Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

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			12/31	20	19

For calendar year 2019, or fiscal year beginning 01/01 Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

► Go to www.irs.gov/Form8879EO for the latest information.

WORLD AFFAIRS COUNCIL OF GREATER HOUSTON

Employer identification number 76-0308253

Name and title of officer

MARYANNE MALDONADO, CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,897,615
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b L b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	
			·

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only	
X Lauthorize BKD, LLP	to enter my PIN 7 7 0 5 6 as my signature
ERO firm name	Enter five numbers, but do not enter all zeros
on the organization's tax year 2019 electronically filed return. If I have being filed with a state agency(ies) regulating charities as part of the ERO to enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature If I have indicated within this return that a copy of the return is being the IRS Fed/State program, I will enter my PIN on the return's disclosure.	g filed with a state agency(ies) regulating charities as part of
Officer's signature Maryanns Maldonado	Date ▶ 11-13-2020
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	7 6 9 1 5 8 9 1 3 5 3
	Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date 11/12/2020

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

2019 990 Returns Found in Account K920

Total Record Count: 1 Report Date: 11/13/2020

*** - Federal Only	
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** - This i	indicator is	an acknowledgem	ent that the j	iurisdicti	on has r	eceived dir	ect debit iı	nformatio	n. Please note	that not all j	urisdictions	send this a	acknowled	gement	t.			
Locator	Тах Туре	Taxpayer Name	Client Code	Alerts		Juris Descripti on	E-File Status		Date Sent	Date Ack	Submissio n ID	DCN	Debts***	PIN***	EIC***	Direct Debit Ack Rec'd**	Debit or	Create Date
617500	990	World Affairs Council of Greater Houston	1183572	N	FED	Federal	Accepted		11/13/2020 02:57:00 PM		7691582020 3185000039							11/09/2020 06:45:54 PM

990 Form

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public
Inspection

A For the 2019 calendar year, or tax year beginning 2019, and ending 20 D Employer identification number C Name of organization B Check if applicable WORLD AFFAIRS COUNCIL OF GREATER HOUSTON 76-0308253 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change P.O. BOX 920905 (713) 522-7811Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Amended HOUSTON, TX 77292 G Gross receipts \$ 2,002,438. Application pending F Name and address of principal officer: MARYANNE MALDONADO H(a) Is this a group return for Yes Χ Nο subordinates' P.O. BOX 920905, HOUSTON, TX 77292 H(b) Are all subordinates included? Yes No X | 501(c)(3) 501(c) (4947(a)(1) or 527 If "No," attach a list. (see instructions) Website: ▶ WWW.WACHOUSTON.ORG H(c) Group exemption number L Year of formation: 1990 M State of legal domicile: Form of organization: X Corporation TХ Other > Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO PROMOTE THE UNDERSTANDING OF THE WORLD, ITS PEOPLE, POLITICS, ECONOMIES AND CULTURES TO PARTICIPATE Governance MORE EFFECTIVELY IN A GLOBAL WORLD 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 20. Number of voting members of the governing body (Part VI, line 1a) 3 Activities & 20. Number of independent voting members of the governing body (Part VI, line 1b) 15. 5 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 25. Total number of volunteers (estimate if necessary) 6 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. **b** Net unrelated business taxable income from Form 990-T, line 39 Current Year Prior Year Contributions and grants (Part VIII, line 1h) 1,003,495. 911,393. 892,588 1,051,391. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 13,745. 28,947. 10 55,401. -94,116. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,965,229. 1,897,615. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 6,000. 318. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 643,812. 808,019. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 904,203. 981,591. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,554,015. 1,789,928. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 411,214. 107,687. Revenue less expenses. Subtract line 18 from line 12 s or **Beginning of Current Year End of Year** 1,823,568. 1,722,584. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 27,170. 20,467. 21 1,695,414. 1,803,101. 22 Net assets or fund balances. Subtract line 21 from line 20. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here Type or print name and title Print/Type preparer's name Preparer's sidnature Check Paid AMANDA MAYA 11/12/2020 self-employed P01067777 Preparer ▶BKD, LLP Firm's EIN \triangleright 44-0160260 Firm's name Use Only 713.499.4600 Firm's address ▶2700 POST OAK BLVD., STE 1500 HOUSTON, TX 77056 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No Form **990** (2019) For Paperwork Reduction Act Notice, see the separate instructions.

Page 2 Form 990 (2019)

P		nt of Program Service Accomplishments	
_		Schedule O contains a response or note to any line in this Part III	
'	•	e organizations mission. RSTANDING OF THE WORLD, ITS PEOPLE, POLITICS, ECONOMIES	
		IN ORDER TO ENABLE THE GREATER HOUSTON COMMUNITY TO	
		STAND ITS ROLE AND PARTICIPATE MORE EFFECTIVELY IN A	
	GLOBAL WORLD	TIME THE ROLL THE TIMETOTIME HOME DIFFICITIVED IN THE	
2	Did the organization	on undertake any significant program services during the year which were not listed on the	
_			No
	If "Yes." describe th	nese new services on Schedule O.	
3		tion cease conducting, or make significant changes in how it conducts, any program	
	_		No
		nese changes on Schedule O.	
4		anization's program service accomplishments for each of its three largest program services, as measure	
		501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers
	the total expenses,	, and revenue, if any, for each program service reported.	
_			
4a) (Expenses \$ 527,284. including grants of \$) (Revenue \$ 412,584.)	
		FAIRS COUNCIL DELIVERS BALANCED, INFORMATIVE, PROGRAMS, BRINGING INTERNATIONAL LEADERS AND EXPERTS TO	
		HOUSTON AND SURROUNDING COMMUNITIES. THESE EVENTS	
		URES, PANEL DISCUSSIONS, LUNCHEONS, TRIVIA NIGHTS, FILM	
		AND NETWORKING EVENTS. IN 2019, THE COUNCIL DELIVERED	
	123 PROGRAMS.		
	-		
4b	b (Code: 900099) (Expenses \$ 103,367. including grants of \$ 318.) (Revenue \$ 77,775.)	
	THE WORLD AFF	FAIRS COUNCIL CONNECTS STUDENTS TO THE GLOBAL LEADERS	
	OF OUR TIME A	AND PROVIDES THEM THE OPPORTUNITY AND AVENUE TO BECOME	
	CULTURALLY SE	INSITIVE, GLOBALLY COMPETENT CITIZENS. IN ADDITION, WE	
		RS PERSONAL AND PROFESSIONAL DEVELOPMENT	
		S, INCLUDING WORKSHOPS AND INTERNATIONAL TRAVEL. IN	
		ICIL'S EDUCATION PROGRAM REACHED OVER 3,500 STUDENTS	
		HOOLS THROUGH THE CREATION OF OUR STUDENT EVENTS. WE	
		O OVER 300 EDUCATORS FROM ACROSS GREATER HOUSTON, WHO	
		OM PROGRAMS LIKE OUR PROFESSIONAL DEVELOPMENT	
	WORKSHOPS AND	O INTERNATIONAL STUDY TOURS.	
_	- (Codo: 00000	\/\(\Gamma_{\text{propose}}\)	
40) (Expenses \$543,579. including grants of \$) (Revenue \$561,032) PAIRS COUNCIL PROVIDES EDUCATIONAL TOURS TO REGIONS	
		ORLD THAT HAVE A HIGH LEVEL OF GEOPOLITICAL INTEREST	
		THESE TRIPS INVOLVE MEETING AND VISITING LEADERS IN	
		OF STUDY THEY INFLUENCE IN SUBJECTS OF GEOGRAPHY,	
		EMOGRAPHY, POLITICS AND ESPECIALLY THE FOREIGN POLICY	
		THE COUNCIL SERVED 82 TRAVELERS OVER 10 TRIPS TO 14	
	DIFFERENT COU		
	-		
	-		
4d	d Other program ser	rvices (Describe on Schedule O.)	
	(Expenses \$	including grants of \$) (Revenue \$)	
4e	e Total program serv	vice expenses ▶ 1,174,230.	

