#### 990 Form

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

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

OMB No 1545-0047

2016

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

<u>A</u> _	FOR	tile 4	LOTO Calellu	ar year, or tax year begin	illig 0	7-01 , 2016, and end	ung	06-30	, 2017
В	Chec	ck if ap	plicable	C Name of organization Worl	d Affairs Council of Ore	gon d/b/a World	lOregon	D Emplo	oyer identification no
X	Addre	ess ch	ange		93-0	568356			
X	Name	e chan	ge	Number and street (or P O bo	x if mail is not delivered to street address)		Room/suite	É Telepl	hone number
	Initial	l return	1	1207 SW Broadwa	ay Suite 300			(503)	306-5252
	Fınal	l return.	/terminated	City or town, state or province,	country, and ZIP or foreign postal code			1,	,100,671
	Amen	nded re	eturn	Portland, OR 97	7205			<b>G</b> Gross	receipts \$
	Applic	ication	pending	F Name and address of principal	officer		H(a) is this a group r	eturn for subordinal	tes? Yes X No
							H(b) Are all subor	dinates included	? Yes No
ι	Тах-е	exempt	t status 🛚 🗓	501(c)(3) 501(c)(	) ◀ (insert no )	527	If "No," a	ttach a list (see	instructions)
J	Webs	site:	► www	w.worldoregon.org			H(c) Group exen	nption number	<b>•</b>
ĸ	Form	of a <u>rg</u>	anization 🛚	Corporation Trust Asse	ociation Other ►	L Year of formation 19	50 M State	of legal domicile	OR
Pa	art I		Summar	у				-	
			Briefly descri	is to er	ngage				
		c	Oregonia	ns with the world	and broaden public awar	eness and under	standing o	f intern	ational
C 201 Activities & Governance	ł	_	affairs.						
E		_							
Š		2	Check this bo	ox ▶ ☐ if the organization	discontinued its operations or dispos	ed of more than 25% of	its net assets		
ŏ	- 1 ;						ı	3	18
oδ v	.   .			-	s of the governing body (Part VI, line	1b)	[	4	18
itie	1 :				calendar year 2016 (Part V, line 2a)		F	5	16
댫	١,	6 7	Fotal number	er of volunteers (estimate if r	necessary)		F	6	50
ίĄ	.			•	Part VIII, column (C), line 12		· · · · · · · · · · · · · · · · · · ·	7a	0
2					from Form 990-T, line 34		H-	7b	
<u>.                                    </u>					Dro		Prior Year		Current Year
<b>~</b>		8 Contributions and grants (Part VIII, line 1h)						866	772,615
~_e	- 1			rvice revenue (Part VIII, line	V (/		376		288,411
	ì				), lines 3, 4, and 7d) . NOV.	E 2007   S		884	1,489
-§-		11 (	Other revenu	ue (Part VIII, column (Δ), lin	es 5, 6d, 8c, 9c, 10c, and 11e)	. e . sail ! ! .		506	38,156
J.					must equal Part VIII column (A) Inc	2   E	1,071,		1,100,671
₹_				similar amounts paid (Part I			1,0/1	333	1,100,671
Expenses CAININE II UF I	- 1			d to or for members (Part IX	• • • • • • • • • • • • • • • • • • • •		<del></del>		
3			•	•	559,	627	625,666		
Ç,β			Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)					037	025,666
ens	"		Total fundraising expenses (Part IX, column (D), line 25) ► 50,156		<del> </del>			<u>_</u>	
Ϋ́	4			ses (Part IX, column (A), lin		610	260	600 F10	
_				, , , , ,	equal Part IX, column (A), line 25)	<del></del>	610,		609,510
	- 1				8 from line 12		1,169,		1,235,176
	_	9 1	veveriue less	s expenses Subtract line	o nomine 12	!		551)	(134,505)
ts So	1	20 7	Total accate	(Part X, line 16)		Бе	ginning of Current		End of Year
Net Assets or	2			`		· · · · · · · · · · · · · · · · · · ·	1,018,		925,186
į	22			or fund balances Subtract l	uno 21 from luno 20	· · · · · · · · <del>  -</del>	123,		133,746
	rt II			re Block	mezi nominezo	<u> </u>	894,	370	791,440
					n, including accompanying schedules and statem	ents, and to the best of my kno	wledge and helief it i	s	
					cer) is based on all information of which preparer				
			<b>(</b> /).	U WI W	L_				
Sig	ın		Signature	re of officer		<del></del>		Date	<del></del>
			$\Gamma$	Derrick M (	Usen President			11/0	7/2017
He	ı C		Type or r	print name and title	Total Moral				
			r	·	Debugged Herbaret	Date	Check X		
D-:	i ali		Print/Type pre	<i>'</i>	WRRSM'S HIST WHITE , Digitally signed by Marshall J Miller CDN crewfarshall J Miller CPA co-Ten by our email-miller in 2014 (PA) co-Ten by our email-miller in 2014 (PA) (PA)	Comp		if PTIN	200606
Pai		<b>-</b>		ll J Miller CPA	CPA Date 2017 10.31 1606-05-07'00"	μυ-31-2017	self-employed	1   P01:	200696
	par								
US	e O	nıy	y Firm's address ► 3414 NW Vaughn St Portland OR 97210					Phone no	
			<u></u>				50	3-984-46	
May	the	IRS (	discuss this i	return with the preparer sho	own above? (see <u>instructions)</u>			[2	Yes 📙 No

