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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

▶ 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.

A F	or the	e 2018	calendar year, or tax year beginning , 2018,	and ending	3			, 20
			C Name of organization			D Employer ider	ntification	number
В	Check if a	pplicable:	WORLD AFFAIRS COUNCIL OF GREATER HOUSTON			76-0308	3253	
	Addre		Doing business as					
	7	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telephone nur	nber	
	+	return	P.O. BOX 920905			(713) 52:	2 – 781 °	1
	→	return/	City or town, state or province, country, and ZIP or foreign postal code			(713) 321	701.	
	termii Amen	nated	HOUSTON, TX 77018-0905			<b>G</b> Gross receipts	Φ.	2,033,096.
	returr Applio	ı	F Name and address of principal officer: MARYANNE MALDONADO			H(a) Is this a grou		Yes X No
	pendi		P.O. BOX 920905, HOUSTON, TX 77018-0905			subordinates'	?	
_			,			H(b) Are all subordi		
		empt st	1 2 (2)(7)	or 52	27			ee instructions)
_			WWW.WACHOUSTON.ORG			H(c) Group exemp		
			nization: X Corporation Trust Association Other	L Year o	of format	ion: 1990 <b>M</b> s	State of le	gal domicile: TX
P	art I		ımmary					
	1		describe the organization's mission or most significant activities: TO PRO				NG OF	THE
Se		WOR	LD, ITS PEOPLE, POLITICS, ECONOMIES AND CULTUR	RES TO E	PARTI	CIPATE		
nan		MOR:	E EFFECTIVELY IN A GLOBAL WORLD					
Governance	2	Check	$\kappa$ this box $lacktriangle$ if the organization discontinued its operations or dispose	ed of more th	an 25%	of its net assets	S	
ဇ္ဗိ	3	Numb	er of voting members of the governing body (Part VI, line 1a)				3	20.
<u>«</u>	4		er of independent voting members of the governing body (Part VI, line 1b).				4	20.
Activities &	5		number of individuals employed in calendar year 2018 (Part V, line 2a)				5	13.
Ę	6		number of volunteers (estimate if necessary)				6	27.
Ą	7a		unrelated business revenue from Part VIII, column (C), line 12				7a	0.
	1		nrelated business taxable income from Form 990-T, line 38				7b	0.
			,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,,,,,,		Ī	Prior Year		Current Year
_	8	Contri	ibutions and grants (Part VIII, line 1h)			418,16	9.	1,003,495.
Revenue	9		am service revenue (Part VIII, line 2g)			435,02		892,588.
Ş.	10		tement income (Part VIII, column (A), lines 3, 4, and 7d)			12,84		13,745.
æ	11		revenue (Part VIII, column (A), lines 5, 4, and 70)			306,97		55,401.
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			1,173,01		1,965,229.
_	13		s and similar amounts paid (Part IX, column (A), lines 1-3)			8,59		6,000.
	14		its paid to or for members (Part IX, column (A), line 4)			0,03	0.	0.
	4-		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)			632,08	* *	643,812.
Expenses	162					002,00	0.	0.
ben	10a		ssional fundraising fees (Part IX, column (A), line 11e)  fundraising expenses (Part IX, column (D), line 25)   130,158				•	<u> </u>
X	170					667,70	0	904,203.
			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,308,37		1,554,015.
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			-135,36		
_ v	19	Rever	nue less expenses. Subtract line 18 from line 12					411,214.
Net Assets or Fund Balances					begin	ning of Current Y		End of Year
sse	20		assets (Part X, line 16)			1,301,23		1,722,584.
nd A	21		liabilities (Part X, line 26)			1 201 22	0.	27,170.
_=			ssets or fund balances. Subtract line 21 from line 20			1,301,23	6.	1,695,414.
	rt II		gnature Block					
			of perjury, I declare that I have examined this return, including accompanying schedul complete. Declaration of preparer (other than officer) is based on all information of which				my know	ledge and belief, it is
						Ĭ		
Sig	ın		Signature of officer					
He			Signature of officer			Date		
			Type or print name and title				1 -	
Paid	4	Print/	Type preparer's name Preparer's signature	Date	100:5	Check	if PTIN	
	a parer	AMAI	NDA MAYA	11/14	/2019			01067777
	only	Firm's	s name ▶BKD, LLP			Firm's EIN ▶ 4	4-016	0260
_	. C.IIIy	Firm's	address ▶2700 POST OAK BLVD., STE 1500 HOUSTON, TX 77056			Phone no. 7	13.49	9.4600
Ma	y the	IRS d	iscuss this return with the preparer shown above? (see instructions)			<u> </u>	2	Yes No
For	Pape	rwork	Reduction Act Notice, see the separate instructions.					Form <b>990</b> (2018)

WORLD AFFAIRS COUNCIL OF GREATER HOUSTON 76-0308253 Form 990 (2018) Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: PROMOTE UNDERSTANDING OF THE WORLD, ITS PEOPLE, POLITICS, ECONOMIES AND CULTURES, IN ORDER TO ENABLE THE GREATER HOUSTON COMMUNITY TO BETTER UNDERSTAND ITS ROLE AND PARTICIPATE MORE EFFECTIVELY IN A GLOBAL WORLD 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?..... If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. **4a** (Code: 900099 ) (Expenses \$ 337,235. including grants of \$ ) (Revenue \$ THE WORLD AFFAIRS COUNCIL DELIVERS BALANCED, INFORMATIVE, BI-PARTISAN PROGRAMS, BRINGING INTERNATIONAL LEADERS AND EXPERTS TO THE CITY OF HOUSTON. THESE EVENTS INCLUDE LECTURES, PANEL DISCUSSIONS, LUNCHEONS, TRIVIA NIGHTS, FILM SCREENINGS, AND NETWORKING EVENTS. IN 2018, THE COUNCIL DELIVERED 148 PROGRAMS AND 10 WOODLANDS SERIES EVENTS. **4b** (Code: 900099 ) (Expenses \$ 141,447. including grants of \$ THE WORLD AFFAIRS COUNCIL CONNECTS STUDENTS TO THE GLOBAL LEADERS OF OUR TIME AND PROVIDES THEM THE OPPORTUNITY AND AVENUE TO BECOME CULTURALLY SENSITIVE, GLOBALLY COMPETENT CITIZENS. IN ADDITION, WE OFFER TEACHERS PERSONAL AND PROFESSIONAL DEVELOPMENT OPPORTUNITIES, INCLUDING WORKSHOPS AND INTERNATIONAL TRAVEL. IN 2018 THE COUNCIL'S EDUCATION PROGRAM REACHED OVER 3,000 STUDENTS ACROSS 40 SCHOOLS THROUGH THE CREATION OF OUR STUDENT EVENTS. WE ALSO IMPACTED OVER 300 EDUCATORS FROM ACROSS GREATER HOUSTON, WHO BENEFITED FROM PROGRAMS LIKE OUR PROFESSIONAL DEVELOPMENT WORKSHOPS AND INTERNATIONAL STUDY TOURS. **4c** (Code: 900099 ) (Expenses \$ 584,696. including grants of \$ ) (Revenue \$ 614,699. ) THE WORLD AFFAIRS COUNCIL PROVIDES EDUCATIONAL TOURS TO REGIONS AROUND THE WORLD THAT HAVE A HIGH LEVEL OF GEOPOLITICAL INTEREST AND ACTIVITY. THESE TRIPS INVOLVE MEETING AND VISITING LEADERS IN THE COUNTRY OF STUDY THEY INFLUENCE IN SUBJECTS OF GEOGRAPHY, ECONOMICS, DEMOGRAPHY, POLITICS AND ESPECIALLY THE FOREIGN POLICY OF A STATE. THE COUNCIL SERVED 94 TRAVELERS OVER 8 TRIPS TO 17 DIFFERENT COUNTRIES.