Form **990** (2019)

Form 990 (2019) Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	Ė		
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
Ū	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	Ė		
•	complete Schedule D, Part III	8		Х
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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
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	l		3.5
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			Х
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Х	Λ
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	- 1	
'	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	х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	21	
12 a		120	х	
h	Schedule D, Parts XI and XII	12a		
b	"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		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1.44		
-	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		Х
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			
	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			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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			Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Λ

Form 990 (2019) Page 4

Part	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	X	
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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? In			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? In			
	"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			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part	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			X
	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? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_		
	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		

Form 990 (2019) Page 5

Par	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 15			
b	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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		X
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			37
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		3.5
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	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.	00		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12			
	mination root and deprice contract mination in an art min, mile 12 11 11 11 11 11 11 11 11 11 11 11 11			
	Cross recorpts, included on Form coo, Fair Vin, into 12, for public doe of olds facilities			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
b	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O · · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	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.			

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management			
			Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year.			
та	Enter the number of voting members of the governing body at the end of the tax year			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			37
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			3.7
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	<u> </u>
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	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	Х	
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		X
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		
Secti	on C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an experimental make its Forms 1033 (1034 or 1034 A. if applicable), 000, and 000.	T (Ca-	tion 5	:01/2\
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O)	(Sec	tion 5	001(C)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inter	est p	oolicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record MARYANNE MALDONADO P.O. BOX 920905 HOUSTON, TX 77292	ls ▶		

Form **990** (2019)

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. See instructions for the order in which to list the persons above.

	Check this box if n	either the organiz	ation nor any relate	ed organization c	ompensated an	v current officer.	director, or trustee.

(A) Name and title	(B) Average hours per week	box,	unles	Pos heck ss pe	rson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
_(1)MARYANNE B. MALDONADO	40.00									
CEO	0.			Х				•	0.	
(2) MARK ANDERSON	1.00									
TREAS.THRU 6/9; PRES. EFF. 6/10	0.	Х		Х				0.	0.	0.
(3) JOHN BRANTLEY	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(4) PHIL C. DELOZIER	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(5) DIANE GENDEL	1.00									
SECRETARY EFFECTIVE 6/10/19	0.	X		Х				0.	0.	0.
(6) PAULA HARRIS	1.00									
DIRECTOR	0.	X						0.	0.	0.
(7) ARNOLD JOHNSON	1.00									
CHAIRMAN THRU 6/9/19	0.	Х		Х				0.	0.	0
(8) ALAN R. CRAIN JR	1.00									
DIRECTOR	0.	Х						0.	0.	0
(9) STEPHEN KRAMER	1.00							_	_	
DIRECTOR	0.	Х						0.	0.	0
(10) PAT MORAN	1.00							_	_	_
DIRECTOR	0.	X						0.	0.	0
(11) JENNIFER M. SMITH	1.00							_	_	_
DIRECTOR	0.	X						0.	0.	0
(12) SOMA SOMASUNDARAM	1.00							_	_	_
PRES. THRU 6/9; CHAIR EFF. 6/10	0.	Х		Х				0.	0.	0
(13) ANTONY D' SOUZA	1.00							_	-	
DIRECTOR	0.	Х						0.	0.	0
(14) JOSE VALERA	1.00									
VICE PRESIDENT THRU 6/9/19	0.	X		Х				0.	0.	0

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	ligl	hest Compensat	ed Employees (a	continued)
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unle	heck ss pe	erson	e than o is both tor/trust	an	Reportable compensation from the	Reportable compensation from related organizations	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
15) MICHAELA GREENAN	1.00									
DIRECTOR	0.	Х						0 .	0.	0
16) SID MCCLENDON	1.00									
DIRECTOR	0.	Х						0 .	0.	0
17) TELISA TOLIVER	1.00									
SECRETARY THRU 6/9/19	0.	Х		Х				0 .	0.	0
18) KEN TUBMAN	1.00									
DIRECTOR	0.	Х						0 .	0.	0
19) JESSE TUTOR	1.00									
DIRECTOR	0.	Х						0 .	0.	0
20) MICHOL ECKLUND	1.00									
DIRECTOR	0.	Х						0 .	0.	0
21) SABA ABASHAWL	1.00									
DIRECTOR	0.	Х						0 .	0.	0
22) CHRISTINE LAFOLLETTE	1.00									
VICE PRESIDENT EFF. 6/10/19	0.	Х		Х				0.	0.	0
23) WILL MARSH	1.00									
DIRECTOR	0.	Х						0 .	0.	0
24) MAUREEN O'DRISCOLL-LEVY	1.00									
DIRECTOR	0.	Х						0.	0.	0
25) SALLIE MORIAN	1.00									
DIRECTOR	0.	Х						0 .	0.	0
1b Sub-total	1						•	203,860.	0.	1,554.
c Total from continuation sheets to Part VII, S	ection A		• •	• •	• •		•	0.	0.	0.
d Total (add lines 1b and 1c)	-						•	203,860.	0.	1,554.
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste		bov	e) who	re	ceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former office	er, directo	or, or	trı	uste	e.	kev e	ame	olovee, or highes	t compensated	
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ina	livid	ual	-,	-, -	۳.	.,,g.100		3 X
4 For any individual listed on line 1a, is the organization and related organizations gr										
individual										4 X

for services rendered to the organization? *If "Yes," complete Schedule J for such person*Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual

Description of services	(C) Compensation
PAYMENT FOR TOURS	384,608.
	· ·

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1

Χ

Part VII Section A. Officers, Directors, Tru	ietooe Ko	w En	nlo		26	and L	lial	host Component	od Employ	1006 (0	ontinuc		Page 8
		;y ⊑11	ipio			anu r	iigi		(E)	yees (C	ontinue		
(A) Name and title	(B) Average hours per week (list any	er (do not che any box, unless		neck ss pe	ition more	is both	an	(D) Reportable compensation from	Reportable compensation from related		am	(F) timated nount of other	
	hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	o Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organiza (W-2/1099		fro orga and	pensation the anization direlated anization anization	n d
26) BRAD RINGLEB TREASURER EFFECTIVE 6/10/19	1.00	X		Х				0		0.			(
27) MARTHA ROCKS DIRECTOR	1.00	Х						0		0.			(
28) ALAN SANDERS DIRECTOR	1.00	Х						0		0.			(
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						> > >	0.		0.			0
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose					re	eceived more than	\$100,000	of			
3 Did the organization list any former office												Yes	No
 employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the organization and related organizations grant 	sum of repeater than	oortab	ole c 50,0	om 00?	pen	satior "Yes	n aı	nd other compens	sation from	the	3		Х
individual5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satio	on f	from	n any	un				5	X	X
Section B. Independent Contractors													
 Complete this table for your five highest com- compensation from the organization. Report of year. 													
(A) Name and business add	dress							(B) Description of se	ervices	С	(C) ompens	sation	

2 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) (B) (C) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Membership dues 489,768 416,600 **c** Fundraising events 1c Related organizations Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above ... 5,025 1f g Noncash contributions included in lines 1a-1f. 1g \$ Total. Add lines 1a-1f 911,393 **Business Code** Program Service Revenue 561,032 561,032 MEMBERSHIP TRAVEL 900099 900099 412,584 412,584 GENERAL PROGRAMS h 900099 EDUCATION 77,775. 77,775 d е All other program service revenue 1,051,391 Total. Add lines 2a-2f Investment income (including dividends, interest, and 28.947 28,947 0. 4 Income from investment of tax-exempt bond proceeds . 5 0. (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b Rental income or (loss) 6c d Net rental income or (loss) . . (ii) Other Gross amount from (i) Securities sales of assets other than inventory 7a b Less: cost or other basis Other Revenue 7b and sales expenses . . c Gain or (loss) 7c 0. d Net gain or (loss) 8a Gross income from fundraising 416,600 events (not including \$ _ of contributions reported on line 10,705 1c). See Part IV, line 18 8a 104,823 8b **b** Less: direct expenses -94,118 -94,118. c Net income or (loss) from fundraising events. 9a Gross income from gaming 0. activities. See Part IV, line 19 9a 0. 9b **b** Less: direct expenses 0. c Net income or (loss) from gaming activities. \triangleright 10a Gross sales of inventory, Ω returns and allowances 0. Net income or (loss) from sales of inventory \triangleright 0. **Business Code** Miscellaneous Revenue MISC REVENUE 900099 2. 11a b All other revenue Total, Add lines 11a-11d Total revenue. See instructions 1,897,615. -65,171 12 1,051,393

JSA 9E1051 2.000

76-0308253

Part IX Statement of Functional Expenses

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

Check	cif Schedule O contains a respo	nse or note to any line	in this Part IX		
Do not include amo 8b, 9b, and 10b of	ounts reported on lines 6b, 7b, Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other	assistance to domestic organizations				
and domestic gove	ernments. See Part IV, line 21	318.	318.		
	ther assistance to domestic Part IV, line 22	0.			
3 Grants and	other assistance to foreign				
•	oreign governments, and foreign				
	Part IV, lines 15 and 16	0.			
4 Benefits paid to	or for members	0.			
•	of current officers, directors, y employees	205,414.	92,036.	113,143.	235.
	ot included above to disqualified				
persons (as defir	ned under section 4958(f)(1)) and				
persons described	in section 4958(c)(3)(B)	0.			
7 Other salaries a	nd wages	533,695.	239,124.	183,022.	111,549.
8 Pension plan ac	cruals and contributions (include				
section 401(k) a	nd 403(b) employer contributions)	4,580.	2,053.	1,835.	692.
9 Other employee	e benefits	0.			
10 Payroll taxes		64,330.	28,826.	25,777.	9,727.
11 Fees for service	s (nonemployees):				
a Management		0.			
		0.			
c Accounting		18,092.		18,092.	
d Lobbying		0.			
e Professional funda	raising services. See Part IV, line 17.	0.			
f Investment man	agement fees	0.			
g Other. (If line 11g	amount exceeds 10% of line 25, column				
	1g expenses on Schedule O.)	0.	07.601	0.4.000	0.160
12 Advertising and	promotion	61,063.	27,601.	24,293.	9,169.
		75,053.	32,278.	33,536.	9,239.
	hnology	26,626.	12,035.	10,593.	3,998.
		0.	42.070	27 027	12 075
		93,072.	42,070.	37,027.	13,975.
		429,901.	429,901.		
,	avel or entertainment expenses	0.			
•	state, or local public officials	0.			
	onventions, and meetings	0.			
	iliates	0.			
		0.			
	epletion, and amortization	9,743.	4,366.	3,904.	1,473.
	Itemize expenses not covered		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
•	ellaneous expenses on line 24e. If				
•	exceeds 10% of line 25, column				
	ine 24e expenses on Schedule O.)				
aPROGRAM SE	RVICE EXPENSES	244,556.	244,556.		
b EDUCATION	PROGRAM EXPENSES	15,398.	15,398.		
cEMPLOYEE E	XPENSES	8,007.	3,588.	3,208.	1,211.
d					
e All other expens	ses				
	expenses. Add lines 1 through 24e	1,789,928.	1,174,230.	454,430.	161,268.
26 Joint costs. O organization rep from a combin	complete this line only if the corted in column (B) joint costs and educational campaign and				
-	citation. Check here ► if 08-2 (ASC 958-720)	0.			

