

Public Disclosure Copy

This public disclosure copy is being provided to the organization pursuant to Section 6104(e).

Tax-exempt organizations are required to make a copy of the annual information return, e.g., Forms 990, 990-EZ, 990-PF, as well as Forms 990-T and 4720, if applicable, available for public inspection and to provide copies of such forms to individuals or organizations that request copies. The public inspection requirement applies to all required schedules and attachments of the annual information return. Most commonly, the public inspection copy redacts contributor information such as name and address from public record. The public inspection rules apply to annual information returns filed for the last three years. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there. As an alternative to providing copies, an organization may provide access to these forms through the organization's website. The website must provide instructions for downloading the document(s). The information on the website must be in such a format that it may be accessed, downloaded, viewed, or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent. Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

For more information about the IRS' public disclosure requirements, please visit:

https://www.irs.gov/charities-non-profits/exempt-organization-public-disclosure-and-availability-requirements

Please contact your FORVIS advisor if you have questions about these rules.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public
Inspection

A F	or th	e 2022 cal	endar year, or tax year beginning and ending							
			C Name of organization			D Em	ploye	r identifica	tion nu	mber
В	heck if a	pplicable:	WORLD AFFAIRS COUNCIL OF GREATER HOUSTON							
	Addres	ss change	Doing business as			76-	-030	08253		
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/su	ite			ne number		
	Initial	-	1235 NORTH LOOP WEST	1025	, I	(7	13)	522-78	11	
		eturn/terminated	City or town, state or province, country, and ZIP or foreign postal code	1023	,			ceipts \$		
	Ameno	led return	HOUSTON, TX 77008					1,41	1 26	50
	Applica	ation pending	F Name and address of principal officer: MARYANNE MALDONADO		H(a) Is this	a group	return fo	_	Yes	X No
			THE THEOREM	,	subor	dinates?		\vdash	ł	
_	_		1235 NORTH LOOP WEST STE.1025, HOUSTON, TX 77008		H(b) Are a				Yes	No
		empt status:	121 00 1(0)(0)	527				list. See instr	uctions.	
_	Webs	••••	WW.WACHOUSTON.ORG		H(c) Grou					
		of organization	on: X Corporation Trust Association Other L Ye	ar of format	ion: 199	0 M :	State	of legal dor	nicile:	TX
P	art I	Summ	•							
	1	Briefly des	scribe the organization's mission or most significant activities:TO_PROMOTE	THE U	NDERST	'AND	ING	OF TH	E	
Se		WORLD), ITS PEOPLE, POLITICS, ECONOMIES AND CULTURES T	O PART	ICIPAT	Έ				
Jan		MORE	EFFECTIVELY IN A GLOBAL WORLD.							
Governance	2	Check this	s box if the organization discontinued its operations or disposed o	f more t	han 25%	of i	its n	et assets	3 .	
Ĝ	3	Number of	f voting members of the governing body (Part VI, line 1a)				3			18
∞ ∞	4		f independent voting members of the governing body (Part VI, line 1b)				4			18
ties	5		ber of individuals employed in calendar year 2022 (Part V, line 2a)				5			17
Activities &	6		ber of volunteers (estimate if necessary)				6			75
Ąc	7a		elated business revenue from Part VIII, column (C), line 12				7a			NONE
			ated business taxable income from Form 990-T, Part I, line 11				7b			NONE
					Prior Yo		1	Curr	ent Ye	
	8	Contributi	ons and grants (Part VIII, line 1h)			3,36	58			,915.
Revenue	9					6,83				,850.
Ve	_		service revenue (Part VIII, line 2g)						-	
Re	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)			5,55				<u>,441.</u>
	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			3,43	$\overline{}$	1		,710.
	12		nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,16			Ι,	<u>318,</u>	<u>, 496 .</u>
	13		d similar amounts paid (Part IX, column (A), lines 1-3)				ONE			NONE
	14		aid to or for members (Part IX, column (A), line 4)				ONE			NONE
es	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)		./2	9,55			<u>820 ,</u>	,319.
Expenses	16 a	Profession	nal fundraising fees (Part IX, column (A), line 11e)			NO	ONE			NONE
Ϋ́	b		Iraising expenses (Part IX, column (D), line 25) 240, 164.							
_	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,14	_		649	<u>,779.</u>
	18		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,23			1,	470,	,098.
	19	Revenue I	ess expenses. Subtract line 18 from line 12		-6	8,38	34.	_	·151,	,602.
Net Assets or Fund Balances				Begin	ning of Cu	rrent Y	'ear	End	of Year	г
sets	20	Total asse	ets (Part X, line 16)		1,64	4,32	28.	1,	489,	,962.
ABB	21	Total liabil	lities (Part X, line 26)		2	7,67	74.		24	,910.
ξĒ	22		s or fund balances. Subtract line 21 from line 20.		1,61	6,65	54.	1,	465	,052.
Pa	rt II	Signat	ture Block	·						
Un	der pe		rjury, I declare that I have examined this return, including accompanying schedules and st			best of	my l	knowledge	and be	lief, it is
true	e, corre	ect, and com	plete. Declaration of preparer (other than officer) is based on all information of which prepare	er has any kr	nowledge.					
Sig	n	Signature of	of officer		Dat	е				
He	re									
		Type or prir	nt name and title							
_			preparer's name Preparer's signature Date		OI-		., F	PTIN		
Paid	i	1	111/	14/202	3 Chec	employe	".		777	
Pre	parer	AMANDA	111111	1 7/202				P01067		
Use	Only		·		Firm's EIN			<u>4-0160</u>		
		Firm's add			Phone no.		7	13-499		
_			ss this return with the preparer shown above? See instructions					. X Ye		No
For	Pape	rwork Red	uction Act Notice, see the separate instructions.					Form	1 990	(2022)

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Pa	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	PROMOTE UNDERSTANDING OF THE WORLD, ITS PEOPLE, POLITICS, ECONOMIES
	AND CULTURES, IN ORDER TO ENABLE THE GREATER HOUSTON COMMUNITY TO
	BETTER UNDERSTAND ITS ROLE AND PARTICIPATE MORE EFFECTIVELY IN A
_	GLOBAL WORLD.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
•	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: 900099) (Expenses \$ 541,429. including grants of \$) (Revenue \$ 171,263.)
	THE WORLD AFFAIRS COUNCIL DELIVERS BALANCED, INFORMATIVE,
	BI-PARTISAN PROGRAMS AND EVENTS, BRINGING INTERNATIONAL LEADERS AN
	GEOPOLITICAL EXPERTS TO THE CITY OF HOUSTON AND SURROUNDING
	COMMUNITIES. THESE EVENTS INCLUDE LECTURES, PANEL DISCUSSIONS,
	LUNCHEONS, FILM SCREENINGS, AND NETWORKING EVENTS. IN 2022, THE
	COUNCIL DELIVERED OVER 60 PROGRAMS. THESE EVENTS INCLUDED OVER
	10,000 REGISTRANTS. MEMBERSHIP IN THE COUNCIL REACHED OVER 1,500
	MEMBERSHIPS.
4b	(Code: 900099) (Expenses \$ 161,944. including grants of \$) (Revenue \$7,760.
	THE WORLD AFFAIRS COUNCIL CONNECTS STUDENTS TO THE GLOBAL LEADERS
	AND PROVIDES THEM THE OPPORTUNITY TO BECOME CULTURALLY SENSITIVE,
	GLOBALLY COMPETENT CITIZENS. WE ALSO OFFER EDUCATORS PERSONAL AND
	PROFESSIONAL DEVELOPMENT OPPORTUNITIES. IN 2022, THE COUNCIL'S
	EDUCATIONAL PROGRAMMING REACHED OVER 1,000 STUDENTS AND SPANNED
	ACROSS 20 SCHOOLS. THE ACADEMIC WORLD QUEST COMPETITION HOSTED OVE
	35 STUDENT TEAMS AND OVER 200 STUDENT PARTICIPANTS. THE GLOBAL
	SCHOLARS ACADEMY HOSTED OVER 75 STUDENT PARTICIPANTS.
40	(Code: 900099) (Expenses \$ 258,501. including grants of \$) (Revenue \$ 293,428.)
40	(Code: 900099 (Expenses \$ 258,501. including grants of \$) (Revenue \$ 293,428.) THE WORLD AFFAIRS COUNCIL PROVIDES EDUCATIONAL TOURS TO REGIONS
	AROUND THE WORLD THAT HAVE A HIGH LEVEL OF GEOPOLITICAL INTEREST
	AND ACTIVITY. THESE TRIPS INVOLVE MEETING AND VISITING LEADERS IN
	THE COUNTRY OF STUDY THEY INFLUENCE IN SUBJECTS OF GEOGRAPHY,
	ECONOMICS, DEMOGRAPHY, POLITICS AND ESPECIALLY THE FOREIGN POLICY
	OF A STATE. THE COUNCIL SERVED OVER 55 TRAVELERS IN 2022.
	OF A STATE. THE COUNCIL SERVED OVER 33 TRAVEHERS IN 2022.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
46	Total program service expenses 961 874