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

(Expenses \$ including grants of \$ ) (Revenue \$

**4e** Total program service expenses ▶ 1,063,378.

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Par	Checklist of Required Schedules		Vaa	N.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
'	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
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		Χ
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
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, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			37
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		Х	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	A	
I	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		21	
12 a	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
_	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			v
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		Х
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		21
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 If "Ves." complete Schedule I, Parts Land II	21		X

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			_
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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	25b		X
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 "Yes," complete Schedule L, Part II	26		X
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		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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			_
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <u>1a</u> 5			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA		Form	990	(2018)

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Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 13			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			ĺ
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		L
10	Section 501(c)(7) organizations. Enter:			
	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			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	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?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	_		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
	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			
	Enter the amount of reserves on hand			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		-
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	, -		3.7
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			37
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

WORLD AFFAIRS COUNCIL OF GREATER HOUSTON 76-0308253 Page 6 Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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 No 2.0 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. 20 Enter the number of voting members included in line 1a, above, who are independent . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with

supervision of officers, directors, or trustees, or key employees to a management company or other person? . .

Did the organization delegate control over management duties customarily performed by or under the direct

4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	_	.)	
			Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
-	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
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?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			

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.

X Upon request

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)

State the name, address, and telephone number of the person who possesses the organization's books and records ►

MARYANNE MALDONADO P.O. BOX 920905 HOUSTON, TX 77018

State the name, address, and telephone number of the person who possesses the organization's books and records ►

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Form **990** (2018)

18

3

Another's website

Other (explain in Schedule O)

Χ

Χ

2

3

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, 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 nor any related organization compensated any current officer, director, or trustee.

						•				
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos neck s pe	rson	e than of is both tor/trust employee	an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
						ted				
(1)MARK ANDERSON	2.00									
VICE PRESIDENT	0.	Х		Х				0.	0.	0.
(2)JOHN BRANTLEY	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(3)PHIL C. DELOZIER	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(4)DIANE GENDEL	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(5)PAULA HARRIS	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(6)ARNOLD JOHNSON	2.00									
CHAIRMAN	0.	Х		Χ				0.	0.	0.
(7)ALAN R. CRAIN JR	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(8)STEPHEN KRAMER	2.00									
DIRECTOR	0.	Х						0.	0.	0
(9)PAT MORAN	2.00									
DIRECTOR	0.	Х						0.	0.	0
(10) JENNIFER M. SMITH	2.00									
DIRECTOR	0.	X						0.	0.	0
(11)SOMA SOMASUNDARAM	2.00									
PRESIDENT	0.	Х		Χ				0.	0.	0
(12)ANTONY D' SOUZA	2.00									
DIRECTOR	0.	Х						0.	0.	0
(13) JOSE VALERA	2.00									
TREASURER	0.	Х		Χ				0.	0.	0
(14)GEORGE BOSS	2.00									
DIRECTOR	0.	X						0.	0.	0

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Part VII Section A. Officers, Directors, Tr		, <u>-</u>	٠,٠.٠			<b></b> 1	<u></u>			·
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	erson	e than o is both or/trust	an ee)	(D) Reportable compensation from the	Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
L5) MICHAELA GREENAN	2.00									
DIRECTOR	0.	Х						0.	0.	
.6) SID MCCLENDON	2.00									
DIRECTOR	0.	Х						0.	0.	
.7) TELISA TOLIVER	2.00									
SECRETARY	0.	Х		Х				0.	0.	ı
8) KEN TUBMAN	2.00									
DIRECTOR	0.	X						0.	0.	
9) JESSE TUTOR	2.00									
DIRECTOR	0.	Х						0.	0.	
0) MICHOL ECKLUND	2.00									
DIRECTOR	0.	Х						0.	0.	
1) MARYANNE B. MALDONADO	40.00									
CEO	0.			Х					0.	
1b Sub-total							<b>&gt;</b>	0.	0.	(
c Total from continuation sheets to Part VII, S							<b>•</b>	154,385.	0.	777
d Total (add lines 1b and 1c)							$\blacktriangleright$	154,385.	0.	777
2 Total number of individuals (including but not reportable compensation from the organization	limited to t	hose					re	ceived more than	\$100,000 of	
										Yes N
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3
4 For any individual listed on line 1a, is the organization and related organizations grindividual	sum of represented	ortab \$15	ole c 50,0	om 00?	per	satior <i>"Yes</i>	n aı	nd other compens	sation from the le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satio	on 1	fron	n any	un	related organization	on or individual	5
Section B. Independent Contractors										
Complete this table for your five highest com- compensation from the organization. Report of year.										

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

<sup>2</sup> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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### Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
1a	Federated campaigns 1a					
b		462,226.				
0		520,269.				
d						
e						
f	All other contributions, gifts, grants,					
	and similar amounts not included above . 1f	21,000.				
1a b c d e f						
h	Total. Add lines 1a-1f		1,003,495.			
	-	Business Code				
2a	-	900099	614,699.	614,699.		
b		900099	184,338.	184,338.		+
d	EDUCATION	900099	93,551.	93,551.		
e						
g	All other program service revenue L  Total. Add lines 2a-2f	<b>•</b>	892,588.			
3	Investment income (including dividend		,			
	and other similar amounts)		13,745.			13,74
4	Income from investment of tax-exempt bond p		0.			
5	Royalties		0.			
	(i) Real	(ii) Personal				
6a	Gross rents					
b	Less: rental expenses					
c						
d			0.			
7a	Gross amount from sales of (i) Securities	(ii) Other				
	assets other than inventory					
b	Less: cost or other basis					
	and sales expenses					
c	,					
d	Net gain or (loss)	▶	0.			
8a	Gross income from fundraising events (not including \$					
	of contributions reported on line 1c).					
	See Part IV, line 18	121,780.				
b		67,867.				
0			53,913.			53,91
9a	Gross income from gaming activities. See Part IV, line 19	0.				
		0.				
b			0.			
10a	Gross sales of inventory, less returns and allowances	0.				
b		0.	_			
_ c	Net income or (loss) from sales of inventory  Miscellaneous Revenue	Business Code	0.			
		900099	1 400			1 40
11a	MISC REVENUE	500033	1,488.			1,48
b						
C						+
d			1,488.			
l e	Lotal Add lines 11a-11d	🗩 📗	1,488.			