Form	n 990 (2016) World Affairs Council of Oregon d/b/a WorldOregon 93-0568356 Pa	age 2
Pa	rt 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	
	The mission of WorldOregon is to engage Oregonians with the world and broaden public	
	awareness and understanding of international affairs.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported	
4a	· · · · · · · · · · · · · · · · · · ·	)
	See SERVICES page for a description of this program service.	
4b	(Code) (Expenses \$245,980 including grants of \$) (Revenue \$325,330)	)
	International Speaker Series-Every year the International Speaker Series features prominent	
	national and international figures who address the significant issues of the moment.	
	Inaugurated in 2000 to celebrate WorldOregon's 50th Anniversary, the Series has become the	_
	nation's premier speaker series focusing on international discussion and education. The	
	Series brings audiences face to face with the global leaders, visionaries, and inspiring	
	voices that are changing our world.	
_	(O.1. ) / E	
4c	(Code) (Expenses \$167,754 including grants of \$) (Revenue \$131,259)	)
	Education Programs-Education Programs include the Global & Multicultural Resource Center,	
	including Culture Boxes, Teach the World Educator Conferences and Youth Forums, and Young	
	Leaders in Action. The Global Classroom enables K-12 educators to teach about the world by	
	providing professional development and connecting them with materials, people, and creative	
	learning resources, such as a library of over 100 Culture Boxes, lesson plans, and classroom	
	curriculum about the most pressing global issues we face today. The Organization offers	
	professional development training ("Teach the World"), speakers on international issues,	
	networking opportunities for teachers and connections with students on international	
	exchanges. An Educator Advisory Council helps provide teacher input to this work. The Young	
	Leaders in Action program includes 20-25 students annually from area high schools who engage	
A el	in leadership training, execute action plans and serve as ambassadors to their schools.	
40	Other program services (Describe in Schedule O )	
<u></u>	(Expenses \$ 111,108 including grants of \$ ) (Revenue \$ 21,266)	
<u>4e</u>	Total program service expenses ▶ 1,081,926	

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х Χ 2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Χ 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, X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." X 8 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or Χ 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V Χ 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII. VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Χ b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more 11b X c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Χ 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Х 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 ..... Х 11f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional . . . . . . . . 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 ............ X 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19

Х

Part IV

Checklist of Required Schedules (continued) No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H ...... 20a X If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 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 Χ 22 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 23 X Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Х Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I ................. 25a Χ 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? 25h Х 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 X 26 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 Χ 27 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) 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b X 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 Х 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . . . . . . . . . Χ 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Х 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Х 35a Х 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . . . . . . . . . . . . . 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. 38

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	Check if Schedule O contains a response or note to any line in this Part V			
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	_1c_	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	]	)	
	account)?	4a		X
b	If "Yes," enter the name of the foreign country ►	İ		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	{		
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ļ		
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		1	
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1	}	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	x	-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		^	
·	required to file Form 8282?	7c		Х
d	If "Yes," Indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	1		
Ь	Gross income from other sources (Do not net amounts due or paid to other sources	i		
_	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 42	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-		_
а		13a		
h	Note. See the instructions for additional information the organization must report on Schedule O		)	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		- [	
С	Enter the amount of reserves on hand			
14a		14a		X
b		14b		<u> </u>
		- TV	200 (6	1046

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 Enter the number of voting members of the governing body at the end of the tax year 18 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 1b 18 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 X 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 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? Х 6 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? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ 8a X Each committee with authority to act on behalf of the governing body? 8b 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes 10a Did the organization have local chapters, branches, or affiliates? 10a 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? 10h 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Χ Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Х Did the organization have a written whistleblower policy? Х 13 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? Х The organization's CEO, Executive Director, or top management official ........... 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a 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? ................. Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ Oregon Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply ☐ Upon request ☐ Other (explain in Schedule O) Own website Another's website 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

WorldOregon Att: J Conley (503)306-5252, 1207 SW Broadway Suite 300, Portland, OR 97205

Form	990	(201	6)

World Affairs Council of Oregon d/b/a WorldOregon

93-0568356

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Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	<b>Highest Compensated</b>	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

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

List persons in the following order individual trustees or directors, insututional trustees, officers, key employees, highest compensated employees; and former such persons

					(C)					
(A)	(B)		Position				(D)	(E)	(F)	
Name and Title	1					han one		` '	1	
Name and tide	Average hours per					s both an /trustee)		Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any					- 1	from	related	other	
	hours for related	악	JI,	g	Z G	g II	7	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	direc		Officer	y en	ploy	mel	(W-2/1099-MISC)	,	organization
	below dotted line)	tor lai tri	on al		Key employee	ee				and related organizations
	,,,,	Individual trustee or director	Institutional trustee		ee	Highest compensal employee	i			Organizations
		"	e			sated	- {			
		{					- [			
(1) Curtis Robinhold	1.00									
Chair		X		X			_	0	0	0
(2) Timothy Chapman	1.00						ļ			
Secretary		X		X				0	00	0
(3) James G Campbell	1.00	] [								
Board Member		X			_		_	0	0	0
(4) Jack Isselmann	1.00									
Chair Elect		X					_	0	0	0
(5) Denny Doyle	1.00	]					- 1			
Board Member		X	_					0	0	0
(6) Jim Francesconi	1.00				į		l			
Board Member		X	_				_	0	0	0
(7) Yassi Irajpanah	1.00								<u>'</u>	
Treasurer		X		X	_		_	0	0	0
(8) Arun Joshi	1.00				ļ		l			
Board Member		X	_		_		_	0	0	0
(9) Sarah Ames	1.00					Ì	ı			
Board Member		X			_		_	0	0	0
(10)Gail McCormick	1.00			ĺ	l		Į			
Board Member		X					_	0	0	0
(11)Joseph Boyle	1.00	1		}			ĺ			
Board Member		<u>X</u>					_	0	0	0
(12)Sheryl Manning	1.00			ĺ	l		- }			
Board Member	<u> </u>	<u>X</u>		_			_ ]	0	0	0
(13)Christof Mees	1.00		}	}	}	}	1			
Board Member	ļ	_X_						0	0	0
(14)Mark Williams	1.00				ĺ		ł	:		
Board Member	<u> </u>	X		1				0	00	0