4e Total p

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Part	IV 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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			37
10	debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		X
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
• •	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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
IJ	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	140		
. •	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		Х
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		Х
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	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			1
	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2022)

Part IV Chocklist of Poquired Schodules (continued)

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	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
		24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	, , , , , , , , , , , , , , , , , , , ,	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		Х
L	"Yes," complete Schedule L, Part IV			
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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	000		
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 71
31		27		3.5
20	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 on Schedule O for Part VI, lines 11b and			
D	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			
	Fotosille analysis disk and of Fore 1999 Fig. 200		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 on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	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 17			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	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).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
- u	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
120	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
	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		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule 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 the 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		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes." complete Form 6069.	17		

WORLD AFFAIRS COUNCIL OF GREATER HOUSTON 76-0308253 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 S

Sect	ion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar					
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent	1b	18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with			
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or un	nder t	he direct			
	supervision of officers, directors, trustees, or key employees to a management company or other p	person	?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?.		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 e	ect o	r appoint			
	one or more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval	by) n	nembers,			
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	en during			
_	the year by the following: The governing body?			8a	Х	
a b	The governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
Ū	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal	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 p	urpose	es?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before for the copy of this Form 990 to all members of its governing body before for the copy of this Form 990 to all members of its governing body before for the copy of this Form 990 to all members of its governing body before for the copy of this Form 990 to all members of its governing body before for the copy of this Form 990 to all members of its governing body before for the copy of this Form 990 to all members of its governing body before for the copy of this Form 990 to all members of its governing body before for the copy of this Form 990 to all members of its governing body before for the copy of	ling th	e form? .	11a	X	
b	Describe on 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 c	ould give	12b	Х	
	rise to conflicts?	 - !: :0		120		
С	Did the organization regularly and consistently monitor and enforce compliance with the p describe on Schedule O how this was done	-		12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review ar					
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation		=			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arra	ingement			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take steps to			406		
Socti	organization's exempt status with respect to such arrangements?			16b		
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable).	990	and 000 T	(000+	ion 5	01(0)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap		anu 330-1	(360)		U I (U)
	X Own website Another's website X Upon request Other (explain on So		e O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents of the control of		•	f inter	est p	olicy.
	and financial statements available to the public during the tax year.	,			- 1	- ,,
20	State the name, address, and telephone number of the person who possesses the organization's	oooks	and record	s		
	JOHN SIM 1235 NORTH LOOP WEST STE. 1025 HOUSTON, TX 77008					

Form **990** (2022)

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

___ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	rson	e than of is both tor/trust	an	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	mer	1099-NEC)	1099-NEC)	related organizations
(1) MARYANNE B. MALDONADO	40.00									
CEO	NONE			X				184,459.	NONE	21,538.
(2) PHIL C. DELOZIER	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(3) ELIZABETH MATTHEWS	1.00									
DIRECTOR & SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(4) JENNIFER SMITH	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(5) ALAN R. CRAIN JR	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(6) ARTHUR KAPLAN	1.00									
DIRECTOR & VICE PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(7) BRAD RINGLEB	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(8) CHRISTINE LAFOLLETTE	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(9) CHUKWUEMEKA OYOLU	1.00									
DIRECTOR & TREASURER	NONE	Х		Х				NONE	NONE	NONE
(10) DIANE GENDEL	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(11) KEVIN O'GORMAN	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(12) KEVIN PASHA	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(13) LAURA LOGAN	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(14) MARK ANDERSON	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE

Form **990** (2022)

		WORLD AL	TAIRD C	CONCID OF GREATER	110001014	70 0300	233
Form 990 (20	22)						Page 8
Part VII	Section A. Officers,	Directors, Tru	ustees, Ke	y Employees, and Hig	hest Compensat	ed Employees (d	continued)
	(A)		(B)	(C)	(D)	(E)	(F)

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	oye	es,	and F	lig	hest Compensat	ed Employees (c	ontinue	ed)	
(A)	(B)			((C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unle	heck ss pe d a c	erson	e than o is both tor/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	am	stimated nount of other pensatio	
	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)	orga and	om the anization d related anization	t
(15) MARTHA ROCKS	1.00											
DIRECTOR	NONE	Х						NONE	NONE]	NONE
(16) MAUREEN O'DRISCOLL-LEVY	1.00											
DIRECTOR	NONE	Х						NONE	NONE]	NONE
(17) PAULA HARRIS	1.00											
DIRECTOR	NONE	Х						NONE	NONE		1	NONE
(18) SABA ABASHAWL	1.00											
DIRECTOR	NONE	Х						NONE	NONE		I	NONE
(19) SALLIE MORIAN	1.00											
DIRECTOR	NONE	Х						NONE	NONE		1	NONE
20) SOMA SOMASUNDARAM	1.00											
DIRECTOR	NONE	Х						NONE	NONE		1	NONE
(21) STEPHANIE TSURU	1.00											
DIRECTOR	NONE	Х						NONE	NONE]	NONE
(22) VIVEK CHIDAMBARAM	1.00											
DIRECTOR & CHAIRMAN	NONE	Х		Х				NONE	NONE		1	NONE
(23) WILL MARSH	1.00											
DIRECTOR	NONE	Х						NONE	NONE		I	NONE
1b Sub-total							_	184,459.	NONE		21 1	538.
					• •			NONE				NONE
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	_				• •			184,459.	NONE			538.
Total number of individuals (including but not reportable compensation from the organization)	limited to t						o re	-	L		Z1,.	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	· · · ·										Yes	No.
a Dilui											162	INO
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		X
4 For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	50,0	00?	. It	"Yes	5, "	complete Schedu	le J for such			
individual										4	X	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Y	'es," comple	te Scl	hedu	ıle J	J for	such	per	rson		5		X

3		Х
4	Х	
5		Х

Section B. Independent Contractors

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.