Form 990 (2019)

Part X Balance Sheet

	art A	Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	689,781.	1	665,579.
	2	Savings and temporary cash investments	1,032,803.	2	1,157,989.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ţ	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
ä	9	Prepaid expenses and deferred charges	0.	9	0.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	0.	10c	0.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	_	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,722,584.	16	1,823,568.
	17	Accounts payable and accrued expenses	20,796.	17	12,937.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	0.		0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.		0.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Ē		controlled entity or family member of any of these persons	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	6,374.	25	7,530.
	26	Total liabilities. Add lines 17 through 25	27,170.	26	20,467.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
<u>la</u>	27	Net assets without donor restrictions	1,695,414.	27	1,803,101.
Ba	28	Net assets with donor restrictions.	0.	28	0.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
Assets	31	Retained earnings, endowment, accumulated income, or other funds.		31	
	32	Total net assets or fund balances	1,695,414.	32	1,803,101.
Net	33	Total liabilities and net assets/fund balances	1,722,584.	33	1,823,568.
	00	Total nashintos and not assets/fund salances,	1,,22,501.	33	Form 990 (2019)

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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					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			97,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2			89,9	
3	Revenue less expenses. Subtract line 2 from line 1	3			07,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,6	95,4	14.
5	Net unrealized gains (losses) on investments	5				0.
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 on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		1,8	03,1	.01.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual X Other MODIFI	ED (CASH	BASI	S	
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	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 con	npiled	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	int?.		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth 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	lergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			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.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization WORLD AFFAIRS COUNCIL OF GREATER HOUSTON 76-0308253 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B)

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Schedule A (Form 990 or 990-EZ) 2019

(C)

(D)

(E)

Total

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	, , , , , , , , , , , , , , , , , , , ,						- 3 -
Par							
	(Complete only if you checke						alify under
	Part III. If the organization fai	ls to quality ui	nder the tests	listed below, p	lease comple	te Part III.)	
	tion A. Public Support		T	T	T	T	
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	(a) 2013	(b) 2010	(6) 2017	(u) 2010	(e) 2019	(i) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2019 (li						%
15	Public support percentage from 2018						%
16a	331/3% support test - 2019. If the org	-					
	box and stop here. The organization q			_			
b	331/3% support test - 2018. If the org	-					
4 7 -	this box and stop here. The organization	-		_			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization Part VI how the organization meets t						
	organization				•		
h	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organic		•				
	Explain in Part VI how the organizati						
	supported organization						
18	Private foundation. If the organization						

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Schedule A (Form 990 or 990-EZ) 2019 Page 3

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

(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	Section A. Public Support										
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
1	Gifts, grants, contributions, and membership fees										
	received. (Do not include any "unusual grants.")	876,465.	599,989.	418,169.	1,003,495.	911,393.	3,809,511.				
2	Gross receipts from admissions, merchandise										
	sold or services performed, or facilities										
	furnished in any activity that is related to the										
	organization's tax-exempt purpose	1,018,369.	1,051,593.	788,036.	892,588.	1,051,391.	4,801,977.				
3	Gross receipts from activities that are not an										
	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	1,894,834.	1,651,582.	1,206,205.	1,896,083.	1,962,784.	8,611,488.				
7a	Amounts included on lines 1, 2, and 3										
	received from disqualified persons		4,360.				4,360.				
b	Amounts included on lines 2 and 3										
	received from other than disqualified										
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	163,910.	248,082.		93,120.	98,104.	603,216.				
c	Add lines 7a and 7b	163,910.	252,442.		93,120.	98,104.	607,576.				
8	Public support. (Subtract line 7c from										
	line 6.)						8,003,912.				
Sec	tion B. Total Support		'	-							
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
9	Amounts from line 6	1,894,834.	1,651,582.	1,206,205.	1,896,083.	1,962,784.	8,611,488.				
10 a	Gross income from interest, dividends,										
	payments received on securities loans,										
	rents, royalties, and income from similar sources	22,213.	13,689.	12,847.	13,745.	28,947.	91,441.				
b	Unrelated business taxable income (less										
	section 511 taxes) from businesses										
	acquired after June 30, 1975						0.				
С	Add lines 10a and 10b	22,213.	13,689.	12,847.	13,745.	28,947.	91,441.				
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.	2.	1,490.				
13	Total support. (Add lines 9, 10c, 11,										
	and 12.)	1,917,047.	1,665,271.	1,219,052.	1,965,229.	1,991,733.	8,758,332.				
14	First five years. If the Form 990 is for	or the organizat	ion's first, secon	d, 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	oort Percenta	ge								
15	Public support percentage for 2019 (line 8,	column (f), divide	ed by line 13, colun	nn (f))		15	91.39%				
16	Public support percentage from 2018 Sche	dule A, Part III, lin	e 15			16	90.96%				
Sec	tion D. Computation of Investmen										
17	Investment income percentage for 2019 (lin			3, column (f))		17	1.04%				
18	Investment income percentage from 2018					18	.72%				
	331/3% support tests - 2019. If the or				,						
	17 is not more than 331/3%, check this	-									
b	331/3% support tests - 2018. If the orga	-	~								
	line 18 is not more than 331/3%, check						. \square				
20	Private foundation If the organization of			•							

Schedule A (Form 990 or 990-EZ) 2019 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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, t determine whether the organization had excess business holdings.)

		Yes	No
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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 Part VI 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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
C = = 4!		1		
Secti	on D. All Type III Supporting Organizations		V	NI.
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		
•		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 Part VI 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			
3	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 Part VI 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 Part VI identify 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 Part VI 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		

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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			in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	y integra	ated Type III supporting	g organization (see
instructions).	=	• • •	•

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	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 Part VI). 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 Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Scriedule A (Folili 990 of 990-EZ)

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,

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

Department of the Treasury Internal Revenue Service

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

2019

Employer identification number Name of the organization 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** \mid X \mid 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, 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) (2019)

Employer identification number 76-0308253

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1_		\$26,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4		\$\$	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_		\$12,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Employer identification number 76-0308253

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
10		\$23,621.	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		\$94,583.	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		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Employer identification number 76-0308253

Part I	Contributors (see instructions).	Use duplicate copies of P	art I if additional space is ne	eded.

(-)	11-2	(-)	(-1)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$33,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$26,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	Name, address, and 2n + 4	\$13,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$19,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

			76-0308253
Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$14,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$13,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$6,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 76-0308253

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
25		\$7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
26		\$6,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
27		\$9,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
28		\$11,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
29		\$11,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
30		\$10,000.	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	eded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
31		\$9,333.	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		\$8,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
33		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
34		\$5,700.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
35		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
36		\$ 13,000.	Person X Payroll Noncash	

(Complete Part II for noncash contributions.)

Employer identification number

			76-0308253
Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$6,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$12,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$69,000.	Person X Payroll Noncash (Complete Part II for

noncash contributions.)