Page 8

Part \	Section A. Officers, Directors, Trustees	, Key Emplo	yees,	, and	d Hig	ghes	t Comper	sated Employee	s (continued)			
					(	C)		_				
	, (A)	(B)				sition		(D)	(É)		(F)	
	Name and title	Average	1 '				an one both an	Reportable	Reportable	E	stimated	
•		hours per	1				trustee)	compensation	compensation from	a	mount of	
		week (list any hours for	9 =		2	6	9,5 5	from the	related organizations	COL	other npensatior	n
		related	or director		Officer	Key employee	ormei lighes mploy	organization	(W-2/1099-MISC)		from the	
		organizations	현혈	1 2		l de	) ee o	(W-2/1099-MISC)		1	ganization	
		below dotted line)	or director	ndividual taucteo		/ee	Former Highest compensal employee			1	nd related janizations	
		}	ď	i ii	\$		nsat					
		İ					led					
					1							
/15) Cu a	an Wright	1.00	<del> </del>	╁╌	┢	-				-		
	ard Member	<del>-</del>	X							l		0
		1.00		┢╌	<u> </u>	$\vdash$		0	00_	<u> </u>	_	0_
	y C Yates	1.00	\ \v									_
	rd Member		X	├-	-	$\vdash$	<del></del>	0	0	├		0
	garet Everett	1.00	٦,					_	_			_
	rd Member		X		-			0	o	<b> </b>		0_
	h_deHamel	1.00										
	rd Member	<b> </b>	X	ļ	ļ			0	0			_0_
	rick Olsen	40.00	ĺ	ĺ								
	sident			<u> </u>	X			65,740	00		7,2	01
<u>(20)</u>												
				<u> </u>						L		
(21)												
										L		
(22)		L i										
(23)		L										
(24)												
							i		ı			
(25)												
1b :	Sub-total											
c ·	Total from continuation sheets to Part VII, Section	n A					🚡 🛚					
	Total (add lines 1b and 1c)							65,740	0		7,2	01
2	Total number of individuals (including but not limited	to those liste	ed abo	ove)	who	гесе	eived more			_		
	reportable compensation from the organization			,					0			
											Yes	No
3 1	Oid the organization list any former officer, director	, or trustee,	kev er	olar	vee.	or h	nahest cor	npensated				
	employee on line 1a? If "Yes," complete Schedule		-	-	-		_	•	'	3	-	Х
	For any individual listed on line 1a, is the sum of repo											
	organization and related organizations greater than	•					•		ļ			
	ndıvıdual								,	4	-	Х
	Did any person listed on line 1a receive or accrue co								• • • • • • •			
	for services rendered to the organization? If "Yes,"			-			-		I	5	.	Х
	n B. Independent Contractors	oompicto oo		001	0, 30	2011 p			· · · · · · · · ·			
	Complete this table for your five highest compensated	Lindenenden	t conti	racto	are th	ant re	acowed me	ero than \$100,000	of.			
	compensation from the organization. Report compens											
		Sauon for the	Caler	iuai	year	enu	ing with or	within the organiza	alions lax			
	year							T				
	(A)							(B)	]		(C)	
	Name and business address					_		Description of s	services	Comp	ensation	
							<del></del>	<del> </del>				
								<del> </del>				
								<del> </del>				
								<del> </del>				
								<u> </u>				
	Total number of independent contractors (including t				liste	d abo	ove) who					
r	eceived more than \$100,000 of compensation from	tne organizat	tion	▶								

		Check if Schedule O contains	a response or n	ote to any line in th	is Part VIII	<u> </u>	<u> </u>	<u> L</u>
<b>)</b>		,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
ifts, Grants ar Amounts	1a b c	Fundraising events	1b			revenue	,	312314
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions All other contributions, gifts, gran and similar amounts not included	s) <b>1e</b> its,	422,124 350,491				
Cont	g		•	101,314	772,615			
		Program Fees and Sales		Business Code 900099	202,556	202,556		
Program Service Revenue	b b	Membership Fees		900099	85,855	85,855		
gram Ser	d e	All other program of the following						
Po	1	All other program service revenue Total. Add lines 2a-2f			288,411		<del></del>	+
		Investment income (including dividend other similar amounts)	lends, interest,		1,489			1,489
	5	Royalties	· · · · · · · ·	<b>.</b> ▶				
	1	Gross rents	(ı) Real	(II) Personal				
	С	Rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) Other				
	С	Less cost or other basis and sales expenses			-	А		
Other Revenue	8a	Gross income from fundraising events (not including \$	,					
Othe	С	See Part IV, line 18 Less direct expenses	<b>b</b> ang events .					
	ь	Gross income from gaming activities See Part IV, line 19	a				-	
	10a	Net income or (loss) from gaming Gross sales of inventory, less returns and allowances	a	•				
	ı	Less cost of goods sold  Net income or (loss) from sales of  Miscellaneous Revenue					-	-
	11a b	Misc Income		900099	38,156	38,156		
	c d	All other revenue						
	-	Total. Add lines 11a-11d Total revenue. See instructions			38,156 1,100,671	326,567		0 1,489
EEA								Form 990 (2016)

