

**NEIGHBORHOOD DEVELOPMENT FUND  
Not-for-Profit Transmittal and Approval Form**

Applicant/Program: World Affairs Council of Ky + So. Indiana  
 Applicant Requested Amount: Global Education Program Outreach, K-12  
 Appropriation Request Amount: ~~XXXXXX~~ \$2,500  
~~XXXXXX~~ \$2,500

**Executive Summary of Request**

*Global education and enrichment programs expenses and personnel costs.*

Is this program/project a fundraiser?  Yes  No  
 Is this applicant a faith based organization?  Yes  No  
 Does this application include funding for sub-grantee(s)?  Yes  No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

5 District #      Cheri B. Hamilton Primary Sponsor Signature      \$2,500 ~~XXXXXX~~ Amount      6/29/18 Date

**Primary Sponsor Disclosure**

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

**Approved by:**

\_\_\_\_\_  
 Appropriations Committee Chairman      Date  
 Final Appropriations Amount: \_\_\_\_\_

**LOUISVILLE METRO COUNCIL  
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Legal Name of Applicant Organization *World Affairs Council of Ky. & So. Indiana*

Program Name and Request Amount *Global Education Program Outreach, K-12*

*\$2,500*

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	... <input checked="" type="checkbox"/> Y
Is the funding proposed by Council Member(s) less than or equal to the request amount?	... <input checked="" type="checkbox"/> Y
Is the proposed public purpose of the program viable and well-documented?	... <input checked="" type="checkbox"/> Y
Will all of the funding go to programs specific to Louisville/Jefferson County?	... <input checked="" type="checkbox"/> Y
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	... <input checked="" type="checkbox"/> NA
Has prior Metro Funds committed/granted been disclosed?	... <input checked="" type="checkbox"/> NA
Is the application properly signed and dated by authorized signatory?	... <input checked="" type="checkbox"/> Y
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	... <input checked="" type="checkbox"/> Y
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	... <input checked="" type="checkbox"/> NA
Is the entity in good standing with: <ul style="list-style-type: none"> <li>▶ Kentucky Secretary of State?</li> <li>▶ Louisville Metro Revenue Commission?</li> <li>▶ Louisville Metro Government?</li> <li>▶ Internal Revenue Service?</li> <li>▶ Louisville Metro Human Relations Commission?</li> </ul>	... <input checked="" type="checkbox"/> Y
Is the current Fiscal Year Budget included?	... <input checked="" type="checkbox"/> Y
Is the entity's board member list (with term length/term limits) included?	... <input checked="" type="checkbox"/> Y
Is recommended funding less than 33% of total agency operating budget?	... <input checked="" type="checkbox"/> Y
Does the application budget reflect only the revenue and expenses of the project/program?	... <input checked="" type="checkbox"/> Y
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	... <input checked="" type="checkbox"/> NA
Is the most recent annual audit (if required by organization) included?	... <input checked="" type="checkbox"/> NA
Is a copy of Signed Lease (if rent costs are requested) included?	... <input checked="" type="checkbox"/> NA
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	... <input checked="" type="checkbox"/> NA
Are the Articles of Incorporation of the Agency included?	... <input checked="" type="checkbox"/> Y
Is the IRS Form W-9 Included?	... <input checked="" type="checkbox"/> Y
Is the IRS Form 990 included?	... <input checked="" type="checkbox"/> Y
Are the evaluation forms (if program participants are given evaluation forms) included?	... <input checked="" type="checkbox"/> NA
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	... <input checked="" type="checkbox"/> NA
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	... <input checked="" type="checkbox"/> NA

Prepared by: *Cheri B. Hamilton* Date: *6-29-18*



KENTUCKY AND SOUTHERN INDIANA

LEARN. ENGAGE. CONNECT.

Xiao Yin Zhao  
*Executive Director*

**EXECUTIVE COMMITTEE**

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Jan Grayson  
*Vice Chair*

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Tina Ward-Pugh  
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Colleen Abate

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Antigona Mehani

Angela McCormick-Bisig

David Weigman

Jason Woodall

June 28, 2018

**Neighborhood Development Fund, 2018/19**

Dear Councilwoman Hamilton:

On behalf of the World Affairs Council (WAC), I am submitting the attached Neighborhood Development Fund (NDF) Application to support WAC's Global Education Programs in District 5.

We will be increasing our efforts to bring Japanese Enrichment programs, the Global Citizenship Certificate Program and Academic WorldQuest to schools and community centers in the district this coming school year. Your financial support will be critical for our success in delivering these programs to more students and schools.

Thank you for the opportunity to apply and your consideration of our application.

Warm regards,

Xiao Yin Zhao  
Executive Director



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b> World Affairs Council of Kentucky & So. Indiana <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> 2500 Montgomery St., Suite 6, Louisville, KY 40212			
<b>Website:</b> www.worldkentucky.org			
<b>Applicant Contact:</b>	Xiao Yin Zhao	<b>Title:</b>	Executive Director
<b>Phone:</b>	502-561-5422	<b>Email:</b>	xy.zhao@worldkentucky.org
<b>Financial Contact:</b>	Same as above	<b>Title:</b>	
<b>Phone:</b>		<b>Email:</b>	
<b>Organization's Representative who attended NDF Training:</b> Xiao Yin Zhao			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	Portland Neighborhood		
<b>Council District(s):</b>	5	<b>Zip Code(s):</b>	40212
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> Global Education Program Outreach, K-12			
<b>Total Request: (\$)</b>	<del>3,000</del> <b>\$2,500</b>	<b>Total Metro Award (this program) in previous year: (\$)</b>	N/A
<b>Purpose of Request (check all that apply):</b>			
<input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if applicable	
<b>For the current fiscal year ending June 30</b> , list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

C.S.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

#### **Describe Agency's Vision, Mission and Services:**

The World Affairs Council of Kentucky & Southern Indiana (WAC) is a non-profit member-based organization whose mission is to promote cross-cultural awareness, education, and tolerance through nonpartisan discussions on current international issues. Through our speaker series, international visitors program and education-centered opportunities (i.e. GCCP), we provide the community with tools and knowledge to develop an informed citizenry and increase the global competency of students, educators and professionals. We provide opportunities for the residents of Kentucky and Southern Indiana to engage in international issues. Our vision is to be the premier regional organization that enhances global economic and political awareness among our constituents.

Since 1986, we have been the official community-based member of the U.S. Department of State's prestigious International Visitor Leadership Program. Through this partnership, WAC has exclusive access to some of the most promising leaders, dynamic professionals and fearless activists from across the globe. Each year, hundreds of international visitors come through our international visitor program to engage their counterparts from Kentucky and Southern Indiana. Visitors participate in programs aimed at developing everything from youth leadership skills to practicing conflict resolution strategies in post-conflict societies. WAC contributes to the diversity and economic development of our region by connecting local businesses and organizations to our international delegates, and thus strengthening social and economic ties across the globe.

WAC has three main pillars of services and opportunities to connect the community on global issues.

**Speaker Program:** Globalization blurs borders. The World at Home monthly series goes beyond the headlines to explore issues that cross national boundaries. The series brings in diplomats, experts, policy makers, journalists and activists to share with the community their different perspectives and insights into issues that are not easily understood. Each month, we highlight a theme that our world cares about and features speakers that brings it home to us the relevance of that topic to our region. The World Affairs Council is the local forum for international dialogue and diverse perspectives.

**International Visitor Program:** People-to-people exchange promotes peace and prosperity. As the official community-based member to host the U.S. Department of State's prestigious International Visitor Leadership Program, WAC has exclusive access to some of the most promising leaders, dynamic professionals and fearless activists from across the globe. Each year, we bring to our region hundreds of such individuals to engage with their counterparts across Kentucky and Southern Indiana. More than 350 current and former heads of state are counted as alumni of this program. WAC contributes to the diversity and economic development of our region by connecting our international delegates with local businesses and organizations. Through the delegates, we offer unique access to important business, social and cultural connections to the majority of the 195 countries recognized in the world today.

**Education programs:** Education is at the heart of WAC's mission. We help students to expand their world through the state-wide Academic WorldQuest Competition, opportunity to study/research abroad through the Hershberg Scholarship, and easy access to our speaker and visitor programs. We work with educators to provide them with opportunities to expand their knowledge and effectively meet their professional goals. We work with educational institutions through the WAC Global Education Consortium to leverage our global programs and networks in achieving their need to create globally competent and competitive students and teachers.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 5 – PROGRAM/PROJECT NARRATIVE

**A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):**

WAC proposes to offer global education and enrichment programs in District 5 for the 2018-2019 school year (Aug 2018 to May 2019).

