									
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift	t is hold				
Faiti	<del></del>		<del>_</del>						
	•••••								
_									
	(e) Transfer of gift								
	Transferee's name, address, a	and ZIP + 4	Relation	ionship of transferor to transferee					
		*****							
]	**************************************		***************************************	**************************************					
	***************************************		**********						
(a) No. from		, , , , ,		(d) Description of how sife is hel					
Part I	(b) Purpose of gift	(c) Use	or girt	(d) Description of how gift	is neia				
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	***************************************								
-	(a) Topography of wife								
	(e) Transfer of gift								
-	Transferee's name, address, a	Relation	ship of transferor to transferee	•					
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		***************************************							
(a) No. from	(b) Purpose of gift	(c) Use	of ciff	(d) Description of how gift	l ie held				
Part I	(b) Fulpose of gift	(0) 030	Or gire	(a) bescription of now gire	i iş nelg				
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		(o) traile	0. 9						
	Transferee's name, address, a	and 7IP ± 4	Palatias	ship of transferor to transferee	1				
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		**************************************							
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#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

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

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

OMB No. 1545-0047

2013
Open to Public

Inspection

Employer identification number Name of the organization World Affairs Council of Houston 76-0308253 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . 1 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . . Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds ere the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ Preservation of a certified historic structure □ Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b c Number of conservation easements on a certified historic structure included in (a) . . . . d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

**b** Assets included in Form 990, Part X .

Par	Organizations Maintaining	Collections of	Art, Historic	al Treasures,	or Other	Similar Ass	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot					
а	☐ Public exhibition		d 🗆 Lo	oan or exchange	e program:	3	
b	☐ Scholarly research		e 🗌 O	ther			
С	☐ Preservation for future generations						
4	Provide a description of the organization.	tion's collections a	and explain ho	w they further t	the organiz	ation's exem	pt purpose in Part
5	During the year, did the organization						r
	assets to be sold to raise funds rather		ined as part o	f the organization	on's collec	tion?	☐ Yes ☐ No
Par	Escrow and Custodial Arra Complete if the organization		' to Form 990	), Part IV, line	9, or repo	orted an amo	ount on Form
	990, Part X, line 21.						
1a	Is the organization an agent, trustee included on Form 990, Part X?						Table Comments
							☐ Yes ☐ No
Ь	If "Yes," explain the arrangement in P	art XIII and comple	ete the following	ig table:		An	nount
_	Beginning belongs				1c	All	TOUTE
ç	Beginning balance				1d		
d	Additions during the year Distributions during the year				1e		
e f	Ending balance				1f		
2a	Did the organization include an amount						□ Vac □ No
	If "Yes," explain the arrangement in P						
	t V Endowment Funds.	are Aim. Oncore nere	on the explana	alion nao beom	DI O VIGICO II	T GIE ZIII	
	Complete if the organization	answered "Yes'	to Form 990	). Part IV. line	10.		
		(a) Current year	(b) Prior year	(c) Two years		Three years back	(e) Four years back
1a	Beginning of year balance						_
b	Contributions						
	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	011 111 6 6 11111						
f	Administrative expenses						
g	End of year balance , , .						
2	Provide the estimated percentage of t	he current year en	d balance (line	1g, column (a)	) held as:		
а	Board designated or quasi-endowmen	nt 🕨	%				
b	Permanent endowment	%					
С	Temporarily restricted endowment ▶	%					
	The percentages in lines 2a, 2b, and 2	c should equal 10	0%.				
3a	Are there endowment funds not in the organization by:	e possession of th	e organization	that are held a	and admini	stered for the	Yes No
	(i) unrelated organizations , , ,						3a(i)
	(ii) related organizations , ,						3a(ii)
Ь	If "Yes" to 3a(ii), are the related organi						3b
4	Describe in Part XIII the intended uses		n's endowme	nt funds,			
Part							
	Complete if the organization						
	Description of property	(a) Cost or oth (investme		ost or other basis (other)	(c) Accur deprec		(d) Book value
1a	Land						
þ	Buildings						
¢	Leasehold improvements						
d	Equipment						
е	Other						
Total.	Add lines 1a through 1e. (Column (d) n	oust equal Form 99	00. Part X. colu	ımn (B), line 10	(c).)		