# 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)

360	Charle of Cahadula O cartains a respecte or act to				
	Check if Schedule O contains a response or note to	(A)	(B)	· · · · · · · · · · · · · · · · · · ·	····
	not include amounts reported on lines 6b, 7b,	Total expenses	Program service	Management and	Fundraising
	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic		<del></del>		
2	Individuals See Part IV, line 22	1	j		
3	Grants and other assistance to foreign		<del></del>	<del></del>	
3	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
,	trustees, and key employees	100,000	95 300	0 161	6,539
6	Compensation not included above, to disqualified	100,000	85,300	8,161	6,539
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	401,917	342,835	32,801	26,281
8	Pension plan accruals and contributions (include	401,917	342,635	32,801	20,201
Ü	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	81,409	69,442	6,644	5,323
10	Payroll taxes	42,340	36,116	3,455	2,769
11	Fees for services (non-employees)	12,310	30,110	3,433	2,703
'' a	Management	1			
b	Legal				
c	Accounting	10,420	5,079	4,938	403
d	Lobbying	10,120	3,0,3	4,550	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion		<del></del>		
13	Office expenses	19,206	13,946	4,139	1,121
14	Information technology				
15	Royalties				
16	Occupancy	32,886	26,405	4,400	2,081
17	Travel	11,083	10,473	434	176
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,625	5,553	544	528
23	Insurance	4,652	3,976	367	309
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Outside Service	65,260	31,811	30,926	2,523
b	Direct Program Expenses	269,578	269,578		
C	Speaker Fees and facilities	161,535	161,535		
ď	Printing & Publications	1,911	1,696	207	8
е	All other expenses	26,354	18,181	6,078	2,095
25	Total functional expenses. Add lines 1 through 24e .	1,235,176	1,081,926	103,094	50,156
26	Joint costs. Complete this line only if the		_		_
	organization reported in column (B) joint costs from a combined educational campaign and	)			
	fundraising solicitation Check here		}	1	
	following SOP 98-2 (ASC 958-720)				

**Balance Sheet** 

Part X

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year . 1 1 43,203 200,163 2 709,740 2 363,800 3 3 4 49,193 4 42,617 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 7 8 8 9 Prepaid expenses and deferred charges ..... 6,765 7,973 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . . 10a 56,889 Less accumulated depreciation . . . . . . . . . . . . 10b 29,996 17,314 10c 26,893 11 192,033 11 283,740 12 Investments - other securities See Part IV, line 11 ......... 12 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) \_\_........ 16 1,018,248 16 925,186 17 96,965 17 102,735 18 18 19 26,913 19 31,011 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . . . . 21 22 Loans and other payables to current and former officers, directors, -iabilities trustees, key employees, highest compensated employees, and 22 23 Secured mortgages and notes payable to unrelated third parties ...... 23 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X 25 26 26 123,878 133,746 Organizations that follow SFAS 117 (ASC 958), check here 🕒 🗓 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 867,457 27 760,429 28 26,913 28 31,011 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here 

ightharpoonup Land complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . . . . . . . . 31 32 Retained earnings, endowment, accumulated income, or other funds ..... 32 33 894,370 33 791,440 Total liabilities and net assets/fund balances .......... 1,018,248 925,186

		3-056	8356	F	Page 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🔲
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,100,	671
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	, 235,	176
3	Revenue less expenses Subtract line 2 from line 1	3		(134,	505)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		894,	370
5	Net unrealized gains (losses) on investments	5		31,	575
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			0_
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	1 1			
	33, column (B))	10		791,	440
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u> </u>	<u></u>	<u>. 🛛 </u>
				Yes	No
1	Accounting method used to prepare the Form 990			1	,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				,
	Schedule O.			_	,
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		1	1	} ;
	reviewed on a separate basis, consolidated basis, or both		}		
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		} .		
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		ļ		
С	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?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in			1	
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			1	
	the Single Audit Act and OMB Circular A-133?		3a	ļ	X
b	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	<u></u>		⊥	L
EEA			For	n <b>990</b> (	(2016)

#### **SCHEDULE A**

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047 2016

Open to Public

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Inspection

Hanne	: 0: (()	e digamzandii					Employer Identifi	cation number					
Wor	1d	Affairs Council of Orego	n d/b/a Worl	ldOregon			93-05683	56					
Pa	rt I	Reason for Public Charit	y Status (All o	rganizations must o	complete	this par	t.) See instruction	ns.					
The	orga	nization is not a private foundation bed	cause it is (For line	s 1 through 12, check or	nly one box	)							
1		A church, convention of churches, or	r association of ch	urches described in <b>sec</b>	tion 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 s	service organizatio	on described in <b>section</b> :	170(b)(1)( <i>i</i>	A)(iiı).							
4		A medical research organization ope	erated in conjunction	on with a hospital descri	bed in <b>sec</b> t	tion 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 u	unit described in <mark>sectio</mark> r	170(b)(1)	(A)(v).							
7		An organization that normally receive	s a substantial par	t of its support from a go	vernmental	unit or fro	m the general public						
		described in section 170(b)(1)(A)(vi	i). (Complete Part	II )									
8		A community trust described in secti	ion 170(b)(1)(A)(v	i). (Complete Part II)									
9		An agricultural research organization	n described in <b>sect</b>	tion 170(b)(1)(A)(ix) ope	erated in co	onjunction	with a land-grant coll	ege					
		or university or a non-land-grant colle	ege of agriculture (s	see instructions) Enter th	ne name, ci	ty, and sta	te of the college or						
		university		- <del> </del>									
10	X	An organization that normally receive		• •				s					
		receipts from activities related to its e	exempt functions - s	subject to certain except	ions, and (2	2) no more	than 33 1/3% of its						
		support from gross investment income	e and unrelated bu	isiness taxable income (i	less section	n 511 tax) :	from businesses						
		acquired by the organization after Ju			•	,							
11	닖	An organization organized and opera	•			. , , ,							
12	Ц	An organization organized and operat	-	• •		•							
		of one or more publicly supported or					•						
		Check the box in lines 12a through 12						_					
	а	Type I. A supporting organization						ving					
		the supported organization(s) the			rity of the d	directors of	trustees of the						
		supporting organization You mu	· ·					_					
	b	Type II. A supporting organization				_							
		control or management of the sup		•	ersons that	control or i	nanage the supported	a					
	_	organization(s) You must comp  Type III functionally integrated						41=					
	С	Type III functionally integrated its supported organization(s) (see		•				with,					
	d	Type III non-functionally integr	•	=	-			ion(e)					
	u	that is not functionally integrated					• • •						
		requirement (see instructions) Y	= =	•		•	it and an attentivenes	3					
	е	Check this box if the organization					Type II. Type III						
	•	functionally integrated, or Type III				, a 1, po 1,	, , po 11, 1 , po 111						
	f	Enter the number of supported organi	•					[					
	g	Provide the following information about		ganization(s)									
		Name of supported organization	(n) EiN	(III) Type of organization	(IV) Is the o	rganization	(v) Amount of monetary	(vi) Amou	nt of				
		· · · · · · · · · · · · · · · · · · ·		(described on lines 1-10	listed in you	ır governing	support (see	other suppo					
				above (see instructions))	docum	ient?	instructions)	instruction	ons)				
					Yes	No							
(A)			·										
(B)		ĺ			ĺ	ļ							
						ļ							
(C)					}	{							
				<del> </del>	ļ		ļ						
(D)						{	}						
. <i>,</i>					<del> </del>								
(E)		İ											
					<del> </del>	<del> </del>							
Total	1	-					ļ						