The specific programs that we will offer are: Japanese Enrichment Programs, Academic WorldQuest and the Global Citizenship Certificate Program (GCCP). The age groups for these programs are K-12 students and will be delivered through partnerships with local community groups and schools, including the Neighborhood House, the Portland Library, local elementary and high schools, and other interested educational organizations in District 5.

With the increase in immigrant populations in the neighborhood as well as an increase in international businesses in Louisville and Kentucky as a whole, there is an immediate need for the younger generations to be global-ready in work, life and education. Research shows most low-income and minority groups lag behind their peers in other countries in their knowledge of the world. At the same time, public schools and classrooms lack the resources to prepare students in a global marketplace. This is where WAC comes in. By offering students the opportunity and structure to gain the necessary knowledge and skills, we can begin to close this gap and help students be competitive with their peers here and internationally.

**B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):**

Funding from NDF will primarily be used toward program expenses and personnel salaries.

This would include:

Program expenses - materials and supplies costs for program activities, ~~salaries for staff and travel expenses~~, registration and admission fees to events as part of the programs

Personnel - salary for staff working on the three education programs in the district (Japanese program, Academic WorldQuest, and Global Citizenship Certificate Program)



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**C: If this request is a fundraiser, please detail how the proceeds will be spent:**

N/A

**D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:**

The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

N/A

Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

N/A



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:**

Benefit will be measured differently depending on the program students are involved in.

**Japan Enrichment Programs:** The program coordinator gives a pre-program survey and a post-program survey to gauge knowledge of topic. Most of the activities in this program are hands-on and iterative. It includes basic language and cultural activities. Students will have crafts and handouts to take away.

**Academic WorldQuest:** This is an annual team-based knowledge competition that tests students' knowledge of global issues. The competition is held one time, in February, with participation from over 16 teams representing high schools in the region. We aim to help form at least two teams from this district to participate and their performance at the competition will represent their gains from this program.

**Global Citizenship Certificate Program:** This program is a structured framework that helps students to guides students in gaining the types of skills, experience and knowledge needed to be globally competent. It is a two year program that can be completed in four years. Our goal for this year is to get at least 15 area high school students to enroll in the program and help them identify the activities needed to complete their certificate requirements. The benefit to them will be demonstrated by their self-reflections and via their activity logs through the program application.

At the conclusion of the school year, we will submit a report with outcomes based on these activities and measures.

**F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.**

WAC's work is facilitated by many community partners and organizations. For this proposed project, we have several partners who we plan to work with in delivering the education programs.

**Neighborhood House and Portland Library -** We have had initial conversations with the Portland Neighborhood House and staff at the public library about including WAC's educational offerings, particularly the Japan program, in their student programs. They are very interested in partnering and we will be pursuing further conversations for the 2018-2019 year.

**YMCA Kentucky Youth Association -** this group is the largest statewide association focused on youth leadership, service/volunteer and education. KYA is a close WAC partner in promoting our education programs to a large population of middle and high school students. We regularly work with them to offer workshops and other global enrichment programs.

**JCPS -** we have several contacts within the JCPS system who has helped to connect us with schools with an interest in global education. Just this past year, we worked with several JCPS schools, including Brandeis Elementary to bring Japanese Enrichment to students after school. We have contacted other schools in the district and will be increasing our outreach to identify ways to engage students in our various programs.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

	Column 1	Column 2	Column (1+2)=3
Program/Project Expenses	Proposed Metro Funds	Non- Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>	1700	1657	3357
<b>B: Rent/Utilities</b>		800	800
<b>C: Office Supplies</b>	250	250	500
<b>D: Telephone</b>		190	190
<b>E: In-town Travel</b>		500	500
<b>F: Client Assistance (See Detailed List on Page 8)</b>			
<b>G: Professional Service Contracts</b>			
<b>H: Program Materials</b>	550	200	750
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>			
<b>J: Machinery &amp; Equipment</b>			
<b>K: Capital Project</b>			
<b>L: Other Expenses (See Detailed List on Page 8)</b>			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	2500	3597	6097
	41 %	59 %	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	3597
Fees Collected from Program Participants	
Other (please specify)	
	3597

\*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

\*\*Must equal or exceed total in column 2.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**Detail of In-Kind Contributions for this PROGRAM only:** Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
<p style="text-align: center;"><i>Total Value of In-Kind</i>                      (to match Program Budget Line Item.                      Volunteer Contribution &amp; Other In Kind)</p>		

\* DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK

Agency Fiscal Year Start Date: July 1

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO  YES

If YES, please explain:



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 7 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

#### Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

#### Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

**Relationship Disclosure:** List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

### SECTION 8 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

<b>Signature of Legal Signatory:</b>		<b>Date:</b>	6/28/2018
<b>Legal Signatory: (please print):</b>	Xiao Yin Zhao	<b>Title:</b>	Executive Director
<b>Phone:</b>	502-561-5422	<b>Extension:</b>	
<b>Email:</b>	xy.zhao@worldkentucky.org		

**WORLD AFFAIRS COUNCIL OF KENTUCKY/SOUTHERN INDIANA, INC.****General Information**

<b>Organization Number</b>	0199446
<b>Name</b>	WORLD AFFAIRS COUNCIL OF KENTUCKY/SOUTHERN INDIANA, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	<u>G - Good</u>
<b>State</b>	KY
<b>File Date</b>	3/20/1985
<b>Organization Date</b>	3/20/1985
<b>Last Annual Report</b>	4/11/2018
<b>Principal Office</b>	2500 MONTGOMERY STREET SUITE 6 LOUISVILLE, KY 40212
<b>Registered Agent</b>	XIAO YIN ZHAO 2500 MONTGOMERY STREET SUITE 6 & 7 LOUISVILLE, KY 40212

**Current Officers**

<b>Chairman</b>	<a href="#">Adel S Elmaghraby</a>
<b>President</b>	<a href="#">Xiao Yin Zhao</a>
<b>Director</b>	<a href="#">Leslie Geoghegan</a>
<b>Director</b>	<a href="#">Ingrid Johnson</a>
<b>Director</b>	<a href="#">Graham W.L Ellis</a>
<b>Director</b>	<a href="#">Angela McCormick-Bisig</a>
<b>Director</b>	<a href="#">Pamela E Bridgewater</a>
<b>Director</b>	<a href="#">Tina Ward-Pugh</a>
<b>Director</b>	<a href="#">Daniel Castillo</a>
<b>Director</b>	<a href="#">Thomas Graham</a>
<b>Director</b>	<a href="#">Biba Konieczna</a>
<b>Director</b>	<a href="#">Roberta Hershberg</a>
<b>Director</b>	<a href="#">David Wiegman</a>
<b>Director</b>	<a href="#">Colleen Abate</a>
<b>Director</b>	<a href="#">Antigona Mehani</a>
<b>Director</b>	<a href="#">Jason Abbott</a>
<b>Director</b>	<a href="#">Jan Grayson</a>
<b>Director</b>	<a href="#">Brian Herbert</a>
<b>Director</b>	<a href="#">Brian Easley</a>
<b>Director</b>	<a href="#">Lynn Allen</a>

Director [Bashar Masri](#)  
 Director [Jason Woodall](#)

## Individuals / Entities listed at time of formation

Director [BURWELL M HARDY](#)  
 Director [BILJANA N MONSKY](#)  
 Director [PAMELA A RAITZ](#)  
 Director [ARCHIE E SCOTT](#)  
 Director [TERRY STACY](#)  
 Incorporator [BURWELL M HARDY](#)  
 Incorporator [PAMELA A RAITZ](#)  
 Incorporator [ARCHIE E SCOTT](#)

## Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

<a href="#">Annual Report</a>	4/11/2018	1 page	<a href="#">PDF</a>	
<a href="#">Principal Office Address Change</a>	5/11/2017 1:11:50 PM	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	5/11/2017	1 page	<a href="#">PDF</a>	
<a href="#">Registered Agent name/address change</a>	12/14/2016 11:34:50 AM	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	2/8/2016	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	5/12/2015	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	1/23/2014	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	6/28/2013	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	6/22/2012	1 page	<a href="#">PDF</a>	
<a href="#">Registered Agent name/address change</a>	6/19/2012 4:28:40 PM	1 page	<a href="#">PDF</a>	
<a href="#">Registered Agent name/address change</a>	1/24/2011 10:07:53 AM	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	1/24/2011	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	9/16/2010	1 page	<a href="#">PDF</a>	
<a href="#">Amendment</a>	7/9/2009	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/9/2009	1 page	<a href="#">PDF</a>	
<a href="#">Certificate of Withdrawal of Assumed Name</a>	7/9/2009	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/9/2009	1 page	<a href="#">PDF</a>	
<a href="#">Certificate of Assumed Name</a>	5/4/2009	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	1/29/2008	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	8/15/2007	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	8/3/2006	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	3/2/2005	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	10/6/2003	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	12/16/2002	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	5/2/2000	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	4/20/1999	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Reinstatement</a>	1/6/1999	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>