(E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶  Part VIII  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value  (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Part VII	Investments - Other Securit		n 000 Part IV line	11h Son Form 9	90 Port V line 12
(i) Financial derivatives (2) Closely-hold oguity interests (3) Closely (4)						-
		(including name of security)	egory	(D) BOOK VAIGE		
3) Other	1 .					
A		neld equity interests				
G    G    G    G    G    G    G    G			***************************************			
C    C    C    C    C    C    C    C		***************************************				
Discription	************	***************************************				
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-d-year mathet value     (b)   (c)   (d)   (e)   (e)   (e)     (f)   (f)   (f)   (f)   (f)   (f)     (g)   (f)   (f		***************************************				_
15   15   15   15   15   15   15   15	*************	***************************************			-	-
Gill	************					
Control   Column   (a) must equal Form   390, Part X, col.   (b) line   12)   Part XIII	*******	***************************************			-	*
Total, Column (b) must equal Form 990, Part X, col. (b) ine 12.)   ►		********************************	***************************************			
Investments - Program Related.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.    (a)   Description of Investment   (b)   Book value   (c)   Method of valuation: Cost or end-of-year market value	************	h) must equal Form 990 Part V and (P) line 12				Salas Salas Salas
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c, See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-of-year market value     (1)						The state of the s
(a) Description of investment (b) Book value (c) Method of valuation: Coat or end-of-year market value (d) (e) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Fait VIII			m 000 Part IV line	11c See Form 9	90 Part X line 13
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	-					
(2) (3) (4) (5) (6) (7) (8) (9) (8) (9) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19		(a) Description of investment		(b) book value		
(2) (3) (4) (5) (6) (7) (8) (9) (8) (9) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19	(1)	-				
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(6) (6) (7) (8) (9) Total, (Column (a) must equal Form 990, Part X, col. (B) line 13.) ▶    Part X   Other Assets.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   (a) Description   (b) Book value						
(6) (6) (7) (8) (9) (9) (101.   Column (b) must equal Form 990, Part X, col. (B) fine 13) ▶  Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (9)  Part X Other Liabilities, Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (6) (6) (7) (8) (9) (9) (1) (9) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (9) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (9) (1) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (9) (1) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (6) (9) (9) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (6) (9) (9) (1) (9) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (6) (9) (9) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (6) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (6) (9) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (6) (7) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	414.5					
(6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part X  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X  Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Total (b) Book value (c) Federal income taxes (c)						
(P)    (B)   (B)   (B)   (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶    Part IX	7.5					
(8) (9) (9) (1014) (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (3) (4) (5) (6) (7) (8) (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (c) Federal income taxes (c) (d) (e) (g) (d) (g) (d) (e) (g) (f) (e) (g) (g) (g) (g) (g) (g) (g) (g) (h) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h						
Cotal.   Column (b) must equal Form 990, Part X, col. (B) line 13.)   Description	16.1					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶    Part IX						
Other Assets.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.		b) must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>		The Things are a	A STATE OF THE STA
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (b) Book value  (c) (a) (a) (b) Book value  (d) (6) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10						
(a) Description (b) Book value  (f)		Complete if the organization a	answered "Yes" to Form	n 990, Part IV, line	11d. See Form 9	90, Part X, line 15.
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶						
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(1)					
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X  Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶						
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (6) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	(3)					
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(4)					
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(5)					
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(6)					
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(8)					
Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(9)					
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (9) (10) must equal Form 990, Part X, col. (B) line 25.) ▶			K, col. (B) line 15.)			
Iine 25.	Part X			200 D . II . II		- 000 B 11/
1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			answered "Yes" to Fori	m 990, Part IV, line	11e or 11f. See F	orm 990, Part X,
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	_		Υ			
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			(b) Book value			
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		ncome taxes				
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶						
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶						
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				11/1/2011		Asserted States
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				Santage Car		
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				(2017) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			-			
		h must sould Form 000 Day V and 40 0				
				ate to the every's at	le financial at-t	to that you are a thin

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part				Return.	
1	Complete if the organization answered "Yes" to Form 990, I Total revenue, gains, and other support per audited financial statements			1	1,827,616
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			HV/m	1,027,010
a	Net unrealized gains on investments	2a		17/13/	
ь	Donated services and use of facilities	2b		100	
c	Recoveries of prior year grants				
ď	Other (Describe in Part XIII.)	2d			
ę	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1		, ,	3	1,827,616
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			(2VI)	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		N. F	
b	Other (Describe in Part XIII.)	4b	32,446	1	
С	Add lines 4a and 4b			4c	32,446
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,795,170
Part				r Return.	
	Complete if the organization answered "Yes" to Form 990,				
1	Total expenses and losses per audited financial statements			1	1,608,377
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	7 1		31.00	
а	Donated services and use of facilities , ,	2a		50000	
b	Prior year adjustments	2b		SV4	
Ç	Other losses	2c		1000	
d	Other (Describe in Part XIII.)	2d	32,446	(30)	
е	Add lines 2a through 2d	, , ,		2e	32,446
3	Subtract line 2e from line 1	1 1		3	1,575,931
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			-170	
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)			40	
С 5	Add lines 4a and 4b			4c 5	4 575 004
_	XIII Supplemental Information.	10.7.		J	1,575,931
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		any additional in	formation.	
Part XI	I, line 2d - Represents the direct expenses from the Council's annual fund rais	sing event			