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 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 . . 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) ..... Public support. Subtract line 5 from line 4 . . Section B. Total Support Calendar year (or fiscal year beginning in) > (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Amounts from line 4 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar 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 . Gross receipts from related activities, etc. (see instructions) 12 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) Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2015 Schedule A, Part II, line 14 15 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 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 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 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

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

## World Affairs Council of Oregon d/b/a WorldOregon 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.)

<u>Se</u>	ction A. Public Support						
Cal	endar 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")	516,716	747,279	617,551	602,866	772,615	3,257,027
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	4					
	organization's tax-exempt purpose	452,933	647,336	373,493	376,099	288,411	2,138,272
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	<b>Total.</b> Add lines 1 through 5	969,649	1,394,615	991,044	978,965	1,061,026	5,395,299
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
С	Add lines 7a and 7b				<del></del>		
8	Public support. (Subtract line 7c from line 6)						5,395,299
$\overline{}$	ction B. Total Support			<del></del>	<del> </del>	<del> </del>	
	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	969,649	1,394,615	991,044	978,965	1,061,026	5,395,299
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,954	2,709	1,949	2,884	1,489	12,985
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	3,954	2,709	1,949	2,884	1,489	12,985
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)	34,053	33,279	21,333	89,506	38,156	216,327
13	<b>Total support</b> . (Add lines 9, 10c, 11, and 12)	1,007,656	1,430,603				
14	First five years. If the Form 990 is for the o	rganization's first, s	econd, third, fourth				5,624,611
Sac	organization, check this box and stop here tion C. Computation of Public Su			<del> </del>	<u> </u>	<del> </del>	····-
15	Public support percentage for 2016 (line 8, co					15	95.92 %
16	Public support percentage from 2015 Schedu	• • • • • •		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	16	95.90 %
	ction D. Computation of Investmen			<del></del>	• • • • • • • • • • • • • • • • • • • •	10	33.30 /6
17	Investment income percentage for 2016 (line			olumn (f))		17	0.00 %
18	Investment income percentage from 2015 S	• • • • • • • • • • • • • • • • • • • •	•		, t	18	0.00 %
	33 1/3% support tests - 2016. If the organiz	zation did not check	the box on line 14	t, and line 15 is mo	ore than 33 1/3%,	and line	▶ 🏻
	33 1/3% support tests - 2015. If the organization 18 is not more than 33 1/3%, check this	zation did not check box and <b>stop here</b>	a box on line 14 of . The organization	or line 19a, and line qualifies as a pub	e 16 is more than licly supported org	33 1/3%, and janization	▶ □
20_	Private foundation. If the organization did	ioi check a box on	ine 14, 19a, or 19	b, cneck this box a	ina see instruction	<u>s</u>	···-

Part IV **Supporting Organizations** 

> (Complete only if you checked a box in line 12 of 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 P	art V.)		
Sect	ion A. All Supporting Organizations		T	
_			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by	- ټا	-	
•	class or purpose, describe the designation. If historic and continuing relationship, explain	1_		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
0 -	organization was described in section 509(a)(1) or (2).	2		-
3a		-	l i	*
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		l i	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	-	-	-
	organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	<del> </del>	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	1 .	-	
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	_4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	1	<u> </u>	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	- 41-	li	
	despite being controlled or supervised by or in connection with its supported organizations.	_4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used	1		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4.		,
F	purposes	4c		
5a				
	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	<b>.</b>		-
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
b	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	<del>-30</del>		
U	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	l		
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
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	-	ļ	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	<u> </u>		
•	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
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	İ		
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	-	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
~	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b>	9b		-
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			1
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			

supporting organizations)? If "Yes," answer 10b below

determine whether the organization had excess business holdings )

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10a

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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

trustees of each of the supported organizations? Provide details in Part VI.