<a href="#">Statement of Change</a>	1/6/1999	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Administrative Dissolution</a>	11/3/1998	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	1/6/1998	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1997	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1996	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1995	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1995	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1994	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1993	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1992	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1991	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Reinstatement</a>	2/23/1990	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	2/23/1990	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	2/23/1990	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Revocation of Certificate of Authority</a>	3/15/1987	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Six Month Notice</a>	9/1/1986	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>

## Assumed Names

[WORLD AFFAIRS COUNCIL OF KENTUCKY/SOUTHERN INDIANA](#)

Inactive

## Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	4/11/2018 10:11:12 AM	4/11/2018 10:11:12 AM	
Annual report	5/11/2017 1:23:34 PM	5/11/2017 1:23:34 PM	
Principal office change	5/11/2017 1:11:50 PM	5/11/2017 1:11:50 PM	
Registered agent address change	12/14/2016 11:34:50 AM	12/14/2016 11:34:50 AM	
Annual report	2/8/2016 12:45:03 PM	2/8/2016 12:45:03 PM	
Annual report	5/12/2015 2:37:18 PM	5/12/2015 2:37:18 PM	
Annual report	1/23/2014 4:06:57 PM	1/23/2014 4:06:57 PM	
Annual report	6/28/2013 1:07:47 PM	6/28/2013 1:07:47 PM	
Annual report	6/22/2012 3:02:14 PM	6/22/2012 3:02:14 PM	
Registered agent address change	6/19/2012 4:28:40 PM	6/19/2012 4:28:40 PM	
Annual report	1/24/2011 10:15:12 AM	1/24/2011 10:15:12 AM	
Registered agent address change	1/24/2011 10:07:53 AM	1/24/2011 10:07:53 AM	
Annual report	9/16/2010 11:13:40 AM	9/16/2010 11:13:40 AM	
Amendment - Change name	7/9/2009	7/9/2009	<a href="#">LOUISVILLE</a>



## Microfilmed Images

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200 W. BROADWAY  
 SUITE 607  
 LOUISVILLE, KY 40202  
 TELE: (502) 561-5422  
[WWW.WORLDKENTUCKY.ORG](http://WWW.WORLDKENTUCKY.ORG)

**FY 2018  
 Board of Director Terms**

		Date Joined Board	Expres (June 31)	Full Terms Served by Exp.
<b>CLASS OF 2017</b>				
1.	Roberta Hershberg	Lifetime Board Member (Ex-Officio)		
<b>Class of 2018</b>				
2.	Biba Konieczna	2015 (November)	2018	1
3.	Daniel Castillo	2015 (March)	2018	1
4.	Thomas Graham	2015 (August)	2018	1
5.	Angela Bisig	2009	2018	3
<b>CLASS OF 2019</b>				
6.	Antigona Mehani	2016 (September)	2019	1
7.	Colleen Abate	2016 (September)	2019	1
8.	David Weigman	2016 (September)	2019	1
9.	Jan Grayson	2016 (September)	2019	1
10	Jason Abbott	2016 (June)	2019	1
11	Adel Elmaghraby	2013	2019	2
12	Graham Ellis	2013	2019	2
13	Leslie Geoghegan	2013	2019	2
14	Tina Ward-Pugh	2013	2019	2
<b>CLASS OF 2020</b>				
15	Brian Easley	2017 (October)	2020	1
16	Brian Herbert	2017 (October)	2020	1
17	Jason Woodall	2017 (October)	2020	1
18	Bashar Masri	2017 (October)	2020	1
19	Lynn Allen	2017 (October)	2020	1
20	Ingrid Johnson	2014 (Sept)	2020	2
21	Pamela Bridgewater	2014 (April)	2020	2

**World Affairs Council of Kentucky Southern Indiana  
2017/2018 Detailed Financial Budget**

	<u>FY2018 total</u>
<b>Beginning Cash</b>	4,419
<b>Sources of Funds</b>	
Program Sources	154,240
Membership	5,700
Board	26,250
Donations	6,500
Sponsorship	20,000
Grants	37,800
Other (cost share, hotel rebates, other admin)	8,080
<b>Total In-Flow</b>	<u>258,570</u>
<b>Funds Outflow</b>	
Program Expenses	85,050
Payroll and related Costs	132,060
General Operating Expenses	18,956
Marketing	2,110
Professional Expenses	30,224
Business Development	6,950
<b>Total Out-Flow</b>	<u>275,350</u>
<b>Net In-Flow/Net Out-Flow</b>	<u>(16,780)</u>
<b>Net Projected Cash</b>	<u>(12,361)</u>

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0199446.09

amray  
NAOA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF

Trey Grayson  
Secretary of State  
Received and Filed  
07/09/2009 11:36:13 AM  
Fee Receipt: \$8.00

LOUISVILLE INTERNATIONAL CULTURAL CENTER, INC.

Pursuant to the provisions of KRS 271B.10-060, the following Articles of Amendment to the Articles of Incorporation of LOUISVILLE INTERNATIONAL CULTURAL CENTER, INC. a Kentucky non-profit corporation ("Corporation"), are hereby adopted:

1. The name of the Corporation is Louisville International Cultural Center, Inc.
2. Paragraph I of the Corporation's Articles of Incorporation is hereby amended in its entirety to read as follows:

"ARTICLE I

The name of the Corporation shall be World Affairs Council of Kentucky/Southern Indiana, Inc."

3. The amendment was adopted by the Corporation's Board of Directors by unanimous written consent effective as of June 11, 2009. The Corporation is a non-profit entity and has no shareholders or capital stock.

WITNESS the signature of the undersigned, who is the President of the Corporation as of the date written below.

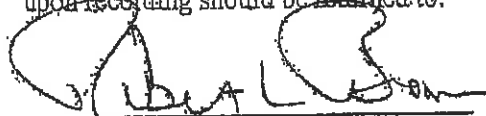
Dated: June 11, 2009

LOUISVILLE INTERNATIONAL CULTURAL  
CENTER, INC.

By:

  
Benjamin J. Jones, President

This instrument was prepared by and upon recording should be returned to:



Robert L. Brown, Esq.  
GREENEBAUM DOLL & McDONALD PLLC  
3500 National City Tower  
101 South Fifth Street  
Louisville, KY 40202  
(502) 589-4200

Document No.: DNP08910037E  
Lodged By: BKEMMACH  
Recorded On: 07/10/2009 10:46:40  
Total Fees: 11.00  
Transfer Tax: .00  
County Clerk: BOMBI. HOLZELAW-JEFF CO KY  
Deputy Clerk: BRUESCH





# WORLD AFFAIRS COUNCIL

KENTUCKY AND SOUTHERN INDIANA

Financial Statements  
For the Eleven Months Ended  
May 31, 2018

No assurance is provided on these financial statements. Please see attached disclosure.



Respective services provided by ARG Investment Services, LLC, a Registered Investment Adviser, ARG CPAs & Advisors, PLLC, ARG Business Services, LLC, and Advisor Insurance Solutions. All are affiliates of ARG Financial Group.

**WORLD AFFAIRS COUNCIL OF KENTUCKY/SOUTHERN INDIANA****Statement of Financial Position  
May 31, 2018****ASSETS**

<b>Current Assets</b>	
Cash	<b>\$45,051</b>
Paypal	<b>1,084</b>
Accounts Receivable - Net	<b>12,280</b>
Prepaid Expenses	<b>678</b>
Total Current Assets	<b>59,094</b>
<b>Property and Equipment</b>	
Vehicles	<b>15,237</b>
Accumulated Depreciation	<b>(8,126)</b>
Total Property and Equipment	<b>7,111</b>
<b>Total Assets</b>	<b>\$66,205</b>

**LIABILITIES & NET ASSETS**

<b>Liabilities</b>	
Trade Payables & Accruals	<b>\$2,325</b>
Line of Credit	<b>18,733</b>
Total Liabilities	<b>21,059</b>
<b>Net Assets</b>	
Net Assets - Prior Year	<b>(201)</b>
Change in Net Assets - Current Year	<b>45,347</b>
Total Net Assets	<b>45,146</b>
<b>Total Liabilities &amp; Net Assets</b>	<b>\$66,205</b>

No assurance is provided on these financial statements. Please see attached disclosure.



Respective services provided by ARG I Investment Services, LLC, a Registered Investment Adviser, ARG I CPAs & Advisors, PLLC, ARG I Business Services, LLC, and Advisor Insurance Solutions. All are affiliates of ARG I Financial Group.