Schedule D (Form 990) 2013					
Part XIII	Supplemental Information (continued)				
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## SCHEDULE G (Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

• Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number

World	Affairs Council of Houston					76-	0308253
Pari	Fundraising Activities.				vered "Yes" to F	form 990, Part IV, I	line 17.
	Form 990-EZ filers are r						
1 a	Indicate whether the organization  Mail solicitations	on raised funds	through any e []		ion of non-govern		
b	Internet and email solicitation	ine	f [		ion of government		
c	☐ Phone solicitations	113	q [		fundraising events	•	
ď	in-person solicitations		9 1.	, opoolar	is idialog evente		
2a	Did the organization have a wri	tten or oral agre	ement with	any individ	dual (including off	icers, directors, trus	tees
	or key employees listed in Form						
b	If "Yes," list the ten highest paid compensated at least \$5,000 by			draisers) p	ursuant to agreem	nents under which th	ne fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund custody or contrib	control of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	İ		
1							
2	_						
3				:			
4							
5	-						
6							·
7					<del>                                     </del>		
8							
9	· <del></del>	Ì					
10							
Total				. ▶			
3	List all states in which the orga registration or licensing.	nization is regis	stered or lice	ensed to s	olicit contribution	s or has been notifi	ed it is exempt from
	***************************************						
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							*****
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Pa	art II	Fundraising Events. Con than \$15,000 of fundraisin gross receipts greater tha	ng event contributions					
		3	(a) Event #1  Annual Benefit (event type)	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))		
Revenue	1	Gross receipts	295,340.00			295,340.00		
ď	2	Less: Contributions	o			0		
	3	Gross income (line 1 minus line 2)	295,340.00			295,340.00		
	4	Cash prizes ,	0			0		
	5	Noncash prizes	0			0		
Direct Expenses	6	Rent/facility costs	32,445.78			32,445.78		
Expe	7	Food and beverages , .	Part of facility			Part of facility		
Direct	8	Entertainment	0			0		
	9	Other direct expenses .	0			0		
	10 11	Direct expense summary. Ad Net income summary. Subtra	act line 10 from line 3, co	olumn (d)		32,445.78 262,894.22		
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9		ed "Yes" to Form 99	90, Part IV, line 19, or i	reported more		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Re	1	Gross revenue						
ses	2	Cash prizes						
xper	3	Noncash prizes						
Direct Expenses	4	Rent/facility costs						
	5	Other direct expenses .	- 0					
	6	Volunteer labor	Yes %	☐ Yes% ☐ No	☐ Yes % ☐ No			
	7	Direct expense summary. Add lines 2 through 5 in column (d)						
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)				
9	a lst	ter the state(s) in which the or the organization licensed to op 'No," explain;	-	in each of these states				
10		ere any of the organization's g 'Yes," explain:	_		ated during the tax year			

Schedu	lle G (Form 990 or 990-EZ) 2013
11 12	Does the organization operate gaming activities with nonmembers?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
Ь	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
Ç	If "Yes," enter name and address of the third party:
	Name ▶
	Address►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided ▶
	□ Director/officer □ Employee □ Independent contractor
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b 	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
	***************************************
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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.

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

World Affairs Council of Houston	76-0308253
Part VI, Section B, Line 11b: Management and the board of directors review the Form 990 prior to filing	1:
Part VI, Section B, Line 12c: The board of directors obtains annual representations from directors and	management, and reviews those
representations for any potential conflicts of interest. Management reviews the organization's busines previously undisclosed potential conflicts of interest.	s relationships for indicators of any
Part VI, Section B, Line 15: The compensation committee of the board of directors will determine compute upon factors such as comparability assessments and level within the organization.	pensation for management based
Part XI, Line 5: Accrual to cash entry.	

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
World Affairs Council of Houston	76-0308253
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