За

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Or							
1								
	instructions. All other Type III non-functionally integrated supporting organization							
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)					
1	Net short-term capital gain	1		(optional)				
2	Recoveries of prior-year distributions	2		<u> </u>				
3		3						
4	Add lines 1 through 3	4						
	Depreciation and depletion	5		-				
	Portion of operating expenses paid or incurred for production or	Ť						
	lection of gross income or for management, conservation, or							
	untenance of property held for production of income (see instructions)	6						
	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount	1	(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
ıns	tructions for short tax year or assets held for part of year).							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d		,				
е	Discount claimed for blockage or other							
fa	ctors (explain in detail in Part VI)							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d	3	"					
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,							
see	e instructions).	4						
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	_ 5						
_6_	Multiply line 5 by .035	6						
_ 7	Recoveries of prior-year distributions	7						
_8_	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion 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_	Mınımum asset amount for prior year (from Section B, line 8, Column A)	3						
4	Enter greater of line 2 or line 3	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		,					
em	ergency temporary reduction (see instructions)	6						
7	<ul> <li>Check here if the current year is the organization's first as a non-functionally-instructions)</li> </ul>	integ	rated Type III supporting	organization (see				

	ule A (Form 990 or 990-EZ) 2016 World Affairs Council of			8356 Page <b>7</b>
	rt V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sec	ction D - Distributions		<del></del>	Current Year
_1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exempt	t purposes of supported		
	organizations, in excess of income from activity	<del> </del>		
_3_	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	
_4_	Amounts paid to acquire exempt-use assets			
_5_	Qualified set-aside amounts (prior IRS approval required)	<del></del>		
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	e organization is respons	sive	
	(provide details in Part VI) See instructions			<del></del>
_9_	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<del></del>	<del>,</del>	<del></del>
		(i)	(ii)	(iii)
5	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
		LACESS DISTIBUTIONS	Pre-2016	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			1
а				
b				
С	From 2013			
d	From 2014			
е	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.			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	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 3			
	and 4c.			
8	Breakdown of line 7			
а				<del></del>
	Excess from 2013			
	Excess from 2014			<del></del>
	Excess from 2015			

e Excess from 2016

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

Department of the Treasury

### **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.

2016

OMB No 1545-0047

Open to Public

Intern	al Revenue Service Information about Schedule	D (Form 990) and its instructions is at www	w.irs.gov/f	orm990.	Inspecti	on	
Name	of the organization			Employer identif	ication number		
WO:	rld Affairs Council of Orego	n d/b/a WorldOregon		93-056	58356		
Pa	rt I Organizations Maintaining Donor Advis	ed Funds or Other Similar Funds or	Accounts				
	Complete if the organization answered "Ye	es" on Form 990, Part IV, line 6					
		(a) Donor advised funds		(b) Funds and	other accounts		
1	Total number at end of year						
2	Aggregate value of contributions to (during year) .						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year				·		
5	Did the organization inform all donors and donor advisor	s in writing that the assets held in donor advis	sed				
	funds are the organization's property, subject to the organization	anization's exclusive legal control?			🗌 Y	es	☐ No
6	Did the organization inform all grantees, donors, and do	nor advisors in writing that grant funds can be	used				
	only for charitable purposes and not for the benefit of the	e donor or donor advisor, or for any other purp	ose				_
	conferring impermissible private benefit?	<del> </del>	<u></u>	. <u></u>	📙 Y	es	∐ No
Pa	rt II Conservation Easements.						
	Complete if the organization answered "Y						
1	Purpose(s) of conservation easements held by the orga						
	Preservation of land for public use (e.g., recreation	· <u>—</u>	•		rea		
	Protection of natural habitat	Preservation of a ce	rtıfied hısto	nc structure			
	Preservation of open space						
2.	Complete lines 2a through 2d if the organization held a c	qualified conservation contribution in the form of	of a conser				
	easement on the last day of the tax year.		_		he End of the	Tax	Year
а			· · · · · · · · · · · · · · · · · · ·	2a			
b	Total acreage restricted by conservation easements		<del>                                     </del>	2b			
C	Number of conservation easements on a certified histori	• •	• • • •   _2	2c			
d	Number of conservation easements included in (c) acqu			_			
_				2d			
3	Number of conservation easements modified, transferre	d, released, extinguished, or terminated by the	e organizat	on during the			
	tax year ►						
4	Number of states where property subject to conservation						
5	Does the organization have a written policy regarding the violations, and enforcement of the conservation easemer	- · · · · · · · · · · · · · · · · · · ·			ПУ		□No
6	Staff and volunteer hours devoted to monitoring, inspecti				_	es	∐ NC
Ū	Stan and volunteer hours devoted to monitoring, inspect	ng, handling of violations, and emoleting corps	or valion ear	sements dum	ig trie year		
7	Amount of expenses incurred in monitoring, inspecting, f	nandling of violations, and enforcing conservat	tion easem	ante durina th	e vear		
•	<b>▶</b> \$	talling of violations, and officially conductati		and daning the	o your		
8	Does each conservation easement reported on line 2(d)	above satisfy the requirements of section 170	)(h)(4)(B)(ı)	ı			
_		• • • • • • • • • • • • • • • • • • • •			П у	es	☐ No
9	In Part XIII, describe how the organization reports conse				_		
	balance sheet, and include, if applicable, the text of the fo	•					
	organization's accounting for conservation easements	•					
Pai	rt III Organizations Maintaining Collect	ions of Art, Historical Treasures,	or Other	Similar A	ssets.		
	Complete if the organization answered "	es" on Form 990, Part IV, line 8					
1a	If the organization elected, as permitted under SFAS 110	6 (ASC 958), not to report in its revenue state	ment and b	alance sheet			
	works of art, historical treasures, or other similar assets	held for public exhibition, education, or research	ch in furthe	rance of			
	public service, provide, in Part XIII, the text of the footno	te to its financial statements that describes the	ese items				
b	If the organization elected, as permitted under SFAS 110	6 (ASC 958), to report in its revenue statemen	it and balar	ice sheet			
	works of art, historical treasures, or other similar assets	held for public exhibition, education, or resear	ch in furthe	rance of			
	public service, provide the following amounts relating to						
	(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	al treasures, or other similar assets for financia	al gain, prov	nde the			
	following amounts required to be reported under SFAS	· · · · · · · · · · · · · · · · · · ·					
а	Revenue included on Form 990, Part VIII, line 1						
b	Assets included in Form 990, Part X			▶ \$			