Employer identification number 76-0308253

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
43		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
44	Turney and coop and an in the	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
45		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
46		\$\$	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

Employer identification number 76-0308253

Part II	Noncash Property	(see instructions)	Use duplicate copie	es of Part II if additiona	I space is needed
CII G III	140116a3111 10pc1ty	1300 111311 401101137.	. Use auplicate copi		i space is riceacu.

(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
		\$	

Name of organization WORLD AFFAIRS COUNCIL OF GREATER HOUSTON **Employer identification number** 76-0308253 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 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.

2019
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number WORLD AFFAIRS COUNCIL OF GREATER HOUSTON 76-0308253 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: ▶ \$

	rt Organizations Maintaini	na Calla	otiono of	Art Llie	aviaal Tu		ar Othar	Cimilar Assats	Page Z
							-		
3	Using the organization's acquisition		sion, and o	otner rec	oras, cnec	k any or	the follow	ring that make sig	initicant use of its
	collection items (check all that app	ıy):			┑.				
a	Public exhibition			d			nge progra		
b	Scholarly research			е	Other				
C	Preservation for future generation								
4	Provide a description of the organ	nization's	collections	s and exp	lain how	they furt	ther the or	ganization's exemp	ot purpose in Part
_	XIII.								
5	During the year, did the organization								
	assets to be sold to raise funds rath			ained as p	art of the	organiza	tion's colle	ction?	Yes No
Pa	rt IV Escrow and Custodial A				000 [5 N /			
	Complete if the organiza	ition ans	werea "Ye	es" on Fo	ırm 990, i	art IV,	line 9, or r	eported an amou	int 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	ll and com	plete the	ollowing ta	ble:			
								Amour	<u>t</u>
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year					-	1e		
f	Ending balance						1f		
2a	Did the organization include an am								Yes No
	<u>' 1</u>	n Part XII	II. Check h	ere if the	explanatior	n has bee	en provided	on Part XIII	
Pa	rt V Endowment Funds.								
	Complete if the organiza	tion ans	wered "Ye	es" on Fo	orm 990, I				
		(a) Cui	rrent year	(b) P	ior year	(c) Two	years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage		rrent vear	end balar	ce (line 1a	column	(a)) held as	:	
a	Board designated or quasi-endowm		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	%		,	(//		
b	Permanent endowment ▶	%							
С	Term endowment ▶	%							
	The percentages on lines 2a, 2b, a	nd 2c sh	ould equal	100%.					
3a	Are there endowment funds not in	the poss	ession of tl	he organi	zation that	are held	l and admir	nistered for the	
	organization by:								Yes No
	(i) Unrelated organizations								3a(i)
	(ii) Related organizations								3a(ii)
b	If "Yes" on line 3a(ii), are the relate								3b
4	Describe in Part XIII the intended u	ises of th	ne organiza	ation's end	lowment fu	nds.			
Pa	rt VI Land, Buildings, and Equ	ıipment.	'			5 . 0.7			
	Complete if the organiza	ation ans							
	Description of property			r other basis stment)		or other bas other)		cumulated reciation	(d) Book value
1a	Land		,	,					
b	Buildings								
C	Leasehold improvements								
d	Equipment.								
e	Other								
Tota	I Add lines 1a through 1e (Column		t equal For	m 990 Pa	rt X colum	n (R) line	e 10c)		

Page 3 Schedule D (Form 990) 2019

Part VII	Investments - Other Securities.	I "Voo" on Form 000	Part IV line 11h See Form 000 I	Part V line 12
	Complete if the organization answered			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio Cost or end-of-year market	
	al derivatives			
	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.) .			
Part VIII	Investments - Program Related.			
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11c. See Form 990, F	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuatio Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
<u>(5)</u>				
(6)				
(7)				
(8)				
(9)	(I) 15 000 D 17 1/D 5			
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11d. See Form 990, I	Part X, line 15.
		scription	,	(b) Book value
(1)	(-1)			() = 0 0 10
(2)				
(3)				
(4)				
<u>(5)</u>				
(6)				
(7)				
(8)				
(9)	(h)	*** 45 \		
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)		
Part X	Other Liabilities.	l "\/a a" a	Doubly line 44e or 44f Coe Form	000 Dart V
	Complete if the organization answered	r Yes" on Form 990	, Part IV, line 11e or 11f. See Form	990, Part X,
	line 25.			
1.	* * * * * * * * * * * * * * * * * * * *	tion of liability		(b) Book value
	al income taxes			
(2) PAYR	OLL LIABILITIES			7,530.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
_ , ,	nn (b) must equal Form 990, Part X, col. (B) line 25.)			7,530.
	or uncertain tax positions. In Part XIII, provide the		•	

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

Schedule D (Form 990) 2019 Page 4

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		r age 4
rait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1.	
1	Total revenue, gains, and other support per audited financial statements	1	2,002,438.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	104,823.
3	Subtract line 2e from line 1	3	1,897,615.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	investment expenses not included on Form 550, Fair Viii, inc 75		
b c	Other (Describe in Part XIII.)	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,897,615.
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	1,894,751.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other (Describe in Part XIII.) Other (Describe in Part XIII.) 2c 2d 104,823.		
d	Other (Describe III Fait Alli.)	2e	104,823.
е 3	Add lines 2a through 2d	3	1,789,928.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	1,789,928.
	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Oart \/	line 1: Part Y 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.	iiile 4, i ait X, iiile
SEE	PAGE 5		

Part XIII Supplemental Information (continued)

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 D, PART XI, LINE 2D

RECONCILIATION OF REVENUE PER AUDITED F/S WITH REVENUE PER RETURN FUNDRAISING EXPENSES INCLUDED IN REVENUE \$104,823

SCHEDULE D, PART XII, LINE 2D

RECONCILIATION OF EXPENSES PER AUDITED F/S WITH EXPENSE PER RETURN FUNDRAISING EXPENSES INCLUDED IN REVENUE \$104,823

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.