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶ NONE

76-0308253

Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to an	y line in this Part V	TII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b	277,865.				
وَ ق	С	Fundraising events 1c	561,825.				
fts, ar A	d	Related organizations 1d					
اقاق	е	Government grants (contributions) 1e					
Sir	f	All other contributions, gifts, grants,					
rio e		and similar amounts not included above . 1f	69,225.				
햦	g	Noncash contributions included in					
d t		lines 1a-1f 1g	\$ 19,225.				
g g	h	Total. Add lines 1a-1f		908,915.			
			Business Code				
<u>e</u>	2a	MEMBERSHIP TRAVEL	900099	293,056.	293,056.		
e Z	b	GENERAL PROGRAMS	900099	161,964.	161,964.		
en.	С	EDUCATION	900099	6,830.	6,830.		
Program Service Revenue	d						
og R	е						
<u> </u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f		461,850.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)		4,441.			4,441.
	4	Income from investment of tax-exempt bond	proceeds .	NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NON	NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ıne	b	Less: cost or other basis					
evenue		and sales expenses 7b					
₩.	C	Gain or (loss)					
er	a	Net gain or (loss)		NONE			
Other	8a	Gross income from fundraising					
		events (not including \$ ^{561,825.}					
		of contributions reported on line	17,566.				
		1c). See Part IV, line 18 8a	92,873.				
	b	Less: direct expenses	· ·	-75,307.			-75,307.
	C	Net income or (loss) from fundraising events		73,307.			73,307.
	9a	Gross income from gaming activities. See Part IV, line 19 9a	NONE				
		·	NONE				
	b	Less: direct expenses	1	NONE			
		` , , , ,		2.121/2			
	10a	Gross sales of inventory, less returns and allowances	NONE				
	h	Less: cost of goods sold 10b	NONE				
	b C	Net income or (loss) from sales of inventory	1	NONE			
s		, ,	Business Code				
e e	11a	MISC REVENUE	900099	18,597.	10,601.		7,996.
ane	b						
eVe	C						
Miscellaneous Revenue	d	All other revenue					
≥	е	Total. Add lines 11a-11d		18,597.			
	12	Total revenue. See instructions		1,318,496.	472,451.		-62,870.

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 if Schedule O contains a response	onse or note to any line	in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	205,997.	111,797.	94,200.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	535,256.	290,489.	84,587.	160,180
8	Pension plan accruals and contributions (include	16,257.	8,823.	3,921.	3,513
	section 401(k) and 403(b) employer contributions)	270277			
9		NONE	24 007	15 140	12 572
10	Payroll taxes	62,809.	34,087.	15,149.	13,573
	Fees for services (nonemployees):	NONE			
	Management	NONE			
	Legal	NONE	22 047		
	Accounting	23,847. NONE	23,847.		
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	NONE			
	Investment management fees	INOINE			
y	Other. (If line 11g amount exceeds 10% of line 25, column	25,815.	14,010.	6,226.	5,579
12	(A), amount, list line 11g expenses on Schedule O.) Advertising and promotion	39,633.	21,538.	9,544.	8,551
13	Office expenses	52,203.	17,717.	18,190.	16,296
14	Information technology	24,671.	13,407.	5,941.	5,323
15	Royalties.	NONE	23,107.	3,7121	3,323
16	Occupancy	90,564.	49,356.	21,735.	19,473
17	Travel	211,416.	211,416.	,	· , · · ·
	Payments of travel or entertainment expenses	,	,		
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
	Interest	50.	50.		
21		NONE			
22	Depreciation, depletion, and amortization	NONE			
23	Insurance	21,858.	11,878.	5,264.	4,716
	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	PROGRAM SERVICE EXPENSES	136,507.	136,507.		
b	EDUCATION PROGRAM EXPENSES	9,005.	9,005.		
c	EMPLOYEE EXPENSES	13,695.	7,432.	3,303.	2,960
d	OTHER EXPENSE	515.	515.		
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,470,098.	961,874.	268,060.	240,164
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

		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	1,170,165.	1	1,226,890.
	2	Savings and temporary cash investments	474,163.	2	262,162.
	3	Pledges and grants receivable, net	NONE	3	NONE
	4	Accounts receivable, net	NONE	4	NONE
	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	NONE	5	NONE
	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)	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
ğ	9	Prepaid expenses and deferred charges	NONE	9	NONE
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 11,543.			
	b	Less: accumulated depreciation		10c	910.
	11	Investments - publicly traded securities	NONE		NONE
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	NONE		NONE
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,644,328.	16	1,489,962.
_	17	Accounts payable and accrued expenses	11,399.	17	14,834.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	NONE		NONE
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
w	22	Loans and other payables to any current or former officer, director,	NOINE	<u> </u>	IVOIVE
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ii		controlled entity or family member of any of these persons	NONE	22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	25	Other liabilities (including federal income tax, payables to related third	NONE	24	INOINE
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	16,275.	25	10,076.
	26	Total liabilities. Add lines 17 through 25	27,674.		24,910.
	20	Organizations that follow FASB ASC 958, check here	27,074.	20	24,910.
ces		and complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions	1,616,654.	27	1,465,052.
Bal	28	Net assets with donor restrictions.	NONE		
Б	20	Organizations that do not follow FASB ASC 958, check here	NONE	20	NONE
Ŀ		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund			
SS (31	Retained earnings, endowment, accumulated income, or other funds		30	
t A	32	Total net assets or fund balances	1 616 654	31	1 465 050
Ne	33	Total liabilities and net assets/fund balances	1,616,654.	32	1,465,052.
_	J.J.	Total liabilities and het assets/fully baidhtes	1,644,328.	33	1,489,962. Form 990 (2022)

Form **990** (2022)

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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		1,3	18,	<u>496</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>098</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>602</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,6	16,	<u>654</u> .
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain 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		1,4	65,	<u>052</u> .
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	
1	Accounting method used to prepare the Form 990: Cash Accrual X Other MODI	FIE:	D_CA	SH	BAS	IS
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit					
	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	rsiah	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	_		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
Ju	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
D	required audit or audits, explain why on Schedule Q and describe any steps taken to undergo such au	•		3b		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Nam	e of ti	ne organization					Employer identif	ication number
WOE	RLD	AFFAIRS COUNCIL OF	GREATER HOUS	STON			76-0	308253
Pa	rt I	Reason for Public Cha	arity Status. (All	organizations must	comple	ete this p	oart.) See instruction	ns.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associat	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in section	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3		A hospital or a cooperative	hospital service o	rganization described i	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)(iii). Enter the
		hospital's name, city, and st	ate:					
5		An organization operated f	for the benefit of	a college or universit	y owned	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	complete Part II.)					
6		A federal, state, or local go	vernment or gover	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7		An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fr	om the general public
		described in section 170(b)	(1)(A)(vi). (Comple	ete Part II.)				
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	d in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	riculture (see instruct	ions). Ei	nter the	name, city, and state o	f the college or
		university:		,	,		•	Ū
10	X	An organization that norma receipts from activities rela support from gross investm acquired by the organizatio An organization organized a	ted to its exempt f nent income and ui n after June 30, 19	unctions, subject to c nrelated business tax 975. See section 509 (ertain ex able inco (a)(2). (0	ceptions ome (les: Complete	s; and (2) no more that s section 511 tax) from e Part III.)	n 331/3 % of its
11 12	\vdash	•	•	•	•		, , , ,	
12		An organization organized a one or more publicly support	•	•				
		the box on lines 12a throug	_			-		
_	Г	Type I. A supporting orga					•	=
а	_	the supported organization	•	•	-		• , ,	
		supporting organization.				ajointy of	the directors of truste	ses of the
b	Г	Type II. A supporting org	•			with its	supported organizati	ion(s) by having
~		control or management of	•				• • •	
		organization(s). You must			tilo odili	o porco.	io triat control of mar	ago mo oapponoa
c		Type III functionally integ	•		ited in co	onnectio	n with and functiona	lly integrated with
•		its supported organization						,g.a.a,
d		Type III non-functionally		· ·				ted organization(s)
		that is not functionally inte			-			
		requirement (see instructi	-		-		•	
е		Check this box if the orga	•	=				II, Type III
		functionally integrated, or						
f	En	ter the number of supported	• •					
g	Pro	ovide the following information	on about the suppo	orted organization(s).				
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
(A)								
(B)								
(C)								
(D)								
(E)								