WORLD AFFAIRS COUNCIL

Statement of Activities

For the Eleven Months ended May 31, 2018

	Organization	Speaker Programs	Visitor Programs	Give Local	Total
<b>Revenues</b>					
Membership - Board Contribution	\$ 15,441	\$ -	\$ -	\$ -	\$ 15,441
Membership - General	14,199	-	-	-	14,199
Donations - Board	-	-	-	-	-
Donations - General	1,515	-	-	6,472	7,988
Fee for Service/Government Grants	19,160	-	130,374	-	149,534
MLP Only	-	-	68,680	-	68,680
EP Only	-	-	-	-	-
Sponsorship/Grants	23,500	-	-	-	23,500
Ticket Sales	-	18,363	-	-	18,363
Other	14,395	-	-	-	14,395
<b>Total Revenue</b>	<b>88,211</b>	<b>18,363</b>	<b>199,055</b>	<b>6,472</b>	<b>312,101</b>
<b>General Operating Expenses</b>					
Rent (utilities included)	5,500	-	-	-	5,500
Auto Rental	-	-	-	-	-
Insurance	3,915	-	-	-	3,915
Telephone/Communications	2,436	-	-	-	2,436
Office Supplies (General)	1,742	-	-	-	1,742
Depreciation	2,793	-	-	-	2,793
Bank Fees	68	-	-	-	68
Licenses, Permits and Fees	-	-	-	-	-
Gifts	-	-	-	-	-
Miscellaneous Expenses	381	-	-	-	381
Repairs and Maintenance	-	-	-	-	-
Discounts Earned/Given	-	-	-	-	-
Interest exp/ income (NET)	1,826	-	146	-	1,971
Suspense	62	-	-	-	62
<b>Total General Operating</b>	<b>18,723</b>	<b>-</b>	<b>146</b>	<b>-</b>	<b>18,869</b>
<b>Marketing</b>					
Postage (General)	34	-	-	-	34
Printing/Copier Maintenance	3,278	-	-	-	3,278
Advertising	901	-	-	-	901
Web/Internet Services	2,428	-	-	-	2,428
Supplies- Events Admin & General	-	-	-	-	-
<b>Total Marketing</b>	<b>6,641</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>6,641</b>
<b>Payroll</b>					
Wages and Benefits	103,947	-	-	-	103,947
Fees/Taxes	10,696	-	-	-	10,696
<b>Total Payroll</b>	<b>114,643</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>114,643</b>
<b>Professional Services (Contract)</b>					
Professional Fees	316	-	-	-	316
Bookkeeping (accounting)	8,275	-	-	-	8,275
<b>Total Professional Services</b>	<b>8,591</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>8,591</b>
<b>Transportation</b>					
Travel Expenses (WACA Conference Travel)	2,963	-	-	-	2,963
Travel Expenses (Japan Outreach Initiative)	203	-	-	-	203
Van Lease	-	-	-	-	-
<b>Total Transportation</b>	<b>3,166</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>3,166</b>
<b>Program &amp; Event Fees</b>					
Event Fees	3,425	31,742	72,854	-	108,021
<b>Total Program &amp; Event Fees</b>	<b>3,425</b>	<b>31,742</b>	<b>72,854</b>	<b>-</b>	<b>108,021</b>
<b>Business Development</b>					
Meals & Entertainment	749	-	-	-	749
Business Development	252	-	-	-	252
Conferences and Training	3,373	-	-	-	3,373
Fundraising	-	-	-	-	-
Subscriptions/Dues	2,448	-	-	-	2,448
<b>Total Business Development</b>	<b>6,822</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>6,822</b>
<b>Total Expenses</b>	<b>182,012</b>	<b>31,742</b>	<b>73,001</b>	<b>-</b>	<b>266,754</b>
<b>Change in Net Assets</b>	<b>\$ (73,801)</b>	<b>\$ (13,379)</b>	<b>\$ 126,054</b>	<b>\$ 6,472</b>	<b>\$ 45,347</b>

No assurance is provided on these financial statements. Please see attached disclosure



Respective services provided by ARGI Investment Services, LLC, a registered investment advisor, ARGI PMS B Advisors, PLLC, ARGI Business Services, LLC, and Arden Insurance Solutions, ARGI affiliates of ARGI Financial Group

**WORLD AFFAIRS COUNCIL**  
**Statement of Activities**  
**For the Eleven Months ended May 31, 2018**

	<u>Organization</u>	<u>Speaker Programs</u>	<u>Visitor Programs</u>	<u>Give Local</u>	<u>Total</u>
<b>Revenues</b>					
Membership	\$ 29,640	\$ -	\$ -	\$ -	\$ 29,640
Donations	1,515	-	-	6,472	7,988
Government Grants	19,160	-	130,374	-	149,534
IVLP Only	-	-	68,680	-	68,680
EP Only	-	-	-	-	-
Sponsorship/Grants	23,500	-	-	-	23,500
Ticket Sales	-	18,363	-	-	18,363
Other	14,395	-	-	-	14,395
<b>Total Revenue</b>	<b>88,211</b>	<b>18,363</b>	<b>199,055</b>	<b>6,472</b>	<b>312,101</b>
<b>Expenses</b>					
Infrastructure	18,723	-	146	-	18,869
Marketing	6,641	-	-	-	6,641
Payroll	114,643	-	-	-	114,643
Professional Services	8,591	-	-	-	8,591
Transportation	3,166	-	-	-	3,166
Program & Event Fees	3,425	31,742	72,854	-	108,021
Business Development	6,822	-	-	-	6,822
<b>Total Expenses</b>	<b>162,012</b>	<b>31,742</b>	<b>73,001</b>	<b>-</b>	<b>266,754</b>
<b>Change in Net Assets</b>	<b>\$ (73,801)</b>	<b>\$ (13,379)</b>	<b>\$ 126,054</b>	<b>\$ 6,472</b>	<b>\$ 45,347</b>

No assurance is provided on these financial statements. Please see attached disclosure.



Respective services provided by ARGI Investment Services, LLC, a Registered Investment Adviser, ARGI CPAs & Advisors, PLLC, ARGI Business Services, LLC, and Advisor Insurance Solutions, all are affiliates of ARGI Financial Group.



**WORLD AFFAIRS COUNCIL OF KENTUCKY/SOUTHERN INDIANA**

**Statement of Activities by Event**

**For the Eleven Months ended May 31, 2018**

Speaker Series:	Other Events	June 2017 - Booby	July 2017 - Nelson	Aug 2017 - Rhuland	Sept 2017 - Bello	Oct 2017 - Kim	Nov 2017 - Comery	Dec 2017 - Valandias	Jan 2018 - Patrick	Feb 2018 - Kerind	Mar 2018 - Obermair	Apr 2018 - Ward	May 2018 - Dr. Chalek	TOTAL
Revenue	\$ 1,149	\$ 1,612	\$ 1,460	\$ 1,208	\$ 897	\$ 4,600	\$ 812	\$ 721	\$ 590	\$ 800	\$ 1,233	\$ 3,214	\$ 475	\$ 19,180
Expenses	(1,080)	(514)	(2,705)	(4,079)	(2,377)	(6,895)	(1,837)	(2,520)	(1,839)	(2,729)	(3,619)	(2,039)	(180)	(32,337)
Net Income (Loss)	\$ 69	\$ 1,098	\$ (1,245)	\$ (1,871)	\$ (1,480)	\$ (2,195)	\$ (1,025)	\$ (1,799)	\$ (1,249)	\$ (1,929)	\$ (2,386)	\$ 1,175	\$ 295	\$ (14,157)

Visitor Programs:	Change Makers	SCP Korea Economic Cooperation	Israel Women	SCP Mongolia	Bangladesh	#HiddenNations	Strong Cities	SCP China	Algeria	Iraq	Canada	MRP Corp Social Responsibility	MRP Edu In Digital Age	Ukraine: Engaging Women	Zambia	TOTAL
Revenue	\$ 2,105	\$ -	\$ 1,495	\$ 1,010	\$ 1,469	\$ 1,880	\$ 1,890	\$ 1,380	\$ 1,716	\$ 1,440	\$ 1,110	\$ 1,650	\$ 1,870	\$ 1,430	\$ 3,461	\$ 64,936
Expenses	(726)	(487)	(473)	(244)	(1,088)	(819)	(841)	(487)	(1,459)	(519)	(338)	(772)	(675)	(131)	(487)	(15,012)
Net Income (Loss)	\$ 1,379	\$ (487)	\$ 1,022	\$ 766	\$ 381	\$ 1,061	\$ 1,049	\$ 893	\$ 257	\$ 921	\$ 772	\$ 878	\$ 1,195	\$ 1,300	\$ 2,974	\$ 49,924

Business CC	Russia	India	Azerbaijan	Philippines	DR Congo	TOTAL
Revenue	\$ 40,900	\$ -	\$ -	\$ -	\$ -	\$ 40,900
Expenses	(6,193)	(150)	(100)	-	-	(6,443)
Net Income (Loss)	\$ 34,707	\$ (150)	\$ (100)	\$ -	\$ -	\$ 34,457