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047 Open to Public

Inspection Internal Revenue Service Name of the organization Employer identification number 76-0308253 WORLD AFFAIRS COUNCIL OF GREATER HOUSTON Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations е Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Page 2 Schedule G (Form 990 or 990-EZ) 2019

Par	t II	Fundraising Events. Completed more than \$15,000 of fundrate events with gross receipts greaters.	aising event contributi			
		<u> </u>	(a) Event #1 JONES AWARDS	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	427,305.			427,305
		Less: Contributions	416,600.			416,600
\perp	ა 	Gross income (line 1 minus line 2)	10,705.			10,705
	4	Cash prizes				
	5 Noncash prizes					
Direct Expenses	6	Rent/facility costs	10,155.			10,155
t Exp(7	Food and beverages	65,157.			65,157
Direc	8	Entertainment				
	9	Other direct expenses	29,511.			29,511
1	0	Direct expense summary. Add lin	es 4 through 9 in colu	mn (d)	>	104,823
1	1	Net income summary. Subtract li	ne 10 from line 3, colu	ımn (d)	<u></u> ▶	-94,118
Par	t I		anization answered "	Yes" on Form 990,	Part IV, line 19, or	reported more than
		\$15,000 on Form 990-EZ, lin	ie 6a. ∣			(NT () () ()
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
eve						
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
		Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes%	Yes%	
	6	Volunteer labor	No	No No	No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)	>	
	8	Net gaming income summary. Su	ubtract line 7 from line	1 column (d)	•	
	Ť	The game game and the control of the		., co.a (a)		
9		Enter the state(s) in which the org				
a b		Is the organization licensed to con If "No," explain:	iduct gaming activities		es?	Yes No
10a b		Were any of the organization's gamino	g licenses revoked, susp	pended, or terminated d	uring the tax year?	Yes No

Sched	ule G (Form 990 or 990-EZ) 2019									
11	Does the organization conduct gaming activities with nonmembers?									
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity									
	formed to administer charitable gaming?									
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									
b	amount of gaming revenue retained by the third party > \$									
С										
	Name ▶									
	Address ▶									
16	Gaming manager information:									
	Name ▶									
	Gaming manager compensation ►\$									
	Description of services provided ▶									
	Director/officer									
17	Mandatory distributions:									
	Is the organization required under state law to make charitable distributions from the gaming proceeds to									
-	retain the state gaming license?									
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations									
	or spent in the organization's own exempt activities during the tax year ▶ \$									
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).									

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE J (Form 990)

Compensation InformationFor 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 reimbursement or provision of all of the expenses described above? If "No," complete Part III to							
	explain	1b						
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 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:			v				
a	Receive a severance payment or change-of-control payment?	4a 4b		X				
	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?							
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X				
	if tes to any of lifes 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		Х				
b	Any related organization?	5b		Х				
-	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		Х				
b	Any related organization?	6b		Х				
	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		Х				
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		X				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53.4958-6(c)?	9						

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

Schedule J (Form 990) 2019

WORLD AFFAIRS COUNCIL OF GREATER HOUSTON 76-0308253

 Schedule J (Form 990) 2019
 Page 2

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)	153,000.	48,100.	2,760.	1,554.	0.	205,414.	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)								
	(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)								

WORLD AFFAIRS COUNCIL OF GREATER HOUSTON 76-0308253

Schedule J (Form 990) 2019

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.

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

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

gov/form990. Inspection

76-0308253

WORLD AFFAIRS COUNCIL OF GREATER HOUSTON

FORM 990, PART VI, SECTION B, LINE 11B

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, SECTION B, LINE 12C

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY REVIEWS, OR

MORE FREQUENTLY AS CONFLICTS ARISE, THE CONFLICT OF INTEREST FORMS

SHOWING THE EXISTENCE OF A CONFLICT OF INTEREST, AND DETERMINES IF

1) A CONFLICT IS MATERIAL AND

2) IF THE BOARD MEMBER'S PARTICIPATION ON ANY RELATED MATTER WILL REQUIRE ABSTAINING FROM VOTING ON ANY MATTER RELATED TO THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15A

A REVIEW OF COMPENSATION OF THE CEO WAS CONDUCTED IN 2019 BY THE

CHAIRMAN OF THE BOARD AND THE EXECUTIVE COMMITTEE AND WAS APPROVED BY

THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19

ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

STATEMENT AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY

REQUEST.

FORM 990, PART VI, LINE 6

THE COUNCIL HAS MEMBERS WHO PAY TO SUPPORT THE COUNCIL.

Employer identification number Name of the organization WORLD AFFAIRS COUNCIL OF GREATER HOUSTON 76-0308253

FORM 990, PART VI, LINE 7A

DIRECTORS ARE MEMBERS AND DIRECTORS ELECT THE EXECUTIVE BOARD.

FORM 990, PART VI, SECTION A, LINE 4

BY-LAWS WERE REVISED EFFECTIVE MARCH 18, 2019, BUT THERE WERE NO MATERIAL

CHANGES MADE.

Form **8868**

(Rev. January 2020)

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. 1545-0047

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

iling of this f	form, visit <i>www.irs.gov/e-file-providers/e-file-f</i>	or-charities	-and-non-profits.					
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).					
All corporation	ons required to file an income tax return othe rm 7004 to request an extension of time to f	r than Forr	m 990-T (including 1120	0-C filers), partnerships, R	EMICs,	and trusts		
Гуре or	Name of exempt organization or other filer, see in	structions.		Taxpayer identification numb	on number (TIN)			
orint	WORLD AFFAIRS COUNCIL OF GREA	rer hous	STON	76-0308253				
File by the lue date for	Number, street, and room or suite no. If a P.O. bo	x, see instruc	ctions.					
iling your	P.O. BOX 920905							
eturn. See nstructions.	City, town or post office, state, and ZIP code. For HOUSTON, TX 77018-0905	a foreign ad	dress, see instructions.					
Enter the Re	turn Code for the return that this application	is for (file	a separate application fo	or each return)		0 1		
Application		Return	Application			Return		
s For		Code	Is For			Code		
	Form 990-EZ	01	Form 990-T (corporat	ion)		07		
Form 990-BL		02	Form 1041-A	n individual\		08		
Form 4720 (Form 990-PF	,	03	Form 4720 (other that Form 5227	10				
	(sec. 401(a) or 408(a) trust)	05	Form 6069			11		
	(trust other than above)	06	Form 8870			12		
Telephone If the orga If this is foor the whole	anization does not have an office or place of le group, check this box e names and TINs of all members the extensions are in the care of le group.	f business in ur digit Gro f it is for pa	Fax No. ▶ the United States, checup Exemption Number (GEN)	If t	his is		
for the	st an automatic 6-month extension of time uporganization named above. The extension is calendar year 20 19 or	for the org	ganization's return for:			ion return		
2 If the ta	tax year beginningax year entered in line 1 is for less than 12 m hange in accounting period	onths, ched	ck reason: Initial re		'·			
	application is for Forms 990-BL, 990-PF, 990 application is for Forms 990-BL, 990-PF, 990 applications.	90-1, 4720	o, or 6069, enter the		a \$	0.		
	application is for Forms 990-PF, 990-T,		•					
	ted tax payments made. Include any prior yea				b \$	0.		
	e due. Subtract line 3b from line 3a. Include onic Federal Tax Payment System). See instru		ent with this form, if re-			0.		
	are going to make an electronic funds withdrawa		it) with this Form 8868 se		c \$ 879-FO:			
nstructions.	and going to make an electronic funds withdrawa	, an oot add	,	o i omi o-oo eo ana i omi o	0.0 0	o. paymont		
	ct and Paperwork Reduction Act Notice, see instr	uctions.		Fc	rm 8868	Rev. 1-2020)		