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

000		Check if Schedule O contains a response or note to any line in this Part IX							
D-			(B)		(D)				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	6,000.	6,000.						
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.							
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16	0.							
4	Benefits paid to or for members	0.							
5	Compensation of current officers, directors, trustees, and key employees	155,163.	71,953.	83,093.	117.				
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	0.							
7	Other salaries and wages	438,414.	203,304.	145,961.	89,149.				
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	2,200.	1,020.	849.	331.				
9	Other employee benefits	0.	00.00	10 -0-					
10	Payroll taxes	48,035.	22,274.	18,537.	7,224.				
11	Fees for services (non-employees):	2							
	Management	0.							
	Legal	27,150.		27,150.					
	Accounting	27,130.		27,130.					
	Lobbying	0.							
	Professional fundraising services. See Part IV, line 17.	0.							
	f Investment management fees								
y	Other. (If line 11g amount exceeds 10% of line 25, column  (A) amount, list line 11g expenses on Schedule O.)	1,500.	695.	579.	226.				
12	Advertising and promotion	8,383.	3,887.	3,235.	1,261.				
13	Office expenses	49,625.	23,013.	19,150.	7,462.				
14	Information technology	32,793.	15,207.	12,654.	4,932.				
15	Royalties	0.							
16	Occupancy	101,636.	47,129.	39,221.	15,286.				
17	Travel	467,745.	467,745.						
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	0.							
19	Conferences, conventions, and meetings	0.							
20	Interest	0.							
21	Payments to affiliates	0.							
22	Depreciation, depletion, and amortization	21,840.	10,127.	8,428.	3,285.				
23	Insurance	21,010.	10/12/.	0,120.	3,203.				
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	PROGRAM SERVICE EXPENSES	147,026.	147,026.						
b	EDUCATION PROGRAM EXPENSES	41,264.	41,264.						
c	OTHER EXPENSES	5,241.	2,734.	1,622.	885.				
d									
е	All other expenses								
	Total functional expenses. Add lines 1 through 24e	1,554,015.	1,063,378.	360,479.	130,158.				
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								
	following SOP 98-2 (ASC 958-720)	0.							
	, , , , , , , , , , , , , , , , , , , ,	3.1			Form <b>990</b> (2019)				

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# Part X Balance Sheet

1 6	ILA	Object Woods at the Oscial transport			
		Check if Schedule O contains a response or note to any line in this Pa			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	356,985.	1	689,781.
	2	Savings and temporary cash investments	944,251.	2	1,032,803.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from current and former officers, directors,			
	•	trustees, key employees, and highest compensated employees.			
		Commission Death Lot Colonida I	0.	5	0.
	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	0.	6	0.
ets	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
⋖	9	Prepaid expenses and deferred charges	0.	9	0.
	-	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b	0.	10c	0.
	11	Investments - publicly traded securities	0.		0.
	12	Investments - other securities. See Part IV, line 11	0.		0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.		0.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,301,236.		1,722,584.
_	17	Accounts payable and accrued expenses		17	20,796.
	18	Grants payable	0.		0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.		0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.		0.
Ś	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.		0.
	24	Unsecured notes and loans payable to unrelated third parties	0.		0.
	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	0.	25	6,374.
	26	Total liabilities. Add lines 17 through 25	0.	26	27,170.
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	1,301,236.	27	1,695,414.
Ba	28	Temporarily restricted net assets	0.	28	0.
2	29	Permanently restricted net assets	0.	29	0.
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	1,301,236.	33	1,695,414.
	34	Total liabilities and net assets/fund balances	1,301,236.	34	1,722,584.
					Form <b>990</b> (2018)

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Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			65,2		
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,554,015.			
3	Revenue less expenses. Subtract line 2 from line 1	3			11,2		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,3	01,2	236.	
5							
6	Donated services and use of facilities	6				0.	
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			17,0	)36.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		1,6	95,4	114.	
Part	·						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash Cash Other MODIFI			BASI	S		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a				
	separate basis, consolidated basis, or both:						
	Separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versi	ight				
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	ınt?	2c	X		
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	ı in				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n 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 organization did not und	ergo	the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b			

#### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization

WORLD AFFAIRS COUNCIL OF GREATER HOUSTON 76-0308253 Reason for Public Charity Status (All organizations must complete this part.) See instructions

Pa	ш	Reason for Public Cha	irity Status (All C	nganizations must c	ompiei	e mis pa	art.) See mstructions	i.
The	orga	nization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed i	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated	for the benefit of	a college or universit	ty owne	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7		An organization that norma	ally receives a sub	ostantial part of its su	ipport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in <b>section 170(b</b>	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix)	operated	l in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	tions). E	nter the	name, city, and state o	f the college or
		university:						
10	X	An organization that norma receipts from activities rela support from gross investmacquired by the organization	ited to its exempt frent income and up on after June 30, 1	unctions - subject to nrelated business tax 975. See <b>section 509</b>	certain e able inco <b>(a)(2).</b> (0	exception ome (les Complete	is, and (2) no more tha s section 511 tax) from e Part III.)	n 331/3 % of its
11	Щ	An organization organized	· · · · · · · · · · · · · · · · · · ·		-			
12		An organization organized	· · · · · · · · · · · · · · · · · · ·		-			
		of one or more publicly su						
		Check the box in lines 12a t	•				•	
а				•	-			
		the supported organization				ajority of	f the directors or truste	es of the
		$_{\lnot}$ supporting organization. $^{ullet}$						
b			· ·				• • •	
		control or management of		=	the sam	e persor	ns that control or mar	age the supported
		organization(s). <b>You must</b>						
С								lly integrated with,
		$_{\lnot}$ its supported organizatior		•				
d	L				-			
		that is not functionally inte	-		-		· · · · · · · · · · · · · · · · · · ·	d an attentiveness
		requirement (see instruct						
е		Check this box if the orga						II, Type III
		functionally integrated, or			-	-	tion.	
1		er the number of supported	-					
g		vide the following information		· · · · · ·	<i>(</i> -2 - 1 - 1		(-) A	(vi) A
	(1) 143	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

Par	Support Schedule for Orga (Complete only if you checke Part III. If the organization fai	ed the box on l	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	
Sec	tion A. Public Support	io to quamy an	1001 1110 10010		sidado dompio	10 1 4.11 11.17	
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 20 1 1	(2) 2010	(6, 20.10	(0) 2011	(6) 20:10	(1) 1000
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						
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(a) 2016	(4) 2017	(a) 2019	(f) Total
	, , , , , , , , , , , , , , , , , , , ,	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc. (	,				12	
13	First five years. If the Form 990 is f organization, check this box and stop here						
	tion C. Computation of Public Sup						
14	Public support percentage for 2018 (li						<u>%</u> %
15	Public support percentage from 2017 331/3% support test - 2018. If the or						
ıoa	box and <b>stop here.</b> The organization q						
h	331/3% support test - 2017. If the organization q						
b							
17a	this box and <b>stop here.</b> The organization qualifies as a publicly supported organization						
	a 10%-facts-and-circumstances test - 2018. 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 organization.						
b	10%-facts-and-circumstances test - 15 is 10% or more, and if the organization in Part VI how the organization	<b>2017.</b> If the organization meets	ganization did r s the "facts-an	ot check a box d-circumstances	on line 13, 16 " test, check t	sa, 16b, or 17a, his box and <b>st</b>	and line op here.
18	supported organization						▶ □