Total

Par	Support Schedule for Orga (Complete only if you checke Part III. If the organization fail	d the box on	line 5, 7, or 8	of Part I or if t	he organization	on failed to qua	
Sec	tion A. Public Support	- to quality u		, p			
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2010	(8) 2010	(8) 2020	(d) 2021	(6) 2022	(i) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support		4.5	() 65-5-	()		T
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2022 (lin						0
15	Public support percentage from 2021						
16a	331/3% support test - 2022. If the org						
_	box and stop here. The organization qu	-		_			
b	331/3% support test - 2021. If the org						I
47-	this box and stop here. The organization	•		•			
	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets organization 10%-facts-and-circumstances test - 2	meets the father the facts-and-control	acts-and-circums	stances test, cheest. The organi	eck this box a zation qualifies	nd stop here. I as a publicly s	Explain in supported
a	15 is 10% or more, and if the organiz in Part VI how the organization meets	zation meets that the state of the facts-and	ne facts-and-ciro	cumstances test test. The organ	, check this bo ization qualifies	ox and stop her s as a publicly s	e. Explain supported
18	organization. Private foundation. If the organization						

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1,003,495.	911,393.	935,280.	903,368.	908,915.	4,662,451.
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	892,588.	1,051,391.	89,483.	296,834.	461,850.	2,792,146.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						NONE
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						NONE
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						NONE
6	Total. Add lines 1 through 5	1,896,083.	1,962,784.	1,024,763.	1,200,202.	1,370,765.	7,454,597.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons				5,500.	21,000.	26,500.
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	93,120.	98,104.		28,500.	43,438.	263,162.
С	Add lines 7a and 7b	93,120.	98,104.		34,000.	64,438.	289,662.
8	Public support. (Subtract line 7c from						
	line 6.)						7,164,935.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	1,896,083.	1,962,784.	1,024,763.	1,200,202.	1,370,765.	7,454,597.
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources	13,745.	28,947.	23,375.	5,553.	4,441.	76,061.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	12 545	00.045	02 255	F 552	4 443	NONE
	Add lines 10a and 10b	13,745.	28,947.	23,375.	5,553.	4,441.	76,061.
11							
	activities not included on line 10b, whether or not the business is regularly carried on.	E2 012					E2 012
		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.	2,895.	12,318.	18,597.	35,300.
13	Total support. (Add lines 9, 10c, 11,	1,100.	2.	2,055.	12,310.	10,337.	33,300.
	and 12.)	1,965,229.	1,991,733.	1,051,033.	1,218,073.	1,393,803.	7,619,871.
14	First 5 years. If the Form 990 is for					I	
	organization, check this box and stop here .	· ·	•		•		` ^ ` / _
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2022 (line 8,			nn (f))		15	94.03%
16	Public support percentage from 2021 Sche	• • •	•			16	94.89%
	tion D. Computation of Investmen					., ,	71.07/0
<u> 17</u>	Investment income percentage for 2022 (lii			3. column (f))		17	1.00%
18	Investment income percentage from 2021					18	1.13%
	331/3% support tests - 2022. If the or		= = = =				
. J u	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2021. If the orga						
J	line 18 is not more than 331/3 %, check						
20	Private foundation If the organization		-				

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Part IV Supporting Organizations

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

Section A. All Supporting Organizatior
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- 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.
 Did the organization have any supported organization that does not have an IRS determination of status
- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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)	10b		
41		rm 000	2) 2022

Part	Supporting Organizations (continued)			- 5 -
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44.		
Secti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
3001.	on billypo i cupporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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.			
Sooti	on C. Type II Supporting Organizations	2		
ec ii	on C. Type ii Supporting Organizations		Vas	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	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).	1		
Secti	on D. All Type III Supporting Organizations			
	Did the constitution was ide to each of its commented array to the least day of the fifth wearth of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
3	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in 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	structi	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 governmental entity (see	e instr		r
2	Activities Test. Answer lines 2a and 2b below.		Yes	NO
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		
J.	•			
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more 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. <i>Answer lines 3a and 3b below.</i>			
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? If "Yes" or "No," 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.	3h		i .

Page 6 Schedule A (Form 990) 2022

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	5				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in Part VI</i>). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Se	ection 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					
Se	ection 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					
_	Average monthly cash balances	1b					
C	Fair market value of other non-exempt-use assets	1c					
	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 0.015 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 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Se	ction C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4		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			ted Type III supporting	n organization			
'	(see instructions).	ny miegla	ted Type in Supporting	y organization			

Schedule A (Form 990) 2022

Page 7 Schedule A (Form 990) 2022 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2018 From 2019 From 2020 From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to 0202 distributable amount Remaining underdistributions of prior years Applied to 10202 distributable amount Remaining underdistributions of prior years Applied to 2022 distributable amount Remaining underdistributions of prior years Applied to 2022 distributable amount Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4e. Breakdown of line 7: Excess distributions carryover to 2023. Add lines 3j and 4e. Excess from 2019 Excess from 2019 Excess from 2020 d Excess from 2020	Secti	on D - Distributions				Current Year
organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Coulified set-aside amounts (prior IRS approval required - provide details in Part VI) 6 Coulified set-aside amounts (prior IRS approval required - provide details in Part VI) 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2022 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10 10 10 Line 8 amount divided by line 9 amount 10 10 11 Distributable amount for 2022 from Section C, line 6 12 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 12 Excess distributions carryover, if any, to 2022 (reasonable cause required - explain in Part VI). See instructions. 13 Excess distributions carryover, if any, to 2022 a From 2017	1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1	
4 Amounts paid to acquire exempt-use assets 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Cother distributions (describe in Part VI). See instructions. 6 Other distributions (describe in Part VI). See instructions. 7 Total amount distributions. Add lines 1 through 6. 7 Total amount distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2022 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 (ii) Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017	2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 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 responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 Distributable amount for 2022 from Section C, line 6 1 Distributable amount for 2022 from Section C, line 6 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017		organizations, in excess of income from activity			2	
4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 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 responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 Distributable amount for 2022 from Section C, line 6 1 Distributable amount for 2022 from Section C, line 6 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017	3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	4				4	
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 responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 Underdistribution Allocations (see instructions) Section E - Distributable amount for 2022 from Section C, line 6 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017	5		rovide details in Part VI)		5	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions (i) (ii) (iii) (iii) Distributable amount for 2022 from Section C, line 6 (i) (iii) (iiii) (iiiii) (iiiii) (iiiii) (iiiii) (iiiii) (iiiii) (iiiiiii) (iiiii) (iiiii) (iiiiii) (iiiii) (iiiiiiii	6	* ** **	•		6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions (i) (ii) (iii) (iii) Distributable amount for 2022 from Section C, line 6 (i) (iii) (iiii) (iiiii) (iiiii) (iiiii) (iiiii) (iiiii) (iiiii) (iiiiiii) (iiiii) (iiiii) (iiiiii) (iiiii) (iiiiiiii	7	,			7	
(provide details in Part VI). See instructions. 9 Distributable amount for 2022 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10 (ii) (iii) (iiii) (iii)	8	<u> </u>	the organization is resp	onsive		
9 Distributable amount for 2022 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Pre-2022 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part W). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017					8	
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Section E - Distribution Allocations (see instructions) (i) Excess Distributions Underdistributions Pre-2022 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 b From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: s Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4 and 4b from line 4. 5 Remainding underdistributions of ryears prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2020 c Excess from 2020	10	· · · · · · · · · · · · · · · · · · ·			10	
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a From 2017		(reasonable cause required - explain in Part VI). See				
a From 2017		instructions.				
b From 2018	3	Excess distributions carryover, if any, to 2022				
b From 2018	а	From 2017				
c From 2019	b					
d From 2020	С	From 2019				
e From 2021	d	From 2020				
g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021	е					
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and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2020 c Excess from 2021		- · · · · · · · · · · · · · · · · · · ·				
and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2020 c Excess from 2021	7	Excess distributions carryover to 2023. Add lines 3i				
8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021						
a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021	8					
b Excess from 2019 c Excess from 2020 d Excess from 2021						
c Excess from 2020 d Excess from 2021						
d Excess from 2021						
		Excess from 2022				