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

വ	∩ =	10
/2	.(U). "	19

		For cale	ndar year 2019 or other tax year begin	ning _	01/01 , 2019,	and endi	12/31	, 20 <u>1</u>	<u>9</u> .	2(019
	ment of the Treasury		►Go to www.irs.gov/Form990	<i>T</i> for i	nstructions and th	ne latest	information.		L	Open to Pu	blic Inspection for
$\overline{}$	I Revenue Service	▶ Do	not enter SSN numbers on this form a						_	501(c)(3) O	rganizations Only
Α	Check box if address changed		Name of organization (Check bo	ox if nar	ne changed and see i	nstruction	s.)			ees' trust, see	ation number instructions.)
B Exe	empt under section		WORLD AFFAIRS COUNC	IL O	F GREATER H	OUSTO	N				
X	501(C)(3)	Print	Number, street, and room or suite no. I	fa P.O.	box, see instructions.			7	6-03	08253	
	408(e) 220(e)	or Type									s activity code
	408A 530(a)	1,700	P.O. BOX 920905						(See ins	tructions.)	
	529(a)		City or town, state or province, country	y, and Z	IP or foreign postal co	ode					
	ok value of all assets and of year		HOUSTON, TX 77292								
at c	•		up exemption number (See instructi			_					
		•	ck organization type X 501		·	501(c)1(a) t		Other trust
		•	nization's unrelated trades or busine	sses.					•	(or first) un	
	ade or business her						complete Part				describe the
	·		end of the previous sentence, cor	nplete	Parts I and II, com	plete a S	chedule M for	each a	ddition	al	
	ade or business, the					haidiam, a	antrollad area.	-2			Yes X No
	-		corporation a subsidiary in an affili identifying number of the parent co	_		usicially c	controlled group	J ! .		– –	j řes [21] NO
	<u> </u>		ARYANNE MALDONADO	iporalic		Telephon	e number > '	713-5	522-	7811	
$\overline{}$			or Business Income		(A) Income		(B) Exp				C) Net
1a	Gross receipts or				(-,	-	(-,			,	(0)
b	Less returns and allowa		c Balance ▶	1c							
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	Capital loss dedu	ction for t	rusts	4c							
5			r an S corporation (attach statement)	5							
6	Rent income (Sch	edule C)		6							
7	Unrelated debt-fir	nanced in	come (Schedule E)	7							
8	Interest, annuities, roya	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 in	ncome (Schedule I)	10							
11	Advertising incom	ne (Sched	lule J)	11							
12	Other income (Se	ee instruc	tions; attach schedule)	12							
13			ough 12	13		0.					
Par			Taken Elsewhere (See instr ne unrelated business incom		ons for limitation	ns on c	leductions.)	(Ded	luctio	ns must	be directly
14			directors, and trustees (Schedule K)						14		
15									15		
16									16		
17									17		
18			(see instructions)						18		
19									19		
20	Depreciation (atta	ach Form	4562)		20)					
21	Less depreciation	claimed	on Schedule A and elsewhere on re	eturn	21	а			21b		
22	Depletion								22		
23			compensation plans						23		
24			3						24		
25			Schedule I)						25		
26			chedule J)						26		
27			schedule)						27		
28			s 14 through 27						28		
29			le income before net operating						29		
30			g loss arising in tax years beginning	-					30		
31	Unrelated busine	ss taxabl	e income. Subtract line 30 from line	29					31		

Page 2

Par	t III	Total Unrelated Business Taxable Income				
32	Total o	f unrelated business taxable income computed from all unrelated trades or businesses (see				
	instruct	ons)	32			
33		s paid for disallowed fringes	33			
34		ole contributions (see instructions for limitation rules)	34			
35		nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line				
55		the sum of lines 32 and 33	35			0.
20			33			
36		on for net operating loss arising in tax years beginning before January 1, 2018 (see				
		ons)	36			
37		unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37			
38		deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38			
39	Unrelat	ed business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,				
		e smaller of zero or line 37	39			0.
Par	t IV	Tax Computation				
40	Organiz	ations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40			
41	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax on				
	the amo	ount on line 39 from: Tax rate schedule or Schedule D (Form 1041)	41			
42		ax. See instructions	42			
43		ive minimum tax (trusts only)	43			
44		Noncompliant Facility Income. See instructions	44			
45		dd lines 42, 43, and 44 to line 40 or 41, whichever applies	45			
Par		Tax and Payments	- 3			
		tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a				
	_					
		redits (see instructions)				
С		business credit. Attach Form 3800 (see instructions)				
d		or prior year minimum tax (attach Form 8801 or 8827)				
е		edits. Add lines 46a through 46d	46e			
47		t line 46e from line 45	47			
48	Other tax	xes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	48			
49	Total ta	x. Add lines 47 and 48 (see instructions)	49			0.
50	2019 ne	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3.	50			
51 a	Paymer	ts: A 2018 overpayment credited to 2019				
b	2019 es	timated tax payments				
С	Tax dep	osited with Form 8868				
		organizations: Tax paid or withheld at source (see instructions)				
	_	withholding (see instructions)				
		or small employer health insurance premiums (attach Form 8941)				
		edits, adjustments, and payments: Form 2439				
9						
5 0			52			
52		ayments. Add lines 51a through 51g				
53		ed tax penalty (see instructions). Check if Form 2220 is attached.	53			
54		. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54			
55		ment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55			
56		e amount of line 55 you want: Credited to 2020 estimated tax	56			
Par		Statements Regarding Certain Activities and Other Information (see instructions		— т		
57	At any	time during the 2019 calendar year, did the organization have an interest in or a signature or	other a	uthority	Yes	No
	over a	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	ıy have	to file		
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign (country		
	here >					X
58	During t	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	gn trust?	[Х
	-	see instructions for other forms the organization may have to file.		Ī		
59	-	e amount of tax-exempt interest received or accrued during the tax year > \$				
		der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be	est of my I	nowledge a	nd beli	ief, it is
Sigi	tru	e, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
Her			•	discuss		
1161			n the pre- e instructions	eparer sho		¬ 1
		Print/Type preparer's name Preparer's signature Date		PTIN	s	No
Paid		14/40/0000 Check			. 7 7 7	7
_	arer	, DUD TID	mployed	P0106		
	Only	Firm's name BKD, LLP Firm's		4-0160		