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			7.1	· · · · · · · · · · · · · · · · · · ·	,	
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1,143,837.	876,465.	599,989.	418,169.	1,003,495.	4,041,955.
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	798,584.	1,018,369.	1,051,593.	788,036.	892,588.	4,549,170.
•	· · · · ·	750,504.	1,010,303.	1,031,333.	700,030.	032,300.	4,545,170.
3	Gross receipts from activities that are not an						0
4	unrelated trade or business under section 513						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						0.
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0.
6	Total. Add lines 1 through 5	1,942,421.	1,894,834.	1,651,582.	1,206,205.	1,896,083.	8,591,125.
7 a	Amounts included on lines 1, 2, and 3						
<b>h</b>	received from disqualified persons	100,750.		4,360.			105,110.
ь	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	58,280.	163,910.	248,082.		93,120.	563,392.
С	Add lines 7a and 7b	159,030.	163,910.	252,442.		93,120.	668,502.
8	Public support. (Subtract line 7c from						
	line 6.)						7,922,623.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	( <b>d)</b> 2017	(e) 2018	(f) Total
9	Amounts from line 6	1,942,421.	1,894,834.	1,651,582.	1,206,205.	1,896,083.	8,591,125.
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources	569.	22,213.	13,689.	12,847.	13,745.	63,063.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
С	Add lines 10a and 10b	569.	22,213.	13,689.	12,847.	13,745.	63,063.
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on					53,913.	53,913.
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)					1,488.	1,488.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	1,942,990.	1,917,047.	1,665,271.	1,219,052.	1,965,229.	8,709,589.
14	First five years. If the Form 990 is for	or the organizat	ion's first, secon	ıd, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here						▶ □
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,			nn (f))		. 15	90.96%
16	Public support percentage from 2017 Sche	. ,	•	.,,		16	86.46%
	tion D. Computation of Investment						,3
17	Investment income percentage for 2018 (lin			3. column (f))		17	.72%
18	Investment income percentage for 2017 (iii					18	1.00%
ıya	331/3% support tests - 2018. If the org	-					
	17 is not more than 331/3%, check thi		_				
D	331/3% support tests - 2017. If the orga						. $\square$
00	line 18 is not more than 331/3%, check			•			
20	<b>Private foundation.</b> If the organization	aia iiot offeck i	A DOA OH HITE I	¬, ı∂a, ∪i i∀D,	, UNGUN UNS DO	∧ מווט <del>סכ</del> כ וווסנוע	ULIUIIS F

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#### 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

- 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a 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.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Page 5 Schedule A (Form 990 or 990-EZ) 2018

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
_		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
•				
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	ctions).	
_		-	Yes	
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (expla	in in Part VI). <b>See</b>		
instructions. All other Type III non-functionally integrated supporting organization	-		•		
Coation A Adjusted Not Income (B) Current Year					
Section A - Adjusted Net Income		(A) Prior 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 Voor	(B) Current Year		
Section B - Minimum Asset Amount		(A) Prior 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>b</b> Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d				
e Discount claimed for blockage or other					
factors (explain in detail in <b>Part VI</b> ):					
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	y integra	ated Type III supporting	g organization (see		
instructions).	-		- ,		

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3) \$	Supporting Organizat	ions (continued)	
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex	cempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
	Excess from 2016			
d	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2018

Excess from 2018.

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

### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

**Employer identification number** 

WORLD AFFAIRS COUNCIL OF GREATER HOUSTON 76-0308253 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ **501(c)(**3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule**  $\lfloor ext{X} 
floor$  For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Employer identification number 76-0308253

			76-0306233
Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$13,408.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, address, and ZIF + 4	\$11,734.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$13,408.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$13,408.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$8,468.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$7,000.	Person Payroll Noncash (Complete Part II for

noncash contributions.)

			70 0300233
Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$18,349.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$28,081.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$43,349.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$9,174.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$9,174.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$9,174.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

			76-0308253
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$9,174.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$9,174.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		<b>\$</b> 9,174.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$9,174.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$9,174.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		<b>\$</b> 9,174.	Person X Payroll Noncash

(Complete Part II for noncash contributions.)

Part I	Contributors	(see instructions).	Use duplicate copies of	of Part I if additional space is needed.
art r		(000 111011 40110110).	oce auplicate copies o	or artificadalilorial opaco lo ricodoa

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
19		\$9,174.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
20		<b>\$</b> 9,174.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
21		\$9,174.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
22		\$9,174.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
23		\$9,174.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
24		\$18,907.	Person Payroll Noncash (Complete Part II for noncash contributions.)

			76-0306233
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$18,907.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26_		\$18,907.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$18,907.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$18,907.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$33,639.	Person Payroll Noncash (Complete Part II for noncash contributions.)

			76-0306233
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31_		\$33,639.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$47,813.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization WORLD AFFAIRS COUNCIL OF GREATER HOUSTON

Part II	Noncash Property	(see instructions)	Lise dunlicate con	nies of Part II if add	ditional space is needed.
alli	NULLEASILE LUPCILY	1300 111311 401101131.	. Use auplicate cut		uilional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B	3 (Form 990, 990-EZ, or 990-PF) (2018)		Page <b>4</b>				
	organization WORLD AFFAIRS COUNCIL OF		Employer identification number 76-0308253				
Part III		year from any one contrib s completing Part III, enter the ear. (Enter this information of	utor. Complete columns (a) through (e) and e total of exclusively religious, charitable, etc.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, and Z	P + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, and Z	P + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, and Z	P + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name address and 7	D + 4	Relationship of transferor to transferee				

#### **SCHEDULE D** (Form 990)

# 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

Department of the Treasury Internal Revenue Service Name of the organization

WOF	LD AFFAIRS COUNCIL OF GREATER HOUSTON	76-0308253
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	r Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control? .	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant f	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education) Preservation	of a historically important land area
	Protection of natural habitat Preservation	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminate of conservation easements modified, transferred, released, extinguished, or terminate of conservation easements modified, transferred, released, extinguished, or terminate of conservation easements modified, transferred, released, extinguished, or terminate of conservation easements modified, transferred, released, extinguished, or terminate of conservation easements modified transferred, released, extinguished, or terminate of conservation easements modified transferred t	nated by the organization during the
	tax year 🕨	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspect	tion, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing con	nservation easements during the year
	<b>&gt;</b>	
7	$Amount\ of\ expenses\ incurred\ in\ monitoring,\ inspecting,\ handling\ of\ violations,\ and\ enforcing\ constraints$	conservation easements during the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue an	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financorganization's accounting for conservation easements.	cial statements that describes the
Da	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	r Similar Assots
Гε	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	i Sillilai Assets.
1.		variable statement and belonce about
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, edu	ication, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that des	scribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its r works of art, historical treasures, or other similar assets held for public exhibition, edupublic service, provide the following amounts relating to these items:	ucation, or research in furtherance of
	(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, or other similar	= -
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these item	s:
a	Revenue included on Form 990, Part VIII, line 1.	
b	Assets included in Form 990, Part X	<b>▶</b> \$