	ule D (Form 990) 2016 World Affairs						93-0568	
Pa	rt III Organizations Maintaining C	Collections of	Art, Histo	orical Tr	easures,	or Othe	r Similar Asse	ets (continued)
3	Using the organization's acquisition, accession,	and other records	, check any o	of the follow	ving that are	a significa	nt use of its	
	collection items (check all that apply)							
а	Public exhibition	d 🗌 L	oan or exch	ange progra	ams			
b	Scholarly research		)ther_					
С	Preservation for future generations							<del></del>
4	Provide a description of the organization's colle	ctions and explain	how they fu	ther the or	nanization's	evemnt nu	mose in Part	
•	XIII	ottorio ana oxpani	now ancy ru	alei ale ol	gariizadono	cxcii pi pu	ipose in r are	
5	During the year, did the organization solicit or re	ceive donations of	art historics	al trancume	or other ein	mlar		
•	assets to be sold to raise funds rather than to b							. Yes No
Pai	rt IV Escrow and Custodial Arrang		art of the org	ariizations	Collection	<del></del>	<del>: - : - : - : - :</del>	. [ les [ NO
ı aı			on Form	OOA Dor	t IV lina Q	or rond	orted an amour	at on Form
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.							
4-			for t l-		4l			<del></del>
1a	Is the organization an agent, trustee, custodian o							. Tyes No
				• • • • •				. Yes No
þ	If "Yes," explain the arrangement in Part XIII and	d complete the follo	owing table.			Г-	<del></del>	
					(	<u> </u>	Amo	punt
С	Beginning balance						ļ	
d	Additions during the year							
е	Distributions during the year							
f	Ending balance					<u> </u>	Ĺ	
2a	Did the organization include an amount on Form					•		_ =
<u>b</u>	If "Yes," explain the arrangement in Part XIII Ci	heck here if the ex	planation has	been prov	/ided on Part	XIII .		<u> </u>
Par	t V Endowment Funds.							
	Complete if the organization ar	swered "Yes"	on Form !	990, Part	IV, line 1	0		
		(a) Current year	(b) Pr	or year	(c) Two year	s back	(d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses	]	)		İ	}		
ď	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							<del> </del>
a	End of year balance							
2	Provide the estimated percentage of the current		(line 1a coli	mn (a)) he	ld as			<del></del>
_ a	Board designated or quasi-endowment	•		(۵// 110	10 00			
b	Permanent endowment ► %							
c	Temporarily restricted endowment	%						
·	The percentages in lines 2a, 2b, and 2c should e	<del></del>						
За	Are there endowment funds not in the possession		on that are l	oold and ad	Important fo	or the		
Ja	organization by	on or the organizat	ion that are i	ieiu ai iu au	irininstered it	JI LIIC		Yes No
	(i) unrelated organizations							
								3a(i)
	(ii) related organizations							3a(ii)
								3b
A Dor	Describe in Part XIII the intended uses of the or		virient tunds	<u> </u>			<del></del>	
rar	t VI Land, Buildings, and Equipm		on Ecres (	200 Dad	. IV / II 4:	1a Car	Form 000 D-	d V limo 40
	Complete if the organization an							
	Description of property	(a) Cost or o		1 ' '	r other basis	1	cumulated	(d) Book value
	<del></del>	(invest	тепі)	ļ	other)	dep	reciation	
1a	Land	• • •		<b>}</b>				
Ь	Buildings	• • •		<b></b>				
С	Leasehold improvements	• • •		<b> </b>		<u> </u>		
d	Equipment			<b></b>	56,889		29,996	26,893
е_	Other	<u> l</u>		<u></u>				
Total	Add lines 1a through 1e. (Column (d) must ea	ual Form 990 Par	t X column	(R) line 10	)c 1		<b>▶</b>	26 893

93-0568356

	Complete if the organization answere	<u>u 165 on Follii 990, F</u>	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
•	derivatives		
	eld equity interests	<del></del>	
(3) Other			
(A)		<del></del>	
(B)			<del></del>
(C)			<del></del>
(D)			· <del> </del>
(E) (F)			<del> </del>
(G)			<del> </del>
(H)			
	must equal Form 990, Part X, col (B) line 12)		<del> </del>
Part VIII	Investments - Program Related.	<del> </del>	<del></del>
		d "Yes" on Form 990. F	Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation
	(a) Description of investment	(b) Book Value	Cost or end-of-year market value
(1)			
(2)		·	
(3)			
(4)			
(5)			
(6)		<del></del>	
(7)		·	
(8)			
(9)			
	must equal Form 990, Part X, col (B) line 13)		<del></del>
Part IX	Other Assets.		Seed IV. Keep Add. One France OOO, Dool V. K. o. AF
			art IV, line 11d. See Form 990, Part X, line 15.
(4)	(a) De	escription	(b) Book value
(1)	<del></del>		
(2)			· · · · · · · · · · · · · · · · · · ·
			<del></del>
(4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8)			
(4) (5) (6) (7) (8) (9)	n (b) must equal Form 990, Part X, col (B) line 15	)	
(4) (5) (6) (7) (8) (9) Total. (Column	n (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities.	)	
(4) (5) (6) (7) (8) (9) Total. (Column	Other Liabilities.	<del>-                                    </del>	art IV, line 11e or 11f. See Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Columnia) Part X	Other Liabilities. Complete if the organization answered	<del>-                                    </del>	
(4) (5) (6) (7) (8) (9) Total. (Columnia) Part X	Other Liabilities. Complete if the organization answered line 25  (a) Description of liability	l "Yes" on Form 990, P	art IV, line 11e or 11f. See Form 990, Part X,
(4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Liabilities. Complete if the organization answered line 25  (a) Description of liability	l "Yes" on Form 990, P	art IV, line 11e or 11f. See Form 990, Part X,
(4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Liabilities. Complete if the organization answered line 25  (a) Description of liability	l "Yes" on Form 990, P	art IV, line 11e or 11f. See Form 990, Part X,
(4) (5) (6) (7) (8) (9)  Fotal. (Column Part X  (1) Federal II (2) (3) (4)	Other Liabilities. Complete if the organization answered line 25  (a) Description of liability	l "Yes" on Form 990, P	art IV, line 11e or 11f. See Form 990, Part X,
(4) (5) (6) (7) (8) (9) Fotal. (Column Part X  (1) Federal II (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered line 25  (a) Description of liability	l "Yes" on Form 990, P	
(4) (5) (6) (7) (8) (9) Fotal. (Column Part X  (1) Federal II (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered line 25  (a) Description of liability	l "Yes" on Form 990, P	art IV, line 11e or 11f. See Form 990, Part X,
(4) (5) (6) (7) (8) (9) Fotal. (Column Part X  (1) Federal II (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered line 25  (a) Description of liability	l "Yes" on Form 990, P	art IV, line 11e or 11f. See Form 990, Part X,
(4) (5) (6) (7) (8) (9) Fotal. (Column Part X  (1) Federal II (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered line 25  (a) Description of liability	l "Yes" on Form 990, P	art IV, line 11e or 11f. See Form 990, Part X,