FFS Visitor Programs:	Japanese on Amion	NYEP 2017	YLA	Brazil	TEROL	Mexico Public Exchange	TOTAL
Revenue	\$ 18,428	\$ 37,303	\$ 28,938	\$ 24,753	\$ 12,268	\$ 3,075	\$ 127,665
Expenses	(7,549)	(20,398)	(6,387)	(4,819)	(1,487)	(628)	(46,759)
Net Income (Loss)	\$ 10,879	\$ 16,905	\$ 22,551	\$ 19,934	\$ 10,781	\$ 2,447	\$ 80,906

EFL Initiative	Camps Program	NYEP 2017	YLA	Brazil	TEROL	Mexico Public Exchange	TOTAL
Revenue	\$ 37,303	\$ 6,836	\$ 28,938	\$ 24,753	\$ 12,268	\$ 3,075	\$ 133,173
Expenses	(20,398)	(6,387)	(4,233)	(4,819)	(1,487)	(628)	(33,952)
Net Income (Loss)	\$ 16,905	\$ 2,449	\$ 24,705	\$ 19,934	\$ 10,781	\$ 2,447	\$ 93,222

WACA	National Conference	Japan Outreach Initiative	TOTAL
Revenue	\$ -	\$ -	\$ -
Expenses	(1,727)	-	(1,727)
Net Income (Loss)	\$ (1,727)	\$ -	\$ (1,727)

Outreach Initiatives	Japan Outreach Initiative	TOTAL
Revenue	\$ (203)	\$ (203)
Expenses	-	-
Net Income (Loss)	\$ (203)	\$ (203)



2110 High Wickham Place | Louisville, KY 40245

502.753.0609

502.426.0247

866.568.9719

[www.argi.net](http://www.argi.net)



### Accountants Disclaimer

The accompanying financial statements of World Affairs Council as of and for the period ending May 31, 2018, were not subject to an audit, review, or compilation engagement by us and accordingly, we do not express an opinion, a conclusion, nor provide any assurance on them.


ARGI CPAs & Advisors, PLLC

Louisville, Kentucky

*June 13, 2018*


### FINDING FINANCIAL CLARITY

Respective services provided by ARGI Investment Services, LLC, a Registered Investment Adviser, ARGI CPAs & Advisors, PLLC, ARGI Business Services, LLC, and Advisor Insurance Solutions. All are affiliates of ARGI Financial Group.

 **IRS** Department of the Treasury  
Internal Revenue Service  
P.O. Box 9941  
Ogden UT 84409

OMB Clearance No.: 1545-0047

In reply refer to: 0437844135  
Feb. 27, 2013 LTR 4168C 0  
[REDACTED] 000000 00  
00037259  
BODC: TE

  
WORLD AFFAIRS COUNCIL OF KENTUCKY  
SOUTHER INDIANA  
% OSMAN H SENLER  
200 WEST BROADWAY  
LOUISVILLE KY 40202

.6319

Employer Identification Number: [REDACTED]  
Person to Contact: Janice Dawson  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Feb. 18, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in February 1986.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.


Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0437844135  
Feb. 27, 2013 LTR 4168C 0  
[REDACTED] 000000 00  
00037260

WORLD AFFAIRS COUNCIL OF KENTUCKY  
SOUTHER INDIANA  
% OSMAN H SENLER  
200 WEST BROADWAY  
LOUISVILLE KY 40202

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,



Sharon Davies  
Accounts Management I

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>World Affairs Council of Kentucky &amp; So. Indiana</b>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input checked="" type="checkbox"/> Other (see instructions) ▶ <b>Nonprofit Education/Cultural organization</b>	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions. <b>2500 Montgomery Street</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Louisville, KY 40212</b>	
	7 List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>				
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
or				
<b>Employer identification number</b>				
<div style="background-color: black; width: 100%; height: 20px;"></div>				

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>1/30/2018</b>
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.





## Forms 990 / 990-EZ Return Summary

For calendar year 2016, or tax year beginning **07/01/16** , and ending **06/30/17**

**WORLD AFFAIRS COUNCIL**



**Net Asset / Fund Balance at Beginning of Year** 79,154

**Revenue**

Contributions	<u>103,139</u>			
Program service revenue	<u>81,004</u>			
Investment income				
Capital gain / loss				
Fundraising / Gaming:				
Gross revenue				
Direct expenses				
Net income				
Other income	<u>0</u>			
<b>Total revenue</b>			<u>184,143</u>	

**Expenses**

Program services	<u>155,976</u>			
Management and general	<u>107,316</u>			
Fundraising				
<b>Total expenses</b>			<u>263,292</u>	
<b>Excess / (deficit)</b>				<u>-79,149</u>

Changes

**Net Asset / Fund Balance at End of Year** 5

**Reconciliation of Revenue**

Total revenue per financial statements				
Less:				
Unrealized gains				
Donated services				
Recoveries				
Other				
Plus:				
Investment expenses				
Other				
<b>Total revenue per return</b>			<u>184,143</u>	

**Reconciliation of Expenses**

Total expenses per financial statements				
Less:				
Donated services				
Prior year adjustments				
Losses				
Other				
Plus:				
Investment expenses				
Other				
<b>Total expenses per return</b>			<u>263,292</u>	

**Balance Sheet**

	Beginning	Ending	Differences
Assets	<u>82,177</u>	<u>29,586</u>	
Liabilities	<u>3,023</u>	<u>29,581</u>	
<b>Net assets</b>	<u>79,154</u>	<u>5</u>	<u>-79,149</u>

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date 11/15/17  
 Failure to file penalty \_\_\_\_\_

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2016, or fiscal year beginning 7/01, 2016, and ending 6/30 20 17

**2016**

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its Instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).

Name of exempt organization

Employer identification number

**WORLD AFFAIRS COUNCIL**

Name and title of officer

**XIAO YIN ZHAO  
EXECUTIVE DIRECTOR**

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>184,143</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

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

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize ARGI CPAS & ADVISORS, PLLC to enter my PIN [redacted] as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ 05/15/18

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

KATIE E. BUTLER, CPA

Date ▶ 05/15/18

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

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning 07/01/16, and ending 06/30/17

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: WORLD AFFAIRS COUNCIL. Doing business as: 2500 MONTGOMERY STREET #6. City or town, state or province, country, and ZIP or foreign postal code: LOUISVILLE KY 40202

D Employer identification number: 502-561-5422. G Gross receipts \$: 184,143

F Name and address of principal officer: XIAO YIN ZHAO, 2500 MONTGOMERY STREET #6, LOUISVILLE KY 40212

H(a) Is this a group return for subordinates? Yes [X] No [ ]. H(b) Are all subordinates included? Yes [ ] No [ ]. If "No," attach a list. (see instructions)

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: N/A. H(c) Group exemption number

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Year of formation: 1985. M State of legal domicile: KY

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission (SEE SCHEDULE O), 2-6. Governance metrics, 7a-b. Revenue (8-12), 13-19. Expenses, 20-22. Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer: XIAO YIN ZHAO, EXECUTIVE DIRECTOR. Date: [ ]

Paid Preparer Use Only: Print/Type preparer's name: KATIE E. BUTLER, CPA. Preparer's signature: KATIE E. BUTLER, CPA. Date: 05/15/18. Firm's name: ARGUMENTS & ADVISORS, PLLC. Firm's address: LOUISVILLE, KY 40245-5900. Phone no.: 502-753-0609

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

**SEE SCHEDULE O**

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  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?

Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **87,743** including grants of \$ ) (Revenue \$ **63,135** )

**VISITOR PROGRAMS - SINCE ITS BEGINNING AS THE LOUISVILLE INTERNATIONAL CULTURAL CENTER, THE WORLD AFFAIRS COUNCIL HAS SERVED AS THE US STATE DEPARTMENT'S INTERNATIONAL VISITOR COUNCIL FOR KENTUCKY AND SOUTHERN INDIANA (CIV). AS THE KENTUCKY AND SOUTHERN INDIANA CIV, THE COUNCIL DEVELOPS PROFESSIONAL AND CULTURAL PROGRAMS FOR 200-300 OFFICIAL VISITORS EACH YEAR WHO ARE IN OUR AREA AS INVITEES OF THE US GOVERNMENT. "CITIZEN DIPLOMACY" PROGRAMS SUCH AS THESE SERVE A VITAL ROLE NOT ONLY IN IMPROVING UNDERSTANDING OF AMERICA ABROAD, BUT ALSO IN ASSISTING LEADERS FROM AROUND THE WORLD IN DEVELOPING THE CAPACITY OF THEIR NATIONS TO HELP THEIR CITIZENS IMPROVE THEIR LIVES. VISITOR PROGRAMS AT WACW/KY INCLUDE: INTERNATIONAL VISITOR LEADERSHIP PROGRAM, COMMUNITY CONNECTIONS, OPEN WORLD**

4b (Code: ) (Expenses \$ **53,723** including grants of \$ ) (Revenue \$ **11,021** )

**SPEAKER SERIES - MONTHLY SPEAKERS SERIES DIRECTLY ENGAGE THE COMMUNITY WITH EXPERTS AND DIPLOMATS ON A VARIETY OF INTERNATIONAL ISSUES. WE HIGHLIGHT TOPICS AFFECTING THE WORLD AND FEATURES EXPERTS WHO HIGHLIGHT THE RELEVANCE OF THAT TOPIC TO THE LOCAL COMMUNITY. THROUGH THIS PROGRAM, WE STIMULATE DIALOGUE BETWEEN DIVERSE SECTORS OF OUR COMMUNITY AND INCREASE THE AWARENESS HOW GLOBAL MATTERS AFFECT THE COMMUNITY. PAST WAC SPEAKERS INCLUDE MIKHAIL GORBACHEV, COLIN POWELL, CHRISTIANE AMANPOUR, JOHN SCULLEY, MALCOLM NANCE, AMONG MANY OTHERS.**

4c (Code: ) (Expenses \$ **14,510** including grants of \$ ) (Revenue \$ **6,848** )

**ACADEMIC PROGRAMS - EDUCATION IS AT THE HEART OF WAC'S MISSION. WE HELP STUDENTS TO EXPAND THEIR WORLD THROUGH THE STATE-WIDE ACADEMIC WORLDQUEST™ COMPETITION, OPPORTUNITY TO STUDY/RESEARCH ABROAD THROUGH THE HERSHBERG SCHOLARSHIP, AND PREPARE TO BE GLOBAL-READY WITH THE GLOBAL CITIZENSHIP CERTIFICATE PROGRAM. IN DOING SO, WE PROVIDE EDUCATORS AND SCHOOLS WITH THE RESOURCES TO PREPARE STUDENTS TO MEET THEIR CULTURAL COMPETENCY GOALS AND TO BE GLOBAL CITIZENS FOR THE INTERNATIONAL CHALLENGES OF TOMORROW.**

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

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

4e Total program service expenses **155,976**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>X</b>	
<b>3</b> 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		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		<b>X</b>
<b>6</b> 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		<b>X</b>
<b>7</b> 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		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		<b>X</b>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>X</b>	
<b>b</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		<b>X</b>
<b>c</b> 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		<b>X</b>
<b>d</b> 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		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>X</b>	
<b>f</b> 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		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		<b>X</b>
<b>b</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		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		<b>X</b>
<b>16</b> 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		<b>X</b>
<b>17</b> 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)		<b>X</b>
<b>18</b> 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		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<b>X</b>



**Part IV Checklist of Required Schedules (continued)**

		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>X</b>	
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see Instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>▶</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a	22	
b	Enter the number of voting members included in line 1a, above, who are independent.		
	1b	22	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	X
13	Did the organization have a written whistleblower policy?	13	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 and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official.	15a	X
b	Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **KY**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►

**XIAO YIN ZHAO**  
**LOUISVILLE**

**2500 MONTGOMERY STREET #6**

**KY 40212**

**502-561-5422**

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>ADEL S ELMAGHRABY</b>	2.00									
<b>CHAIR</b>	0.00	X		X			0	0	0	
(2) <b>JAN GRAYSON</b>	2.00									
<b>VICE CHAIR</b>	0.00	X		X			0	0	0	
(3) <b>INGRID JOHNSON</b>	2.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(4) <b>KEVIN W HEYDE</b>	2.00									
<b>TREASURER</b>	0.00	X		X			0	0	0	
(5) <b>TINA W PUGH</b>	2.00									
<b>SECRETARY</b>	0.00	X		X			0	0	0	
(6) <b>COLLEEN ABATE</b>	2.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(7) <b>JASON ABBOT, PHD</b>	2.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(8) <b>PAMELA BRIDGEWATER</b>	2.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(9) <b>DANIEL CASTILLO</b>	2.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(10) <b>GRAHAM W. L. ELLIS</b>	2.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(11) <b>LESLIE GEOGHEGAN</b>	2.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>THOMAS GRAHAM</b>	2.00									
DIRECTOR	0.00	X						0	0	
(13) <b>ROBERTA HERSEBERG</b>	2.00									
DIRECTOR	0.00	X						0	0	
(14) <b>BIBA KONIECZNA</b>	2.00									
DIRECTOR	0.00	X						0	0	
(15) <b>ANGELA MCCORMICK-BISIG</b>	2.00									
DIRECTOR	0.00	X						0	0	
(16) <b>ANTIGONA MEHANI</b>	2.00									
DIRECTOR	0.00	X						0	0	
(17) <b>DAVID WIEGMAN</b>	2.00									
DIRECTOR	0.00	X						0	0	
(18) <b>ROB GIVENS</b>	2.00									
DIRECTOR	0.00	X						0	0	
(19) <b>RICHARD FITZGERALD</b>	2.00									
DIRECTOR	0.00	X						0	0	
<b>1b Sub-total</b>								<b>53,000</b>		
<b>c Total from continuation sheets to Part VII, Section A</b>								<b>53,000</b>		
<b>d Total (add lines 1b and 1c)</b>								<b>53,000</b>		

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

(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 of compensation from the organization **0**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	<b>15,819</b>				
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	<b>47,862</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>39,458</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h</b> Total. Add lines 1a-1f		<b>103,139</b>				
	<b>Program Service Revenue</b>	<b>2a</b> GOVERNMENT PROGRAM FUNDS	Busn. Code <b>900099</b>	<b>63,135</b>	<b>63,135</b>		
<b>b</b> VISITOR AND SPEAKER PROGRAMS		<b>900099</b>	<b>11,021</b>	<b>11,021</b>			
<b>c</b> OTHER PROGRAM SERVICES		<b>900099</b>	<b>6,848</b>	<b>6,848</b>			
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g</b> Total. Add lines 2a-2f			<b>81,004</b>				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)					
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental exps.					
		<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis & sales exps.					
		<b>c</b> Gain or (loss)					
		<b>d</b> Net gain or (loss)					
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events					
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less: direct expenses		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Busn. Code</b>					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e</b> Total. Add lines 11a-11d							
<b>12</b> Total revenue. See instructions.			<b>184,143</b>	<b>61,004</b>	<b>0</b>	<b>0</b>	



**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 or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	53,000	37,100	15,900	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	63,921	42,984	20,937	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	2,029		2,029	
<b>10</b> Payroll taxes	11,500		11,500	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	8,989		8,989	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	2,509		2,509	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	4,455	4,455		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	1,068		1,068	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	3,551		3,551	
<b>23</b> Insurance	3,685		3,685	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> VISITOR PROGRAMS - PROGRA	35,989	35,989		
<b>b</b> SPEAKER PROGRAMS - PROGRA	32,693	32,693		
<b>c</b> PROFESSIONAL DUES	10,859		10,859	
<b>d</b> REPAIRS AND MAINTENANCE	8,684		8,684	
<b>e</b> All other expenses	20,360	2,755	17,605	
<b>25</b> Total functional expenses. Add lines 1 through 24e	263,292	155,976	107,316	0
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing .....	<b>21,720</b>	<b>1</b>	<b>4,553</b>
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	<b>45,749</b>	<b>4</b>	<b>14,722</b>
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	<b>198</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> <b>32,921</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> <b>22,808</b>	<b>13,664</b>	<b>10c</b> <b>10,113</b>
	<b>11</b> Investments—publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>1,044</b>	<b>15</b>
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....		<b>82,177</b>	<b>16</b>	<b>29,586</b>
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	<b>3,023</b>	<b>17</b>	<b>8,953</b>
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	<b>20,628</b>
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....		<b>3,023</b>	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and</b> <b>complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	<b>79,154</b>	<b>27</b>	<b>5</b>
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and</b> <b>complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b> .....	<b>79,154</b>	<b>33</b>	<b>5</b>	
<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	<b>82,177</b>	<b>34</b>	<b>29,586</b>	

**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	184,143
2	Total expenses (must equal Part IX, column (A), line 25)	2	263,292
3	Revenue less expenses. Subtract line 2 from line 1	3	-79,149
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	79,154
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) <b>AMBASSADOR SHABAZZ</b>	2.00									
<b>DIRECTOR</b>	0.00	X						0	0	
(21) <b>XIAO YIN ZHAO</b>	40.00									
<b>EXECUTIVE DIRECTOR</b>	0.00			X				53,000	0	
<b>1b Sub-total</b>								<b>53,000</b>		
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

**Section B. Independent Contractors**

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

(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 of compensation from the organization

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**2016**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

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

Name of the organization

**WORLD AFFAIRS COUNCIL**

**Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.**

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations:
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	245,821	39,658	30,534	336,797	103,139	755,949
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	245,821	39,658	30,534	336,797	103,139	755,949
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.						755,949

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	245,821	39,658	30,534	336,797	103,139	755,949
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		35	22			57
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						756,006

12 Gross receipts from related activities, etc. (see instructions) 12 81,004

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 99.99 %

15 Public support percentage from 2015 Schedule A, Part II, line 14 15 91.23 %

16a **33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage for 2015 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage for 2015 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b **33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

**Section B. Type I Supporting Organizations**

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

**Section C. Type II Supporting Organizations**

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

**Section D. All Type III Supporting Organizations**

		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	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

**Section 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 instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

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

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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



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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported 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	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013 .....			
d From 2014 .....			
e From 2015 .....			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013 .....			
c Excess from 2014 .....			
d Excess from 2015 .....			
e Excess from 2016 .....			