	rt    Organizations Maintaini	aa Calla	otions of	Art High	rical Tra	NOCH POO	or Othor	Cimilar Accets	/oontinued)
3	Using the organization's acquisition								· /
3			sion, and o	other reco	ras, criec	k any or	the lollow	ning that are a sign	grillicant use of its
	collection items (check all that appl	y):			¬				
a	Public exhibition			d _			nge progra		
b	Scholarly research			e	Other				
C	Preservation for future gener								
4	Provide a description of the organ	ıızatıon's	collections	s and expl	ain how	they furth	ner the or	ganization's exem	pt purpose in Part
_	XIII.								
5	During the year, did the organizatio								п., п.,
	assets to be sold to raise funds rath			ained as pa	art of the	organizat	ion's collec	ction?	Yes No
Pa	rt IV Escrow and Custodial A					5 D. / . P			
	Complete if the organiza	tion ans	wered "Ye	es" on Foi	m 990, i	art IV, II	ne 9, or r	eported an amo	unt on Form
	990, Part X, line 21.								
1a	Is the organization an agent, truste								
	included on Form 990, Part X?								Yes No
b	If "Yes," explain the arrangement in	n Part XII	I and com	plete the fo	llowing tal	ole:			
								Amou	nt
С	Beginning balance						l c		
d	Additions during the year						ld		
е	Distributions during the year						le		
f	Ending balance					🔯	lf		
2a	Did the organization include an ame							-	Yes No
b	If "Yes," explain the arrangement in	Part XII	I. Check h	ere if the e	xplanation	has beer	n provided	on Part XIII	
Pa	rt V Endowment Funds.								
	Complete if the organiza	tion ans	wered "Ye	es" on Fo	m 990, F	Part IV, li	ne 10.		
		<b>(a)</b> Cur	rrent year	<b>(b)</b> Pri	or year	(c) Two y	years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains,								
•	and losses								
d	Grants or scholarships								
e	Other expenditures for facilities								
Ū									
f	Administrative expenses								
a a									
2	Provide the estimated percentage			and haland	o (lino 1a	column (	a)) hold ac		·
a	Board designated or quasi-endowm	ent 🕨	mem year	%	e (iiile 19	Columni	ajj neid as	•	
b	Permanent endowment >	%							
c	Temporarily restricted endowment		%						
•	The percentages on lines 2a, 2b, a			100%					
3a	Are there endowment funds not in t		•		ation that	are held	and admir	nistered for the	
•	organization by:	росс		o. ga		4.0	a		Yes No
	(i) unrelated organizations								3a(i)
	(ii) related organizations								
h	If "Yes" on line 3a(ii), are the relate								
4	Describe in Part XIII the intended u	-		•					
	rt VI Land, Buildings, and Equ			ttion 3 chac	William Id	103.			
	Complete if the organiza	tion ans	swered "Y						
	Description of property	7		r other basis stment)		or other basi other)		cumulated eciation	(d) Book value
	Land		(IIIVES	ouncil)	1 (0	(51)	depr	Colation	
ı a h		T T							
0	Buildings								
q	Leasehold improvements	ı							
d	Equipment	T I							
e Tota	Other	(d) must	t oqual Ear	m 000 Dor	V oolum	n (D) lina	100.)		

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 Page 3

Part VII	Investments - Other Securities. Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11b. See Form 990	, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1) Financia	al derivatives			
(2) Closely-	-held equity interests			
(3) Other_ (A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	Yes" on Form 990	, Part IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
_(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
raitix	Complete if the organization answered	l "Yes" on Form 990	Part IV line 11d See Form 990	Part X line 15
		scription	, 1 41111, 11110 1 141 200 1 2111 200	(b) Book value
(1)	(-7	p		(1)
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part X	umn (b) must equal Form 990, Part X, col. (B) In Other Liabilities.  Complete if the organization answered line 25.			m 990, Part X,
1.	(a) Description of liability	(b) Book valu	е	
	al income taxes			
	OLL LIABILITIES	6,	374.	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	6.1	374.	
	(-, -:::			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

PAGE 33

Schedule D (Form 990) 2018 Page **4** 

	C D (1 0111 030) 2010		rage i
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	2,033,096.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	-	
b	Donated services and use of facilities	-	
C	Recoveries of prior year grants	-	
d e	Other (Describe in Part XIII.)	2e	67,867.
3	Subtract line 2e from line 1	3	1,965,229.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)	4c	
С 5	Add lines <b>4a</b> and <b>4b</b>	5	1,965,229.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,621,882.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities		
a b	Donated services and use of facilities		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	67,867. 1,554,015.
3	Subtract line 2e from line 1	3	1,334,013.
4 a	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	1 554 045
5 Port	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,554,015.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b; Part	art V, li	ne 4; Part X, line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	•
SEE	PAGE 5		

JSA 8E1271 1.000

#### Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D

RECONCILIATION OF REVENUE PER AUDITED F/S WITH REVENUE PER RETURN FUNDRAISING EXPENSES INCLUDED IN REVENUE \$67,867

SCHEDULE D, PART XII, LINE 2D

RECONCILIATION OF EXPENSES PER AUDITED F/S WITH EXPENSE PER RETURN FUNDRAISING EXPENSES INCLUDED IN REVENUE \$67,867

SCHEDULE D, PART X, LINE 2

UNCERTAIN TAX POSITION

THE COUNCIL RECOGNIZES THE IMPACT OF AN UNCERTAIN TAX POSITION ONLY IF THE POSITION IS "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE PREPARATION OF THE COUNCIL'S VARIOUS TAX RETURNS REQUIRES THE USE OF ESTIMATES FOR FEDERAL AND STATE INCOME TAX PURPOSES. THESE ESTIMATES MAY BE SUBJECTED TO REVIEW BY THE RESPECTIVE TAXING AUTHORITIES. A REVISION, IF ANY, TO AN ESTIMATE MAY RESULT IN AN ASSESSMENT OF ADDITIONAL TAXES, PENALTIES AND INTEREST. AT THIS TIME, A RANGE IN WHICH THE ESTIMATES MAY CHANGE IS NOT QUANTIFIABLE, AND A CHANGE, IF ANY, IS NOT EXPECTED TO BE MATERIAL. THE COUNCIL ACCOUNTS FOR INTEREST AND PENALTIES RELATING TO UNCERTAIN TAX POSITIONS IN THE CURRENT PERIOD STATEMENT OF SUPPORT, REVENUES AND EXPENSES, AS NECESSARY; HOWEVER THERE ARE CURRENTLY NO UNCERTAIN TAX POSITIONS.

#### **SCHEDULE G** (Form 990 or 990-EZ)

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

vame of the organization					Employer identification	on number
WORLD AFFAIRS COUNCIL OF GREAT					76-0308253	
Part I Fundraising Activities. Co				I "Yes" on Form	990, Part IV, line	17.
Form 990-EZ filers are no						
1 Indicate whether the organization ra	ised funds through		_			
a Mail solicitations	е	Solid	citation of	non-government (	grants	
<b>b</b> Internet and email solicitations	f	Solid	citation of	government grant	ts	
c Phone solicitations	g	Spe	cial fundra	ising events		
d In-person solicitations						
2a Did the organization have a written or key employees listed in Form 99						Yes No
b If "Yes," list the 10 highest paid inc compensated at least \$5,000 by the		(fundraise	ers) pursua	ant to agreements	s under which the	fundraiser is to be
				I	(a) A may not noted to	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						:
3 List all states in which the organiz registration or licensing.	ation is registered of	or licensed	d to solicit	contributions or	nas been notified	it is exempt from

Pa	rt II Fundraising Events. Comple more than \$15,000 of fundra events with gross receipts great the second se	aising event contribution			
	3 1 3	(a) Event #1 JONES AWARDS	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Ф		(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1 Gross receipts	642,049.			642,049
ቘ	2 Less: Contributions	520,269.			520,269.
	3 Gross income (line 1 minus line 2)	121,780.			121,780
	4 Cash prizes				
	5 Noncash prizes				
nses	6 Rent/facility costs	63,460.			63,460
<b>Direct Expenses</b>	7 Food and beverages				
Direct	8 Entertainment				
	9 Other direct expenses	4,407.			4,407
	10 Direct expense summary. Add lin	es 4 through 9 in colum	n (d)		67,867.
	11 Net income summary. Subtract li			· · · · · · · · · · · · · · · ·	53,913.

**Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Part III

	\$15,000 OH FOHH 990-EZ, IIII	e oa.			
Revenue		(a) Bingo	<b>(b)</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				
-xpen	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes % No	Yes% No	Yes% No	
	7 Direct expense summary. Add line	es 2 through 5 in colu	mn (d)		
	8 Net gaming income summary. Su	btract line 7 from line	1, column (d)	<b>&gt;</b>	
9 a	9		in each of these state		Yes No
10a b	,	g licenses revoked, susp	pended, or terminated du	uring the tax year?	Yes No

Sched	ule G (Form 990 or 990-EZ) 2018
11 12	Does the organization conduct gaming activities with nonmembers?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	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 ▶
15 a	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 ▶ \$
С	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
17	Mandatory distributions:
а	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 > \$
Par	

Schedule G (Form 990 or 990-EZ) 2018

### **SCHEDULE J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WORLD AFFAIRS COUNCIL OF GREATER HOUSTON

Employer identification number 76-0308253

Part	Questions Regarding Compensation							
			Yes	No				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or charter travel  Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments Health or social club dues or initiation fees							
	Discretionary spending account Personal services (such as maid, chauffeur, chef)							
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment							
	or réimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b						
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all							
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line							
	1a?	2						
•		_						
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.							
	Compensation committee Written employment contract							
	Independent compensation consultant  X Compensation survey or study							
	Form 990 of other organizations  X Approval by the board or compensation committee							
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:							
а	Receive a severance payment or change-of-control payment?	4a		Х				
b								
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X				
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any							
	compensation contingent on the revenues of:							
а	The organization?	5a		X				
b	Any related organization?	5b		X				
	If "Yes" on line 5a or 5b, describe in Part III.							
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any							
	compensation contingent on the net earnings of:							
а	The organization?	6a		X				
b	Any related organization?	6b		X				
	If "Yes" on line 6a or 6b, describe in Part III.							
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed							
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject							
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe							
	in Part III	8		Х				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53 4958-6(c)?	۵						

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

Schedule J (Form 990) 2018

76-0308253

Schedule J (Form 990) 2018

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
MARYANNE B. MALDONADO	(i)	154,385.	0.	0.	777.	0.	155,162.	0.	
1CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
2	(ii)								
	(i)								
3	(ii)								
	(i)								
_ 4	(ii)								
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
7	(ii)								
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
11	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

### Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCH.J, PART I, LINE 3

METHODS USED TO ESTABLISH COMPENSATION OF THE CEO:

APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

COMPENSATION SURVEY OR STUDY

## **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. ► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

WORLD AFFAIRS COUNCIL OF GREATER HOUSTON

76-0308253

FORM 990, PART VI, LINE 6

CLASSES OF MEMBERS OR STOCKHOLDERS

THE COUNCIL HAS MEMBERS WHO PAY TO SUPPORT THE COUNCIL.

FORM 990, PART VI, LINE 7A

ELECTION OF MEMBERS AND THEIR RIGHTS

DIRECTORS ARE MEMBERS AND DIRECTORS ELECT THE EXECUTIVE BOARD.

FORM 990, PART VI, LINE 11B

ORGANIZATION'S PROCESS TO REVIEW FORM 990

FORM 990 IS REVIEWED BY THE EXECUTIVE COMMITTEE OF BOARD OF DIRECTORS AND

MANAGEMENT, THEN DISTRIBUTED TO THE WHOLE BOARD OF DIRECTORS PRIOR TO

FILING.

FORM 990, PART VI, LINE 12C

ENFORCEMENT OF CONFLICTS POLICY

CONFLICTS ARE ADDRESSED AS THEY ARISE THROUGHOUT THE YEAR.

FORM 990, PART VI, LINE 15A

COMPENSATION PROCESS FOR TOP OFFICIAL

COMPENSATION OF THE CEO IS DIRECTED BY THE BOARD OF DIRECTORS FOLLOWING

REVIEW OF SIMILAR ORGANIZATIONS COMPENSATION PACKAGES AND WAS FOUND TO BE

COMMENSURATE.

Name of the organization
WORLD AFFAIRS COUNCIL OF GREATER HOUSTON

Employer identification number
76-0308253

FORM 990, PART VI, LINE 19

GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

STATEMENT AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY REQUEST.

## Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

**Electronic filing** (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

	<b>6-Month Extension of Time.</b> Only subm							
•	ons required to file an income tax return othe		, ,	20-C filers), partnerships,	RE	MICs,	and trust	ts
nust use Fo	orm 7004 to request an extension of time to fi	ile income	tax returns.					
	Ta			Enter filer's identifyin				tions
Гуре or	Name of exempt organization or other filer, see in	structions.		Employer identification nu	ımbe	r (EIN)	or	
orint								
ile by the	WORLD AFFAIRS COUNCIL OF GREAT			76-030825				
lue date for	Number, street, and room or suite no. If a P.O. box	x, see instruc	ctions.	Social security number (SS	SN)			
iling your	P.O. BOX 920905	, , ,						
eturn. See nstructions.		City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
	HOUSTON, TX 77018-0905							
Enter the Re	eturn Code for the return that this application	is for (file	a separate application f	or each return)			0	
Application		Return	Application				Retu	rn
s For		Code	Is For				Cod	le
orm 990 or	r Form 990-EZ	01	Form 990-T (corporate	tion)			07	
orm 990-BI	L	02	Form 1041-A	·			08	
orm 4720	(individual)	03	Form 4720 (other that	an individual)			09	
orm 990-Pf	F	04	Form 5227				10	
orm 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11	
orm 990-T	(trust other than above)	Form 8870				12		
Telephone If the orga If this is for the whole I list with the	e No. ► 713 522-7811  anization does not have an office or place of lor a Group Return, enter the organization's for e group, check this box ►	business in ur digit Grof it is for paion is for.	Fax No. ▶  In the United States, che pup Exemption Number art of the group, check	(GEN)		If t and at	this is ttach	rn
<ul><li>▶ □</li><li>2 If the tage</li></ul>	calendar year 20 18 or tax year beginning  ax year entered in line 1 is for less than 12 m change in accounting period							
	application is for Forms 990-BL, 990-PF, 99	90-T, 4720	o, or 6069, enter the	tentative tax, less any				
	undable credits. See instructions.				За	\$		0.
<b>b</b> If this	application is for Forms 990-PF, 990-T,	4720, o	r 6069, enter any re	efundable credits and				
	ted tax payments made. Include any prior yea				3b	\$		0.
	ce due. Subtract line 3b from line 3a. Include		ent with this form, if re	equired, by using EFTPS				
(Electr	onic Federal Tax Payment System). See instru	ctions.			3с	\$		0.
Caution: If you	u are going to make an electronic funds withdrawa	l (direct deb	it) with this Form 8868, se	ee Form 8453-EO and Form	188	79-EO	for payme	ent
nstructions.								
For Privacy A	Act and Paperwork Reduction Act Notice, see instr	uctions.			Forn	n <b>886</b> 8	<b>8</b> (Rev. 1-2	2019)