Form **990-T** (2019)

rm 990-T (2019)

Form	990-1 (2019)												Page 3
Sch	edule A - Cost of Go	oods Sc	old. En	ter metho	d of invent	ory	valuation)	>					
1	Inventory at beginning of y	ear 1				6	Inventory	at end of yea	ar	6			
2	Purchases								ld. Subtract line				
3	Cost of labor								here and in Part				
	Additional section 263A co	· · · —								7			
	(attach schedule)					8			section 263A (w		espect to	Yes	No
h	Other costs (attach schedu								or acquired for		•		
	Total. Add lines 1 through	-,											х
	edule C - Rent Income		Real P	ronerty a	nd Perso	nal	Property	L paspd V	Vith Real Proper	rtv)	<u> </u>		
	e instructions)	- (i i Oili i	ixeai i	operty a	ilu i c i so	ııaı	roperty	Leaseu v	vitii ixeai i ropei	Ly)			
	escription of property												
(1)													
(2)													
(3)													
(4)													
		2. Re	nt receiv	ed or accru	ed								
for personal property is more than 10% but not percenta				age of rent for	al and personal property (if the rent for personal property exceeds rent is based on profit or income) 3(a) Deductions directly connected with the in columns 2(a) and 2(b) (attach schedulent schedu						ome		
(1)													
(2)													
(3)													
(4)													
Total				Total									
(c) T here	otal income. Add totals of cand on page 1, Part I, line 6	, column (A	Á)	b). Enter ►					(b) Total deduction Enter here and on Part I, line 6, colur	page 1			
Sch	edule E - Unrelated D	ebt-Fina	nced Ir	ncome (s	ee instruct	ions)						
	1. Description of del	ot-financed p	roperty				me from or		Deductions directly cor debt-financ	ed prope	erty		
	·	·			ŗ	rope	erty		nt line depreciation ch schedule)	(b) Other dedu (attach sche		
(1)													
(2)													
(3)													
(4)													
	Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of debt-	rage adjus or allocal financed tach sche	property	4	. Colu divid colur	ded		income reportable n 2 x column 6)		Allocable ded Imn 6 x total 3(a) and 3	of colum	
(1)							%						
(2)							%						
(3)							%						
(4)							%						
Tota	ie.							Enter her Part I, lin	re and on page 1, se 7, column (A).		r here and o		
	s I dividends-received deduct	ions includ	ded in co	lumn 8									

Schedule F – Interest, Ann	uities, Royaitie		npt Contro				ions (se	e instruction	ons)			
Name of controlled organization	2. Employer identification numb	Jei	3. Net unrelated income (loss) (see instructions)			of specified ents 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					1						
7. Taxable Income	8. Net unrelated in (loss) (see instruc			I of specificents made		includ	rt of column ed in the co zation's gros	ntrolling		Deductions directly nnected with income in column 10		
(1)												
(2)												
(3)												
(4)												
Totals			-\/7\ (0)		<u> </u>	Enter Part I	columns 5 a here and on , line 8, colu	page 1, mn (A).	Ent	dd columns 6 and 11. ter here and on page 1, ırt I, line 8, column (B).		
Schedule G-investment ii		ו טכ ווטוזכ	5)(7), (9)			mization				5 Total deductions		
1. Description of income	2. Amount of	fincome		3. Deductions directly connected (attach schedule) 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 Exe	empt Activity In	come, Oth	er Than	Advert	ising Ir	ncome (:	see instru	ictions)				
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expens directly connected production unrelate business in	with o 2 in of	. Net incor om unrela r business minus co If a gain, c cols. 5 thre	ted tradé (column lumn 3). ompute	from ac	Gross income from activity that is not unrelated business income G. Expenses attributable to column 5		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 a page 1, Pa line 10, col	art I,							Enter here and on page 1, Part II, line 25.		
Schedule J-Advertising Ir	ncome (see instr	uctions)										
Part I Income From Per	iodicals Report	ted on a Co	onsolida	ted Ba	sis							
1. Name of periodical	2. Gross		et !	4. Adver gain or (los 2 minus c	tising ss) (col.		culation	6. Reade		7. Excess readership costs (column 6 minus column 5, but		
	income	advertising	COSIS	a gain, co	mpute	income				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 26.			
Totals, Part II (lines 1-5)									
Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)									
	·		•	3. Percent of					

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			

Form **990-T** (2019)

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 2020)

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. 1545-0047

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/o-file-providers/o

filing of this i	form, visit <i>www.irs.gov/e-file-providers/e-file-f</i>	or-charities	s-and-non-profits.					
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).					
All corporation	ons required to file an income tax return other from 7004 to request an extension of time to f	r than For	m 990-T (including 112	0-C filers), partnerships, R	EMICs, ar	nd trusts		
Type or	Name of exempt organization or other filer, see instructions. Taxpayer identification				on number (TIN)			
print	WORLD AFFAIRS COUNCIL OF GREAT	rer hous	STON 76-0308253					
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 920905							
filing your return. See instructions.	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 fo	or each return)		0 7		
Application		Return	Application			Return		
Is For		Code	Is For			Code		
	Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990-BL		02	Form 1041-A			80		
Form 4720 (,	03	Form 4720 (other than individual)			09		
Form 990-PF		04	Form 5227			10		
	(sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-1	(trust other than above) MARYANNE MALDON.	06	Form 8870			12		
Telephone If the orga If this is for the whole	e No. ► 713 522-7811 anization does not have an office or place of a Group Return, enter the organization's for a group, check this box ►	business ir ur digit Gro f it is for pa	Fax No. ▶ n the United States, checoup Exemption Number ((GEN)	If this	s is		
a list with the	e names and TINs of all members the extens	ion is for.	11/16 00	00				
for the	st an automatic 6-month extension of time un organization named above. The extension is calendar year 20 19 or tax year beginning	for the or	ganization's return for:		rganizatio	n return		
	ax year entered in line 1 is for less than 12 m	ionths, che	ck reason: Initial r	eturn Final return				
nonrefu	application is for Forms 990-BL, 990-PF, 9 undable credits. See instructions.			3	a \$	0.		
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and								
estimated tax payments made. Include any prior year overpayment allowed as a credit.					b \$	0.		
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS						^		
	onic Federal Tax Payment System). See instru				c \$	0.		
•	u are going to make an electronic funds withdrawa	I (direct deb	it) with this Form 8868, se	ee Form 8453-EO and Form 8	879-EO for	payment		
instructions.	ct and Panerwork Reduction Act Notice see instr			_	orm 8868 (

Form **8868** (Rev. 1-2020)