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

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

2016

Name of the organization

Employer identification number

**WORLD AFFAIRS COUNCIL**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



Name of organization

**WORLD AFFAIRS COUNCIL**

Employer identification number

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BROWN FORMAN CORPORATION 850 DIXIE HIGHWAY LOUISVILLE KY 40210	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

WORLD AFFAIRS COUNCIL

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
  - b** Scholarly research
  - c** Preservation for future generations
  - d** Loan or exchange programs
  - e** Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII .....

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ ..... %
  - b** Permanent endowment ▶ ..... %
  - c** Temporarily restricted endowment ▶ ..... %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations ..... | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations .....  | <b>3a(ii)</b> |    |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		<b>32,921</b>	<b>22,808</b>	<b>10,113</b>
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>10,113</b>



**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (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.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>LINE OF CREDIT</b>	<b>20,628</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>20,628</b>

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





**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

**WORLD AFFAIRS COUNCIL**

**FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

**NON-PROFIT MEMBER-BASED ORGANIZATION WHOSE MISSION IS TO PROMOTE CROSS-  
CULTURAL AWARENESS, EDUCATION AND TOLERANCE THROUGH NONPARTISAN DISCUSSIONS  
ON CURRENT INTERNATIONAL ISSUES. THROUGH SPEAKER SERIES, INTERNATIONAL  
VISITORS PROGRAM AND EDUCATION CENTERED OPPORTUNITIES.**

**FORM 990 - ORGANIZATION'S MISSION**

**NON-PROFIT MEMBER-BASED ORGANIZATION WHOSE MISSION IS TO PROMOTE CROSS-  
CULTURAL AWARENESS, EDUCATION AND TOLERANCE THROUGH NONPARTISAN DISCUSSIONS  
ON CURRENT INTERNATIONAL ISSUES. THROUGH SPEAKER SERIES, INTERNATIONAL  
VISITORS PROGRAM AND EDUCATION CENTERED OPPORTUNITIES.**

**FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

**PROGRAM, YOUNG LEADERSHIP EXCHANGE.**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

**ALL MEMBERS OF GOVERNING BODY ARE PROVIDED WITH COPIES OF THE FORM 990 AND  
SUPPORTING SCHEDULE FOR REVIEW PRIOR TO FILING.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

**OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE THEIR  
INTEREST THAT COULD GIVE RISE TO CONFLICTS AND UPDATE SUCH DISCLOSURES  
WHENEVER CHANGES TAKE PLACE.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**



Name of the organization

Employer identification number

**WORLD AFFAIRS COUNCIL**



**UPON REQUEST**

Area with horizontal dotted lines for additional information.

Name(s) shown on return

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

**WORLD AFFAIRS COUNCIL**

Identifying number

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,010,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	▶ 13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,551

**Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

**Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,551
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	PORTABLE MICROPHONE	7/01/11	100			100	3 MO S/L	100	0
2	APPLE MACBOOK COMPUTER	7/01/11	494			494	3 MO S/L	494	0
3	WEBCAST EQUIPMENT	7/01/11	473			473	3 MO S/L	473	0
4	FAX MACHINE	6/09/95	699			699	5 MO S/L	699	0
5	HP LASER PRINTER	10/15/96	959			959	5 MO S/L	959	0
6	MAC COMPUTER	11/06/96	680			680	5 MO S/L	680	0
7	3 FILE CABINETS	12/09/96	445			445	7 MO S/L	445	0
8	TELEPHONE SYSTEM	12/09/96	2,997			2,997	7 MO S/L	2,997	0
9	HP PRINTER	4/26/97	596			596	5 MO S/L	596	0
10	COMPUTER	8/07/02	312			312	5 MO S/L	312	0
11	COMPUTER	8/07/02	509			509	5 MO S/L	509	0
12	3.34 MP DSCS75 CAMERA	10/09/02	609			609	7 MO S/L	609	0
13	DELL VOSTRO PC	12/13/07	3,855			3,855	5 MO200DB	3,855	0
14	COMPUTERS/SOFTWARE	9/01/08	823			823	5 MO200DB	823	0
15	TWO DELL COMPUTERS	11/14/08	1,013			1,013	5 MO200DB	1,013	0
16	LAPTOP DV4-1551DX	11/27/09	642			642	5 MO200DB	642	0
17	COMPUTER-NETWORK	10/06/09	967			967	5 MO200DB	967	0
18	COMPUTER	12/01/14	1,511			1,511	3 MO S/L	798	504
19	VEHICLE	10/01/15	15,237			15,237	5 MO S/L	2,286	3,047
<b>Total Other Depreciation</b>			<u>32,921</u>			<u>32,921</u>		<u>19,257</u>	<u>3,551</u>
<b>Total ACRS and Other Depreciation</b>			<u>32,921</u>			<u>32,921</u>		<u>19,257</u>	<u>3,551</u>
<b>Grand Totals</b>			32,921			32,921		19,257	3,551
<b>Less: Dispositions and Transfers</b>			0			0		0	0
<b>Less: Start-up/Org Expense</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>32,921</u>			<u>32,921</u>		<u>19,257</u>	<u>3,551</u>

# AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Other Depreciation:</b>										
1	PORTABLE MICROPHONE	7/01/11	0			0	0	HY	0	0
2	APPLE MACBOOK COMPUTER	7/01/11	0			0	0	HY	0	0
3	WEBCAST EQUIPMENT	7/01/11	0			0	0	HY	0	0
4	FAX MACHINE	6/09/95	0			0	0	HY	0	0
5	HP LASER PRINTER	10/15/96	0			0	0	HY	0	0
6	MAC COMPUTER	11/06/96	0			0	0	HY	0	0
7	3 FILE CABINETS	12/09/96	0			0	0	HY	0	0
8	TELEPHONE SYSTEM	12/09/96	0			0	0	HY	0	0
9	HP PRINTER	4/26/97	0			0	0	HY	0	0
10	COMPUTER	8/07/02	0			0	0	HY	0	0
11	COMPUTER	8/07/02	0			0	0	HY	0	0
12	3.34 MP DSCS75 CAMERA	10/09/02	0			0	0	HY	0	0
13	DELL VOSTRO PC	12/13/07	0			0	0	HY	0	0
14	COMPUTERS/SOFTWARE	9/01/08	0			0	0	HY	0	0
15	TWO DELL COMPUTERS	11/14/08	0			0	0	HY	0	0
16	LAPTOP DV4-1551DX	11/27/09	0			0	0	HY	0	0
17	COMPUTER-NETWORK	10/06/09	0			0	0	HY	0	0
18	COMPUTER	12/01/14	0			0	0	HY	0	0
19	VEHICLE	10/01/15	0			0	0	HY	0	0
	<b>Total Other Depreciation</b>		<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		0			0			0	0
	<b>Less: Dispositions and Transfers</b>		<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>

**Depreciation Adjustment Report  
All Business Activities**



AMT  
Adjustments/  
Preferences

Form   Unit   Asset   Description   Tax   AMT

**There are no assets that meet the criteria of this report**

**Future Depreciation Report    FYE: 6/30/18**

**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b><u>Other Depreciation:</u></b>					
1	PORTABLE MICROPHONE	7/01/11	100	0	0
2	APPLE MACBOOK COMPUTER	7/01/11	494	0	0
3	WEBCAST EQUIPMENT	7/01/11	473	0	0
4	FAX MACHINE	6/09/95	699	0	0
5	HP LASER PRINTER	10/15/96	959	0	0
6	MAC COMPUTER	11/06/96	680	0	0
7	3 FILE CABINETS	12/09/96	445	0	0
8	TELEPHONE SYSTEM	12/09/96	2,997	0	0
9	HP PRINTER	4/26/97	596	0	0
10	COMPUTER	8/07/02	312	0	0
11	COMPUTER	8/07/02	509	0	0
12	3.34 MP DSCS75 CAMERA	10/09/02	609	0	0
13	DELL VOSTRO PC	12/13/07	3,855	0	0
14	COMPUTERS/SOFTWARE	9/01/08	823	0	0
15	TWO DELL COMPUTERS	11/14/08	1,013	0	0
16	LAPTOP DV4-1551DX	11/27/09	642	0	0
17	COMPUTER-NETWORK	10/06/09	967	0	0
18	COMPUTER	12/01/14	1,511	209	0
19	VEHICLE	10/01/15	15,237	3,048	0
	<b>Total Other Depreciation</b>		<u>32,921</u>	<u>3,257</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>32,921</u>	<u>3,257</u>	<u>0</u>
	<b>Grand Totals</b>		<u>32,921</u>	<u>3,257</u>	<u>0</u>