Schedule A (Form 990) 2022

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization		Employer identification number		
	L OF GREATER HOUSTON	76-0308253		
Organization type (check one	9.			
Filers of:	Section:			
Form 990 or 990-EZ	Form 990 or 990-EZ X 501(c)(3) (enter number) organization			
	foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private four	ndation		
	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 instructions.	7), (8), or (10) organization can check boxes for both the General Rule and	a Special Rule. See		
General Rule				
	filing Form 990, 990-EZ, or 990-PF that received, during the year, cont or property) from any one contributor. Complete Parts I and II. See instru- ontributions.			
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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year				
=	isn't covered by the General Rule and/or the Special Rules doesn't file \$\ , line 2, of its Form 990; or check the box on line H of its Form 990-EZ or			

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization

WORLD AFFAIRS COUNCIL OF GREATER HOUSTON

Employer identification number 76-0308253

	WORLD AFFAIRS COO	NCID OF GREATER	11005101	70 0300233
Part I	Contributors (see instructions).	Use duplicate copie	es of Part I if additional space is r	needed.

(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
1_		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$8,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
4		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6_		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

WORLD AFFAIRS COUNCIL OF CREATER HOUSTON

Employer identification number

	WORLD AFFAIRS COUNCIL OF GREATER	R HOUSTON	76-0308253
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_		\$\$	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		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

WORLD AFFAIRS COUNCIL OF GREATER HOUSTON

Employer identification number

	WORLD AFFAIRS COUNCIL OF GREATER HO	76-0308253	
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$13,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$16,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$6,000.	Person X Payroll Noncash

(Complete Part II for noncash contributions.)

Name of organization

WORLD AFFAIRS COUNCIL OF GREATER HOUSTON

Employer identification number

	WORLD AFFAIRS COUNCIL OF GREATER	HOUSTON	76-0308253		
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
19		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
20		\$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		
21		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
22		\$16,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
23		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
24		\$ 5.000.	Person X Payroll		

(Complete Part II for noncash contributions.)

Name of organization WORLD AFFAIRS COUNCIL OF GREATER HOUSTON

Employer identification number 76-0308253

Part I	Contributors ((see instructions).	Ise duplicate copies of Part I if ad	ditional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$35,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

WORLD AFFAIRS COUNCIL OF CREATER HOUSTON

Employer identification number

	WORLD AFFAIRS COUNCIL OF GREATE	R HOUSTON	76-0308253
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$\$	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		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36			Person X

Payroll

Noncash
(Complete Part II for noncash contributions.)

13,500.

\$

Name of organization

WORLD AFFAIRS COUNCIL OF GREATER HOUSTON

Employer identification number

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

Name of organization

WORLD AFFAIRS COUNCIL OF GREATER HOUSTON

Employer identification number 76-0308253

Part I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$6,500.	Person X Payroll Noncash (Complete Part II for

Name of organization

WORLD AFFAIRS COUNCIL OF GREATER HOUSTON

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
49		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$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
52		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

WORLD AFFATRS COUNCIL OF GREATER HOUSTON

Employer identification number

	WORLD AFFAIRS COUNCIL OF GREATE	ER HOUSTON	76-0308253
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$ 19.225	Person X Payroll

(a) No. Name, address, and ZIP + 4

(b) No. Name, address, and ZIP + 4

(c) Total contributions

Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

WORLD AFFAIRS COUNCIL OF GREATER HOUSTON

To -0308253

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
F.0	AIRLINE TICKETS	_		
59_		_ _		
		_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	12/31/2022	
(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 Employer identification number WORLD AFFAIRS COUNCIL OF GREATER HOUSTON 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. (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. 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)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization 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 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after July 25, 2006, and not on 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 5 violations, and enforcement of the conservation easements it holds?

and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

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.

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

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:

(ii) Assets included in Form 990, Part X.....\$_

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:

Schedule D (Form 990) 2022

6

7

8

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

Pa	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	easures	s, or C	Other	Similar A	ssets (d	ontinue	d)	
3												
	collection items (check all that apply):											
а	Public exhibition d Loan or exchange program											
b	Scholarly research		e	Other								
С	Preservation for future gene	rations										
4	Provide a description of the organ	nization's collection	s and expla	ain how t	they fur	ther th	he org	anization's	exemp	purpos	e in I	Part
	XIII.											
5	During the year, did the organization	on solicit or receive	donations o	f art, hist	orical tr	easure	s, or c	ther simila	ar _			
	assets to be sold to raise funds rath		tained as pa	rt of the	organiza	ation's	collec	tion?		Yes		No
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.											
1a	Is the organization an agent, trus	tee, custodian or o	other interm	nediary fo	or contr	ributior	ns or	other asse	ets not			
	included on Form 990, Part X?								[Yes		No
b	If "Yes," explain the arrangement in									_		
	•			_					Amount			
С	Beginning balance					1c						
d	Additions during the year				1							
е	Distributions during the year					1e						
f	Ending balance					1f						
2a	Did the organization include an am	ount on Form 990,	Part X, line	21, for e	scrow o	or cust	todial a	account lial	oility?	Yes		No
b	If "Yes," explain the arrangement in	n Part XIII. Check h	nere if the ex	xplanation	has be	en prov	vided c	on Part XIII			. \Box	
Pa	rt V Endowment Funds.											
	Complete if the organiza	ation answered "Y	es" on For	m 990, F	Part IV,	line 1	0.					
		(a) Current year	(b) Prio	r year	(c) Two	o years b	back	(d) Three ye	ars back	(e) Four	ears b	ack
1 a	Beginning of year balance											
b	Contributions											
C	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
e	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage	of the current vear	end balance	e (line 1a.	column	(a)) he	eld as:					
а	Board designated or quasi-endown			- (- 3,		(//						
b	Permanent endowment	%										
С	Term endowment %											
	The percentages on lines 2a, 2b, a	•										
3a	Are there endowment funds not in	the possession of t	he organiza	tion that	are held	d and a	admini	istered for	the	_		
	organization by:									\	'es	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 uses of the organization's endowment funds.												
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.												
	Description of property		or other basis	(b) Cost				umulated) Book valu		
		, -	stment)		ther)		depre	eciation				
1 a	Land											
b	Buildings											
С	Leasehold improvements											
d	Equipment				11,54	13.	1	L0,633.			91	LO.
<u>e</u>	Other			<u> </u>	(5)		,					
Tota	otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)											