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

		93-0568356	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1	
а	Net unrealized gains (losses) on investments	_	
b	Donated services and use of facilities	-	
С	Recoveries of prior year grants	_	
ď	Other (Describe in Part XIII )	-	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a b	Investment expenses not included on Form 990, Part VIII, line 7b	-	
C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	per Return.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<del>                                     </del>	<del></del> -
a	Donated services and use of facilities		
b	Prior year adjustments	1	
С	Other losses	-	
d	Other (Describe in Part XIII.)	-	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	_	
b	Other (Describe in Part XIII )	_	
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	rt XIII Supplemental Information.		
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	art X, line	
2, 1 6	int At, lines 2d and 4b, and 1 art Att, lines 20 and 4b Also complete this part to provide any additional information		
		<del></del>	

#### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

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

amounts reported on

OMB No 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2016

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Open to Public Inspection

Method of determining

Name of the organization Employer identification number World Affairs Council of Oregon d/b/a WorldOregon 93-0568356 **Types of Property** (c) Noncash contribution (a) (b) (d)

Number of contributions or

Check if

		applicable	items contributed	Form 990, Part VIII, line 1g	noncash cont	nbution	n amou	unts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications		· · · · · · · · · · · · · · · · · · ·					
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property				}			
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Secunties - Partnership, LLC,							
	or trust interests				Ì			
12	Securities - Miscellaneous			T				
13	Qualified conservation		<del></del>					
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial	t t	<del></del>					
17	Real estate - Other							
18	Collectibles		<del></del>					
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts		<del></del>					
23	Scientific specimens							
24	Archeological artifacts		· · · · · · · · · · · · · · · · · · ·					
25	Other ►(Program Activit)			49,700	Current M	arke	t Co	sts
26	Other >(Donated Adverti)			20,500	Current M			
27	Other ►(Misc Other Dona)		<del></del>	31,114	Current M			
28	Other ►(							
29	Number of Forms 8283 received by	v the organization	on during the tax year for con	ntributions for				
	which the organization completed F	-	-		29			
	The second secon		, a and a normal agains.		\		Yes	No
30a	During the year, did the organizatio	n receive by cor	ntribution any property report	ted in Part Lines 1 through		Γ		
	28, that it must hold for at least thre							}
	to be used for exempt purposes for					30a		X
ь	If "Yes," describe the arrangement					900		
31	Does the organization have a gift a		v that requires the review of	any non-standard				
٠.						31	X	
32a	Does the organization hire or use the					<del>"  </del>	41	
JEd	contributions?	•	-	• •		32a		v
h	If "Yes," describe in Part II			• • • • • • • • • • • • • • • • •		JZa		X
33 p	If the organization didn't report an a	amount in colum	n (c) for a tune of property for	ar which column (a) is shocked		( )		,
33	describe in Part II	amount in colum	in (c) for a type of property to	writeri column (a) is checked,		(		
	describe ili Fart il					<u>.                                    </u>		

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

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

World Affairs Council of Oregon d/b/a WorldOregon 93-0568356 01. Organizational document changes (Part VI, line 4) Bylaws Revisions 1) Changed terms of all officers from one-year to two-year terms (creates stability in governance. 2) Authorized the use of email voting in lieu of an actual meeting (updated to match changes in Oregon law). 3) Eliminated mandatory "Legislative Advisors" representing the Oregon State Legislature. 4) Combined Finance Committee and Membership and Development Committee into one Finance and Development Committee, led by the Treasurer, to handle all finance, development, and membership issues. 5) Reorganization of Trustee Program Committee to ensure Trustee strategic oversight of-not tactical work in-all Programs: -Eliminated the International Speaker Series Committee and the Education Advisory Council Committee. -Revised the language for the Program Committee, which will now be the committee to oversee the three major program areas (Programs on World Affairs-including the International Speaker Series, International Visitor Programs, and Youth and Education Programs; this committee's work will be connected to the evaluation process underway as a result of strategic planning). 02. Form 990 governing body review (Part VI, line 11) The 990 is approved by the Executive Committee first and then is emailed to all Board of Trustees members prior to filing. The 990 is prepared by an external CPA, reviewed by the