# Federal Statements

## Form 990. Part IX. Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
RENT	\$ 6,333	\$	\$ 6,333	\$
TELEPHONE	3,854		3,854	
ORGANIZATION - EVENT FEES	2,755	2,755		
PRINTER/COPIER MAINTENANC.	2,366		2,366	
WEB/INTERNET SERVICES	1,827		1,827	
DEVELOPMENT EXPENSE	723		723	
SUSPENSE EXPENSE	556		556	
ADVERTISING	510		510	
MEALS & ENTERTAINMENT	477		477	
BANK SERVICE CHARGES	379		379	
MISCELLANEOUS EXPENSES	321		321	
AUTO RENTAL	154		154	
GIFTS	80		80	
LICENSES, PERMITS, AND FEES	25		25	
TOTAL	\$ 20,360	\$ 2,755	\$ 17,605	\$ 0



# Federal Statements

## Schedule A, Part II, Line 1(e)

Description	<u>Amount</u>
MEMBERSHIP INCOME	\$ 15,819
GRANT INCOME - CASH	47,862
SPONSORSHIP/GRANTS	11,000
DONATIONS	3,495
OTHER INCOME	14,963
BROWN FORMAN CORPORATION CASH CONTRIBUTION	<u>10,000</u>
TOTAL	<u>\$ 103,139</u>

## Schedule A, Part II, Line 12 - Current year

Description	<u>Amount</u>
VISITOR AND SPEAKER PROGRAMS	\$ 11,021
GOVERNMENT PROGRAM FUNDS	63,135
OTHER PROGRAM SERVICES	6,848
FROM CSA IMPORT	
TOTAL	<u>\$ 81,004</u>

## Hamilton, Cheri

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**From:** Xiao Yin Zhao <xy.zhao@worldkentucky.org>  
**Sent:** Friday, June 29, 2018 4:24 PM  
**To:** Hamilton, Cheri  
**Cc:** Ward-Pugh, Tina; Friend-Ellis, Myra  
**Subject:** Re: World Affairs Council - NDF Application

We have not had a BBB Review in the past and I have noted that in the application on page 1. I should have left the following question about having been approved or not unanswered since we did not have a review.

We do have a nondiscrimination policy/statement:

World Affairs Council of Kentucky & Southern Indiana does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, volunteers, subcontractors, vendors and clients.

Let me know if you need other clarifications!

Xiao Yin Zhao  
Executive Director  
World Affairs Council of Kentucky and So. Indiana  
Web: [www.worldkentucky.org](http://www.worldkentucky.org)

2500 Montgomery St.  
Louisville, KY 40212  
Ph: 502-561-5422

On Fri, Jun 29, 2018, 2:50 PM Hamilton, Cheri <[Cheri.Hamilton@louisvilleky.gov](mailto:Cheri.Hamilton@louisvilleky.gov)> wrote:

Wasn't sure I saw included in the packet the answers to these questions that are either yes or no:

1. Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?
2. Has the Agency agreed to participate in the BBB charity review program? If so, has the applicat met the BBB charity Review Sttandards?

**From:** Xiao Yin Zhao [mailto:[xy.zhao@worldkentucky.org](mailto:xy.zhao@worldkentucky.org)]  
**Sent:** Friday, June 29, 2018 2:32 PM  
**To:** Hamilton, Cheri  
**Cc:** Ward-Pugh, Tina; Friend-Ellis, Myra  
**Subject:** Re: World Affairs Council - NDF Application

Hi - I just dropped off the hard copies with the front desk at City Hall. I asked him to call but no one is in, so I hope you can still get it! Please let me know.

Thanks and have a cool weekend!

Xiao Yin Zhao  
Executive Director  
World Affairs Council of Kentucky and So. Indiana  
Web: [www.worldkentucky.org](http://www.worldkentucky.org)

2500 Montgomery St.  
Louisville, KY 40212  
Ph: 502-561-5422

On Fri, Jun 29, 2018, 1:59 PM Hamilton, Cheri <[Cheri.Hamilton@louisvilleky.gov](mailto:Cheri.Hamilton@louisvilleky.gov)> wrote:

If you can bring a signed original copy of this afternoon, that would be great!

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**From:** Ward-Pugh, Tina  
**Sent:** Friday, June 29, 2018 1:55 PM  
**To:** Hamilton, Cheri  
**Cc:** Friend-Ellis, Myra; [xy.zhao@worldkentucky.org](mailto:xy.zhao@worldkentucky.org)  
**Subject:** RE: World Affairs Council - NDF Application

Thanks so much, Councilwoman.

Tina

**TINA WARD-PUGH, MSW**

Office For Women Director

Louisville Metro Government

Office of Resilience and Community Services

701 West Ormsby, Suite 201, Louisville, KY 40203

(502) 574-6142 (office)

[tina.ward-pugh@louisvilleky.gov](mailto:tina.ward-pugh@louisvilleky.gov)

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**From:** Hamilton, Cheri  
**Sent:** Friday, June 29, 2018 1:54 PM  
**To:** Ward-Pugh, Tina  
**Cc:** Friend-Ellis, Myra; [xy.zhao@worldkentucky.org](mailto:xy.zhao@worldkentucky.org)  
**Subject:** RE: World Affairs Council - NDF Application

Since you're only requesting \$3,000, I can fund that.

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**From:** Ward-Pugh, Tina  
**Sent:** Friday, June 29, 2018 1:01 PM  
**To:** Hamilton, Cheri  
**Cc:** Friend-Ellis, Myra; [xy.zhao@worldkentucky.org](mailto:xy.zhao@worldkentucky.org)  
**Subject:** RE: World Affairs Council - NDF Application

Hello Councilwoman Hamilton –

We are excited about the prospect indeed.

I recently ran into Councilman Peden who suggested he used to be involved with WAC some years back. I'm wondering if you would be willing for us to approach him to ask him to consider joining you? It's no problem either way. Just asking your permission.

Thanks so much.

Tina

**TINA WARD-PUGH, MSW**

Office For Women Director

Louisville Metro Government

Office of Resilience and Community Services

701 West Ormsby, Suite 201, Louisville, KY 40203

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[tina.ward-pugh@louisvilleky.gov](mailto:tina.ward-pugh@louisvilleky.gov)

**From:** Xiao Yin Zhao [<mailto:xy.zhao@worldkentucky.org>]

**Sent:** Thursday, June 28, 2018 2:45 PM

**To:** Hamilton, Cheri

**Cc:** Friend-Ellis, Myra; Ward-Pugh, Tina

**Subject:** World Affairs Council - NDF Application

Dear CW Hamilton:

On behalf of the World Affairs Council, I am submitting the NDF application to support our Global Education Programs in District 5.

We are excited with the prospect of working with some of the local organizations to deliver the three programs, Japanese Enrichment, Global Citizenship Certificate and Academic WorldQuest. I want to thank you in advance for your support and consideration of our application.

Thank you for the opportunity. I will be dropping of a hard copy of the application but attach here the materials electronically.

Best,

Xiao Yin

-----  
Xiao Yin Zhao  
*Executive Director*  
World Affairs Council of Kentucky/Southern Indiana

2500 Montgomery Street

Suite 6

Louisville, KY 40212

Office: 502.561.5422

Cell: 502.424.0244

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<http://www.worldkentucky.org>

[Facebook.com/WorldKentucky](https://www.facebook.com/WorldKentucky)

[Twitter.com/WorldAffairsKy](https://twitter.com/WorldAffairsKy)

[Instagram.com/WorldKentucky](https://www.instagram.com/WorldKentucky)

*Check out [WAC's Calendar](#) for a list of all upcoming events and international visitor groups!*

On Tue, Apr 17, 2018 at 2:02 PM, Friend-Ellis, Myra <[Myra.Friend-Ellis@louisvilleky.gov](mailto:Myra.Friend-Ellis@louisvilleky.gov)> wrote:

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.