Schedule D (Form 990) 2022

76-0308253

Part VII	Investments - Other Securities. Complete if the organization answered	"Ves" on Form 990) Part IV line 11h See Form 990	Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuat	
	(including name of security)	(2) 20011 10.00	Cost or end-of-year mark	
	al derivatives			
	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(h) mark a mark Farma COO. Florid V. and (F) line 40.)			
	in (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 990) Part IV line 11c See Form 990	Part X line 13
	(a) Description of investment			
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(4)				
(1)				
(2)				
(3) (4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered	"Yes" on Form 990), Part IV, line 11d. See Form 990.	, Part X, line 15.
	· · · · · · · · · · · · · · · · · · ·	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col	umn (b) must equal Form 990, Part X, col. (B) l	ine 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered	"Yes" on Form 990), Part IV, line 11e or 11f. See For	m 990, Part X,
	line 25.			
1.	()	tion of liability		(b) Book value
	ral income taxes			
	LL LIABILITIES			10,076
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1)			
ı otal. (Colur	mn (b) must equal Form 990, Part X, col. (B) line 25.)			10,076

JSA 2E1270 1.000

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

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	า.	
1	Total revenue, gains, and other support per audited financial statements	1	1,519,369.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
_	Donated services and use of facilities		
b			
С.	Receive of prior year granter in the first i		
d	Other (Describe in Part XIII.)	0-	000 073
е	Add lines 2a through 2d	2e	200,873.
3	Subtract line 2e from line 1	3	1,318,496.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,318,496.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	1,670,971.
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 losses		
_	Other (Describe in Part XIII.)		
d		2e	200,873.
e	Add lines 2a through 2d	3	1,470,098.
3	Subtract line 2e from line 1		1,470,000.
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		
b	Other (Describe in Part XIII.)	4.	
	Add lines 4a and 4b	4c	1 450 000
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	1,470,098.
	XIII 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; P x XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	SUPPLEMENTAL PAGE		

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

FEDERAL INCOME TAX STATUS

THE COUNCIL IS EXEMPT FROM FEDERAL INCOME TAXATION UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE), EXCEPT ON NET INCOME

DERIVED FROM UNRELATED BUSINESS ACTIVITIES AS DEFINED IN THE CODE.

ACCORDINGLY, THE COUNCIL FILES AS A TAX-EXEMPT ORGANIZATION.

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.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D

RECONCILIATION OF REVENUE PER AUDITED F/S WITH REVENUE PER RETURN

FUNDRAISING EXPENSES INCLUDED IN REVENUE \$92,873

SCHEDULE D, PART XII, LINE 2D

RECONCILIATION OF EXPENSES PER AUDITED F/S WITH EXPENSE PER RETURN

FUNDRAISING EXPENSES INCLUDED IN REVENUE \$92,873

SCHEDULE G (Form 990)

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 Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number WORLD AFFAIRS COUNCIL OF GREATER HOUSTON 76-0308253 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 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, 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.

a			(a) Event #1 JONES AWARDS (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Kevenue	1	Gross receipts	579,391.			579,391
ጀ		Less: Contributions	561,825.			561,825
	<u> </u>	Gross income (line 1 minus line 2)	17,566.			17,566
	4	Cash prizes				
	5	Noncash prizes				
uses	6	Rent/facility costs	5,458.			5,458
Jirect Expenses	7	Food and beverages	62,660.			62,660
	8	Entertainment				
	9	Other direct expenses	24,755.			24,755
	10 11	Direct expense summary. Add lin	nes 4 through 9 in colu	umn (d)		92,873.
Pa	t III	Gaming. Complete if the org	anization answered "	Yes" on Form 990, F	Part IV, line 19, or	reported more tha
Pa	t III	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "	Yes" on Form 990, F	Part IV, line 19, or	reported more tha
Pal	t III	Gaming. Complete if the org	anization answered " le 6a.	Yes" on Form 990, F	Part IV, line 19, or	reported more than (d) Total gaming (add col. (a) through col. (c))
Pa	1 1	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered " le 6a.	Yes" on Form 990, F	Part IV, line 19, or	reported more tha
Pa	1 2	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered " le 6a.	Yes" on Form 990, F	Part IV, line 19, or	reported more that
Expenses Revenue	1 2 3	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin Gross revenue Cash prizes	anization answered " ne 6a. (a) Bingo	Yes" on Form 990, F	Part IV, line 19, or	reported more that
Pa	1 2 3 4	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin Gross revenue Cash prizes Noncash prizes	anization answered " e 6a. (a) Bingo	Yes" on Form 990, F (b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or (c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Expenses Revenue	1 2 3 4 5	Gaming. Complete if the org \$15,000 on Form 990-EZ, ling Gross revenue	anization answered " ne 6a. (a) Bingo	Yes" on Form 990, F (b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or (c) Other gaming	reported more tha (d) Total gaming (add col. (a) through col. (c))
Expenses Revenue	1 1 2 3 4 5 6	Gaming. Complete if the org \$15,000 on Form 990-EZ, ling Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	anization answered " lee 6a. (a) Bingo Yes % No	Yes" on Form 990, F (b) Pull tabs/instant bingo/progressive bingo Yes% No	Part IV, line 19, or (c) Other gaming Yes% No	reported more tha (d) Total gaming (add col. (a) through col. (c))
Expenses Revenue	1 1 2 3 4 5 6 7	Gaming. Complete if the org \$15,000 on Form 990-EZ, ling Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses.	anization answered " the 6a. (a) Bingo Yes % No nes 2 through 5 in columns	Yes" on Form 990, F (b) Pull tabs/instant bingo/progressive bingo Yes% No umn (d)	Part IV, line 19, or (c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c)
Expenses Revenue	1 1 2 3 4 5 6 7 8 E	Gaming. Complete if the org \$15,000 on Form 990-EZ, ling Gross revenue Cash prizes Noncash prizes. Rent/facility costs Other direct expenses. Volunteer labor Direct expense summary. Add ling Net gaming income summary. Senter the state(s) in which the org senter the organization licensed to consider the state of the organization licensed to consider the organization licensed the organ	anization answered " e 6a. (a) Bingo Yes	Yes" on Form 990, F (b) Pull tabs/instant bingo/progressive bingo Yes% No umn (d) e 1, column (d) in each of these state	Yes% No	reported more tha (d) Total gaming (add col. (a) through col. (c)