Form	990-T	Ex	empt Organization		siness Income der section 6033(		n	OMB No. 1545-0687		
		For cale	ndar year 2018 or other tax year begin		•	• •	, I	୬ <b>ଲ 1 0</b>		
D	tment of the Treasury	l or care	► Go to www.irs.gov/Form990							
	al Revenue Service	<b>▶</b> Do	not enter SSN numbers on this form a				:)(3).	Open to Public Inspection for 501(c)(3) Organizations Only		
Α	Check box if address changed	,			me changed and see instruction	· ·	D Emplo	over identification number over trust, see instructions.)		
<b>B</b> Ex	empt under section	1	WORLD AFFAIRS COUNC	IL O	F GREATER HOUSTO	N				
X	501(C)(3)	Print	Number, street, and room or suite no. I	f a P.O	. box, see instructions.		76-0308253			
	408(e) 220(e)	or Type						ated business activity code		
	408A 530(a)		P.O. BOX 920905				(See in	structions.)		
	529(a)		City or town, state or province, country	y, and Z	ZIP or foreign postal code					
	ok value of all assets		HOUSTON, TX 77018-0	905						
al	end of year		up exemption number (See instruct				,			
			ck organization type 🕨   X   501		·	) trust	401(a)	trust Other trust		
			nization's unrelated trades or busine				•	(or first) unrelated		
	ade or business her				If only one,					
	•		end of the previous sentence, cor	nplete	Parts I and II, complete a S	schedule M for each	ch addition	nal		
_	ade or business, th							v v.		
	-		corporation a subsidiary in an affili	-		controlled group?		▶  Yes X No		
			identifying number of the parent co ARYANNE MALDONADO	rporation		ne number ▶ 71	3-522-	-7911		
$\overline{}$			or Business Income		(A) Income	(B) Expen		(C) Net		
1a					(A) IIICOIIIE	(b) Expen	363	(C) Net		
b	Less returns and allowa		<b>c</b> Balance ▶	1 c						
2			ule A, line 7)	2						
3	-		2 from line 1c	3						
4a			ttach Schedule D)	4a						
b			Part II, line 17) (attach Form 4797)	4b						
С			rusts	4c						
5			r an S corporation (attach statement)	5						
6				6						
7			come (Schedule E)	7						
8	Interest, annuities, roy	alties, and re	ents from a controlled organization (Schedule F)	8						
9	Investment income of a	a section 50	1(c)(7), (9), or (17) organization (Schedule G)	9						
10	Exploited exempt	activity is	ncome (Schedule I)	10						
11	Advertising incom	ne (Sched	lule J)	11						
12			tions; attach schedule)		_					
13	Total. Combine li	nes 3 thr	ough 12	13	0.					
Pa			Taken Elsewhere (See insti			, ,	except t	or contributions,		
			be directly connected with t							
14			directors, and trustees (Schedule K)							
15 16										
17										
18			(see instructions)							
19										
20			See instructions for limitation rules)							
21			4562)		1 1					
22			on Schedule A and elsewhere on re				22b			
23										
24			compensation plans							
25			5							
26			Schedule I)							
27			chedule J)							
28			chedule)							
29	Total deductions	. Add line	s 14 through 28				. 29			
30	Unrelated busine	ess taxab	le income before net operating	loss	deduction. Subtract line	29 from line 1	3 30			
31	Deduction for net	t operatin	g loss arising in tax years beginnir	ng on d	or after January 1, 2018 (see	e instructions)	31			

Form 990-T (2018) Page **2** 

					9 -
Par	t III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions)	33			
34	Amounts paid for disallowed fringes	34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instructions)	35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	"			
30	of lines 33 and 34	36			
0.7		-			
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37			
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,				_
	enter the smaller of zero or line 36	38			0.
Par	t IV Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39			
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on				
	the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	40			
41	Proxy tax. See instructions				
42	Alternative minimum tax (trusts only)	42			
43	Tax on Noncompliant Facility Income. See instructions	$\vdash$		-	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				
		44			
Par	•				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	-			
	Other credits (see instructions)	_			
	General business credit. Attach Form 3800 (see instructions)				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)				
	Total credits. Add lines 45a through 45d	45e			
46	Subtract line 45e from line 44	46			
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47			
48	Total tax. Add lines 46 and 47 (see instructions)				0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2				
		73			
	, , , , , , , , , , , , , , , , , , , ,	-			
b	2018 estimated tax payments	-			
С	· ·	-			
	Foreign organizations: Tax paid or withheld at source (see instructions)   50d	_			
е	Backup withholding (see instructions)				
f	Credit for small employer health insurance premiums (attach Form 8941)				
g	Other credits, adjustments, and payments: Form 2439				
	Form 4136 Other Total ▶ 50g				
51	Total payments. Add lines 50a through 50g	51			
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54			
		_			
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunded				
	t VI Statements Regarding Certain Activities and Other Information (see instruction			T.,	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may be a financial account (bank, securities, or other) in a foreign country?	nay hav	e to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreigr	n country		
	here <b>&gt;</b>				Х
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	eian trus	 t?		Х
	If "Yes," see instructions for other forms the organization may have to file.	J			
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$				
<del>55</del>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of m	ny knowledae	and beli	ef, it i
Qiar	true, correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge				
Sig		•	IRS discuss		
Her			preparer sh		7
		ee instructi		es	No
Paid	Print/Type preparer's name Preparer's signature Date Che	ck LLL if	f PTIN		_
	AMANDA MAYA 11/12/2019 self-	employed			
	Only Firm's name DND, LLE	's EIN ▶	44-016	0260	
USE	Firm's address > 2700 POST OAK BLVD., STE 1500, HOUSTON, TX 77056 Photo	ne no. 71	13.499.	4600	