12 Is the offormed 13 Indicat a The org b An out 14 Enter trecords Name Addres 15 a Does trevenue b If "Yes	▶ss ▶	Yes	No No % %
formed 13 Indicat a The org b An out 14 Enter t records Name Addres 15 a Does t revenue b If "Yes	d to administer charitable gaming?		% %
 13 Indicat a The org b An out 14 Enter t records Name Address 15 a Does t revenue b If "Yes 	te the percentage of gaming activity conducted in: rganization's facility		% %
a The organisms An out. 14 Enter trecords Name Addres 15 a Does trevenumb If "Yes	rganization's facility		%
b An out 14 Enter t records Name Addres 15 a Does t revenue b If "Yes	tside facility		%
Name Addres 15 a Does to revenue b If "Yes	the name and address of the person who prepares the organization's gaming/special events books and ls: Language		
Name Addres 15 a Does to revenue b If "Yes	ls: ▶ss ▶		
Addres 15 a Does to revenue b If "Yes"	▶ss ▶		
Addres 15 a Does to revenue b If "Yes"	ss >		
15 a Does to revenue b If "Yes			
revenu b If "Yes			
revenu b If "Yes	the organization have a contract with a third party from whom the organization receives gaming		
b If "Yes	die organization have a contract with a time party from whom the organization receives gaming	Yes	□ No
amoun	s," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	nt of gaming revenue retained by the third party ► \$		
	s," enter name and address of the third party:		
	,,		
Name	>		
Addres	ss >		
16 Gamin	ng manager information:		
Name	>		
Gamin	ng manager compensation ▶ \$		
Descri	iption of services provided ▶		
Di	irector/officer Employee Independent contractor		
17 Manda	atory distributions:		
	organization required under state law to make charitable distributions from the gaming proceeds to		
	the state gaming license?	Yes	No
	the amount of distributions required under state law to be distributed to other exempt organizations		
	ent in the organization's own exempt activities during the tax year 🕨 \$		
	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.		
	(see instructions).		

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees, and Highest Compensated Employees

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

Attach to Form 990.

2022
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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	4.		
•	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:	_		
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		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		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53,4958-6(c)?	9		

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

Schedule J (Form 990) 2022

76-0308253

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.

(A) Name and Title		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(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)	164,348.	10,000.	10,111.	21,538.	NONE	205,997.	
1 CEO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
_	(i)							
5	(ii)							
	(i) (ii)							
6	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
_11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

SCHEDULE 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.

20**22**Open to Public Inspection

OMB No. 1545-0047

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.

Employer identification number

WORLD AFFAIRS COUNCIL OF GREATER HOUSTON

76-0308253

FORM 990, PART VI, SECTION A, LINE 6

THE COUNCIL HAS MEMBERS WHO PAY TO SUPPORT THE COUNCIL.

FORM 990, PART VI, SECTION A, LINE 7A

DIRECTORS ARE MEMBERS AND DIRECTORS ELECT THE EXECUTIVE BOARD.

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.

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) 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 MAY 2022 BY THE CHAIRMAN OF THE BOARD AND THE EXECUTIVE COMMITTEE AND WAS APPROVED BY THE BOARD OF DIRECTORS EFFECTIVE FOR JUNE 2022.

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 7A

DIRECTORS ARE MEMBERS AND DIRECTORS ELECT THE EXECUTIVE BOARD.

Form **8868**

(Rev. January 2022)

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/e-file-providers/e-file-for-charities-and-non-profits*.

	ts, for which an extension request must be sent this form, visit www.irs.gov/e-file-providers/e-file		• • •	ins). For more di	etails	s on tr	ie electronic
Autom	atic 6-Month Extension of Time. Only subn	nit original	(no copies needed).				
-	orations required to file an income tax return ot e Form 7004 to request an extension of time to			ilers), partnershi	ps, F	REMIC	s, and trusts
Type o	r Name of exempt organization or other filer, see	instructions.	Тахра	ver identification n	umbe	er (TIN)	
File by the	Number, street, and room or suite no. If a P.O. b	WORLD AFFAIRS COUNCIL OF GREATER HOUSTON 76-030825 Number, street, and room or suite no. If a P.O. box, see instructions.					
due date filing your return. See instruction	e City, town or post office, state, and ZIP code. For		dress, see instructions.				
Enter th	e Return Code for the return that this application	n is for (file	a separate application for each	return)			0 1
Applica Is For	tion	Return Code	Application Is For				Return Code
Form 99	90 or Form 990-EZ	01	Form 1041-A				08
Form 4	720 (individual)	03	Form 4720 (other than indiv	idual)			09
Form 99		04	Form 5227				10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
	90-T (trust other than above) 90-T (corporation)	06	Form 8870			12	
If theIf thisfor the	organization does not have an office or place of s is for a Group Return, enter the organization's fowhole group, check this box ▶	f business in our digit Gro If it is for pa	oup Exemption Number (GEN) art of the group, check this box	box			this is
	th the names and TINs of all members the exten						
for >	equest an automatic 6-month extension of time or the organization named above. The extension in the calendar year 2022 or tax year beginning	is for the or	ganization's return for:, and ending				tion return
	the tax year entered in line 1 is for less than 12 r Change in accounting period this application is for Forms 990-PF, 990-T				'n		
no	nrefundable credits. See instructions. this application is for Forms 990-PF, 990-T,				3a	\$	NONE
es	timated tax payments made. Include any prior yelliance due. Subtract line 3b from line 3a. I	ar overpayr	nent allowed as a credit.		3b	\$	NONE
us	ing EFTPS (Electronic Federal Tax Payment Syste	em). See ins	tructions.		3с		NONE
Caution: instruction	If you are going to make an electronic funds withdrawns.	wal (direct de	ebit) with this Form 8868, see Fo	m 8453-TE and F	orm 8	3879-T	= tor payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

Form 990-T	E	cempt Organization Business Income Tax Retur (and proxy tax under section 6033(e))	n	OMB No. 1545-0047
	For cale	ndar year 2022 or other tax year beginning $01/01$, 2022, and ending $12/31$, 20	o 22	2022
Department of the Treasury		Go to www.irs.gov/Form990T for instructions and the latest information.		Open to Public Inspection
Internal Revenue Service	Do	not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	for 501(c)(3) Organizations Only
A Check box if		Name of organization (Check box if name changed and see instructions.)	D Emp	oloyer identification number
address changed.		WORLD AFFAIRS COUNCIL OF GREATER HOUSTON	76-	-0308253
B Exempt under section	Print	Number, street, and room or suite no. If a P.O. box, see instructions.		up exemption number
X 501(C)(3)	or	C/O JOHN SIM 1235 NORTH LOOP WEST STE. 1025	(see	instructions)
408(e) 220(e)	Туре	City or town, state or province, country, and ZIP or foreign postal code		
408A 530(a)		HOUSTON, TX 77008	F	Check box if
529(a) 529A	C Boo	k value of all assets at end of year		an amended return.
G Check organization to		X 501(c) corporation 501(c) trust 401(a) trust Other trust		State college/university
H Check if filing only to	, .	Claim credit from Form 8941 Claim a refund shown on Form		Otate conege/university
		ation filing a consolidated return with a 501(c)(2) titleholding corporation		
		Schedules A (Form 990-T)		
		corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		
•				Tes No
L The books are in care		identifying number of the parent corporation TOHN SIM Telephone number 713) F 2 2	7011
L THE BOOKS are in ear		L235 NORTH LOOP WEST STE. 1025)-322	- 7011
	r	HOUSTON, TX 77008		
Part I Total Unre	lated F	Business Taxable Income		
		ness taxable income computed from all unrelated trades or businesses (se	e l	
			Ĭ. 1	
,			2	
			3	
	,	see instructions for limitation rules)	_	
		axable income before net operating losses. Subtract line 4 from line 3		
		g loss. See instructions		
		ness taxable income before specific deduction and section 199A deduction		
			. 7	
8 Specific deduction	n (gener	ally \$1,000, but see instructions for exceptions)		
9 Trusts. Section 1	99A dedi	uction. See instructions	. 9	
10 Total deductions.	Add line	s 8 and 9 · · · · · · · · · · · · · · · · · ·	. 10)
11 Unrelated busine	ess taxa	ible income. Subtract line 10 from line 7. If line 10 is greater than line 7	7,	
			. 11	NONE
Part II Tax Comp				
-		corporations. Multiply Part I, line 11 by 21% (0.21)		NONE
2 Trusts taxable	at trus <u>t</u>	rates. See instructions for tax computation. Income tax on the amount o	- 1	
Part I, line 11 from	ո։ [Tax rate schedule or Schedule D (Form 1041)	. 2	
3 Proxy tax. See in:	structions	8	. 3	
4 Other tax amount	s. See in	structions	. 4	
5 Alternative minim	um tax (trusts only)	. 5	

For Paperwork Reduction Act Notice, see instructions.

6

NONE

Form **990-T** (2022)

Form 990-T (2022) 76-0308253 Page **2**

Par	:	Tax and Payments			,	
1a	Foreign	-	1a			
b	Other c	credits (see instructions)	1b			
			1c			
d	Credit f	for prior year minimum tax (attach Form 8801 or 8827)	1 d			
е	Total c	redits. Add lines 1a through 1d		1e		
2	Subtrac	ct line 1e from Part II, line <u>7.</u> <u>..</u> <u>..</u>		2		NONE
3	Other ar	mounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8697	orm 8866			
		Other (attach statement)		3		
4	Total ta	ax. Add lines 2 and 3 (see instructions). Let Check if includes tax previously defi	ferred under			
		1294. Enter tax amount here				NONE
		t net 965 tax liability paid from Form 965-A, Part II, column (k)		5		
			6a			
		. ,	6b			
			6c			
	_	` ` '	6d			
		, , , , , , , , , , , , , , , , , , ,	Se C			
			6f			
g	Other c	redits, adjustments, and payments: Form 2439 Other Total 6	2 ~			
7		form 4136 Other Total 6		7		
8	-	ted tax penalty (see instructions). Check if Form 2220 is attached.				
9		e. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed				NONE
10		syment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		· · · · - ·		110111
11	-	e amount of line 10 you want: Credited to 2023 estimated tax	Refun	· · · · · · · · · · · · · · · · · · ·		
	: IV	Statements Regarding Certain Activities and Other Infor	_			
1	At any	time during the 2022 calendar year, did the organization have an inte			authority	Yes No
	over a	financial account (bank, securities, or other) in a foreign country? If "	"Yes," the organization	on may have	to file	
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes,"	enter the name of	the foreign	country	
	here _					X
2	During	the tax year, did the organization receive a distribution from, or was it the	grantor of, or transfer	or to, a foreig	gn trust?	X
	If "Yes,	" see instructions for other forms the organization may have to file.				
3	Enter th	he amount of tax-exempt interest received or accrued during the tax year	\$ _			
4	Enter a	vailable pre-2018 NOL carryovers here \$ Do not includ	de any post-2017 NOL o	carryover		
	shown	on Schedule A (Form 990-T). Don't reduce the NOL carryover show	vn here by any de	duction repo	rted on	
	Part I, li	ine 6.				
5	Post-20	017 NOL carryovers. Enter the Business Activity Code and available p	post-2017 NOL carry	overs. Don't	reduce	
	the amo	ounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the				
		Business Activity Code	Available post-20	017 NOL carry	over	
			\$			
			\$		—— I	
			\$ \$		——	
62	Did the	organization change its method of accounting? (see instructions)	*			v
		is "Yes," has the organization described the change on Form 990, 99			-	X
		in Part V	·			
Par		Supplemental Information				
		explanation required by Part IV, line 6b. Also, provide any other additional information	on. See instructions.			
		SUPPLEMENTAL INFORMATION ATTACHED				
		der penalties of perjury, I declare that I have examined this return, including accompanying				nowledge and
Sigr) peli	ef, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on al	iii iiiioiiiiation of which pre	·		this return
Here				with the p	reparer sho	
		nature of officer Date Title		(see instruction	ns)? X Ye	
D-!-!		Print/Type preparer's name Preparer's signature	Date	Check if	PTIN	
Paid		AMANDA MAYA AMANDA MAYA	11/14/2023	self-employed	P0106	57777
Prep	arer Only	Firm's name FORVIS, LLP		Firm's EIN	44-0160	260
	Jiny	Firm's address 2700 POST OAK BLVD., STE 1500, HOUSTON	I, TX 77056	Phone no. 713		
JSA 2X274	1.000				Form 99	90-T (2022)

617500 K920 11/10/2023 09:21:12

SUPPLEMENTAL INFORMATION

PART NUMBER: FORM 990-T, PART I LINE 1

LINE NUMBER:

EXPLANATION:

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 2022)

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/e-file-providers/e-file-for-charities-and-non-profits*.

•	form, visit www.irs.gov/e-file-providers/e-file-f			structions). For more details of t	ne electronic	
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).			
-	ions required to file an income tax return oth orm 7004 to request an extension of time to fi		•	20-C filers), partnerships, REMIC	ેડ, and trusts	
Type or print	Name of exempt organization or other filer, see in	structions.		Taxpayer identification number (TIN)	
File by the due date for	WORLD AFFAIRS COUNCIL OF GREATER HOUSTON 76-0308253 Number, street, and room or suite no. If a P.O. box, see instructions.					
filing your return. See instructions.	1235 NORTH LOOP WEST SUITE 10 City, town or post office, state, and ZIP code. For HOUSTON, TX 77008		dress, see instructions.			
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	pplication		
Is For		Code	Is For		Code	
	r Form 990-EZ	01	Form 1041-A		08	
Form 4720		03	Form 4720 (other tha	n individual)	09	
Form 990-PI		04	Form 5227		10	
	(sec. 401(a) or 408(a) trust)	05	Form 6069		11	
	(trust other than above) (corporation)	06 07	Form 8870		12	
If the orgaIf this is for the whole	e No. ► 713 522-7811 anization does not have an office or place of or a Group Return, enter the organization's for e group, check this box	l business ir ur digit Gro f it is for pa	Fax No. ►	ck this box	this is	
	e names and TINs of all members the extension of time was		11 /15 202	to file the event ergenize	tion roturn	
for the	est an automatic 6-month extension of time upon organization named above. The extension is calendar year 2022 or tax year beginning	for the org	ganization's return for:	, to file the exempt organiza	tion return	
C	ax year entered in line 1 is for less than 12 m Change in accounting period application is for Forms 990-PF, 990-T,	onths, ched	ck reason: Initial r	eturn Final return	· 	
nonref	undable credits. See instructions. application is for Forms 990-PF, 990-T,			3a \$	NONE	
c Balanc	tted tax payments made. Include any prior yea ce due. Subtract line 3b from line 3a. In	clude you	r payment with this f	form, if required, by	NONE	
	EFTPS (Electronic Federal Tax Payment Syster ou are going to make an electronic funds withdraw	· · · · · · · · · · · · · · · · · · ·		3c \$ see Form 8453-TE and Form 8879-1	NONE FE for payment	
F D-1 /	Not and Danish and Dadustine Ast Notice and Inst			F 00¢	O (D 4 0000)	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)