Form	990-T (2018)													Page <b>3</b>
Sch	edule A - Cost of Go	oods	Sc	<b>ild.</b> En	ter metho	d of invent	ory	valuation	<b>&gt;</b>					
1	Inventory at beginning of y	ear .	1				6	Inventory	at end of yea	ar	6			
2	Purchases	[	2				7			ld. Subtract line				
3	Cost of labor		3					6 from	line 5. En	iter here and in				
4 a	Additional section 263A co	osts						Part I, line	2		. 7			
	(attach schedule)		4a				8			section 263A (	with r	espect to	Yes	No
b	Other costs (attach schedu	г	4b					property	produced	or acquired fo	r resa	ale) apply		
5	Total. Add lines 1 through							to the orga	anization?	<u> </u>				X
Sch	edule C - Rent Income	(Fro	m l	Real P	roperty a	nd Perso	nal	Property	Leased V	Vith Real Prope	erty)			
(se	ee instructions)													
<b>1.</b> De	escription of property													
(1)														
(2)														
(3)														
(4)														
		2.	. Re	nt receiv	ed or accru	ed								
(a	From personal property (if the	percent	age (	of rent	(b) F	rom real and	d pers	sonal property	(if the	3(a) Deductions	directly of	connected with	the inc	ome
	for personal property is more th	an 10%			percent	age of rent fo	or per	sonal property	exceeds			2(b) (attach sc		
	more than 50%)			50% 0	50% or if the rent is based on profit or income)									
(1)														
(2)														
(3)														
(4)														
Total					Total									
(c) T	otal income. Add totals of co	olumns	s 2(a	a) and 2(	b). Enter					(b) Total deducti Enter here and o		1		
here	and on page 1, Part I, line 6	, colum	nn ( <i>F</i>	Á)	▶					Part I, line 6, colu	ımn (B)	., •		
Sch	edule E - Unrelated De	ebt-F	ina	nced li	ncome (se	e instruct	ions	)						
						2. Gross	inco	me from or			connected with or allocable to			
	<ol> <li>Description of deb</li> </ol>	ot-financ	ed p	roperty				bt-financed	(a) Straigh	nt line depreciation	(b) Other deductions			
						þ	rope	ту		ch schedule)	(attach schedule)			
(1)														
(2)														
(3)														
(4)														
	4. Amount of average	5.			sted basis	6.	. Colu	ımn			8	. Allocable de	ductions	3
	acquisition debt on or allocable to debt-financed	d		or allocal financed		4	divid	ded		income reportable n 2 x column 6)		umn 6 x total	of colum	
	property (attach schedule)		(at	tach sche	dule)	by	colur	mn 5	,	,		3(a) and 3	(b))	
(1)								%						
(2)								%						
(3)								%						
(4)								%						
									Enter her	re and on page 1, ne 7, column (A).	Ent	er here and rt I, line 7, co	on page	e 1,
									rari i, iin	ie /, coluititi (A).	ra	iti, iiie 7, CC	nutiti (I	٥).
Total								▶						
Tota	dividends-received deduct	ions in	cluc	ded in co	lumn 8 🔒					<u> </u>				

Page 4

Schedule F-Interest, Ann	uities, Royaities			ontrolled Or			ions (see	nstruction	ons)		
Name of controlled organization	2. Employer identification numb	iei	3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income			6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income	8. Net unrelated in (loss) (see instruc			Total of specific payments made		includ	rt of column ed in the co ation's gros	ntrolling		Deductions directly nnected with income in column 10	
(1)											
(2)											
(3)											
(4)							columns 5 a			dd columns 6 and 11.	
Totals	ncome of a Sec	ction 501	(c)(7),	(9), or (17		Part I	here and on , line 8, colu (see inst	mn (A).		ter here and on page 1, art I, line 8, column (B).	
1. Description of income	2. Amount of		3. Deduction directly core (attach sch		4. Set-asides (attach schedule)			5. Total deductions and set-asides (col. 3 plus col. 4)			
<u>(1)</u>											
(2)											
(3)											
(4)	Enter here and Part I, line 9, c									Enter here and on page 1 Part I, line 9, column (B).	
Schedule I – Exploited Exc		come, Ot	her Th	an Advert	ising Ir	ncome (s	see instru	ctions)			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Experdirect connecte producti unrela business i	tly d with on of ted	4. Net incor from unrelat or business 2 minus co If a gain, o cols. 5 thro	ed tradé (column umn 3). ompute	from ac	s income tivity that unrelated is income	<b>6.</b> Expe attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)											
(2)											
(3)											
(4)											
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, F line 10, c	Part I,							Enter here and on page 1, Part II, line 26.	
Schedule J- Advertising I	ncome (see instr	uctions)									
Part I Income From Per	iodicals Report	ed on a C	onsol	idated Bas	sis						
1. Name of periodical	2. Gross Name of periodical advertising 3. [			4. Adver gain or (los 2 minus co	tising ss) (col.		culation ome	6. Reade		7. Excess readership costs (column 6 minus column 5, but	
	income			a gain, co cols. 5 thro	-					not more than column 4).	
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))											

## Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)						
Schedule K - Compensatio	n of Officers, D	Directors, and Tr	ustees (see instr	uctions)		
1. Name	2.	Γitle	3. Percent of time devoted to business	Compensation attributable to unrelated business		

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1 Part II line 14			

ATTACHMENT 1

#### ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.

## Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

**Electronic filing** (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

9	,								
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).						
All corporati	ons required to file an income tax return other	er than Fori	m 990-T (including 1120	-C filers), partnerships,	REMICs	, and trusts			
must use Fo	orm 7004 to request an extension of time to f	file income	tax returns.						
				Enter filer's identifying	g number,	see instructions			
F	Name of exempt organization or other filer, see in	nstructions.		Employer identification nu	mber (EIN	l) or			
Type or									
orint	WORLD AFFAIRS COUNCIL OF GREA	TER HOUS	STON	76-0308253	3				
File by the due date for	Number, street, and room or suite no. If a P.O. bo	Social security number (SS	SN)						
iling your	P.O. BOX 920905								
eturn. See nstructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
iistiuctions.	HOUSTON, TX 77018-0905								
Entar the Re	eturn Code for the return that this application	is for (file	a congrate application for	r each return)		0 7			
	cturn dode for the return that this application	113 101 (1110	a separate application to	r cachirotann, i i i i i i		—			
Application		Return	Application			Return			
s For		Code	Is For			Code			
orm 990 o	r Form 990-EZ	01	Form 990-T (corporation	on)		07			
orm 990-B		02	Form 1041-A	,		08			
	(individual)	03	Form 4720 (other than	n individual)		09			
orm 990-PI	· · · · · · · · · · · · · · · · · · ·	04	Form 5227	•					
orm 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069			11			
	(trust other than above)	06	Form 8870	orm 8870					
	MARYANNE MALDON	IADO	•			12			
The book	as are in the care of ▶ P.O. BOX 920905		N TX 77018						
Telephon	e No. ▶ 713 522-7811	I	Fax No. ▶						
	anization does not have an office or place of	— business ir	the United States, chec	k this box		▶ □			
	or a Group Return, enter the organization's fo								
or the whol	e group, check this box	If it is for pa	art of the group, check th	nis box	and a	attach			
	e names and EINs of all members the extens								
	est an automatic 6-month extension of time u			9 , to file the exempt	organiza	ation return			
	organization named above. The extension is			,	- · g				
			, aa						
► X	calendar year 20 18 or								
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2 If the t	ax year entered in line 1 is for less than 12 m	nonths, ched	ck reason: Initial re	turn Final return	า				
	Change in accounting period	TOTALIO, OTIO	sk rodoon milar ro	Tan I man rotan	•				
	application is for Forms 990-BL, 990-PF, 9	90-T. 4720	), or 6069, enter the t	entative tax. less any					
	undable credits. See instructions.	.,	,	omanio tan, loos any	3a \$	0.			
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	ce due. Subtract line 3b from line 3a. Include			uired, by using EFTPS	US Ψ				
	onic Federal Tax Payment System). See instru			, .,	3c \$	0.			
•	u are going to make an electronic funds withdrawa		it) with this Form 8868, see	e Form 8453-EO and Form					
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	Act and Paperwork Reduction Act Notice, see inst	ructions.			Form 886	68 (Rev. 1-2019)			