For Paperwork Reduction Act Notice, see the separate instructions.

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Cat. No. 11282Y

Form **990** (2018)

2018

Department of the Internal Revenue Service

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

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

▶ Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

Open to Public Inspection

\ Fc	r the	2019 c	alendar year, or tax year beginning 07-01-2018 , and ending 06-3	0-2019				
Che	k if ap	pplicable:	C Name of organization		D Employe	r identifica	tion number	
☐ Address change ☐ Name change ☐ Initial return			WORLD ECONOMIC FORUM		98-0459	98-0459408		
			% JULIEN GATTONI Doing business as		30 0 133			
		/terminated return	Number and street (or P.O. box if mail is not delivered to street address) Room/su	iite	E Telephone	number		
		n pending	01 03 BOLITE DE LA CADITE		(022) 86	9-1212		
			City or town, state or province, country, and ZIP or foreign postal code					
			COLOGNY, GENEVA CH-1223 Switzerland		G Gross rec	eipts \$ 456,	562,218	
			F Name and address of principal officer:	H(a) Is this	a group ret	urn for		
			Julien Gattoni		dinates?		□Yes ☑ No	
			91-93 ROUTE DE LA CAPITE COLOGNY, GENEVA CH-1223	H(b) Are al	II subordinate	es	☐ Yes ☐No	
			SZ	includ	led? ," attach a lis	st (see ins		
Тах	-exem	npt status:	\Box 501(c)(3) \checkmark 501(c) (6) $◀$ (insert no.) \Box 4947(a)(1) or \Box 527		exemption i	•	structions)	
W	ebsite	e: > ww	w.weforum.org	1				
				1				
(Form	of org	ganization	: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of forma	ation: 1971	M State of I	egal domicile: SZ	
_								
Pa			mary					
			scribe the organization's mission or most significant activities: LD ECONOMIC FORUM, COMMITTED TO IMPROVING THE STATE OF THE WO	ORLD, IS THE	INTERNATIO	NAL ORGA	NIZATION FOR	
ا ځ			RIVATE COOPERATION.					
ŧ	_							
ا خُ	2 (Check th	is box $lacktriangle$ if the organization discontinued its operations or disposed of n	nore than 25%	of its net as	sets.		
2			of voting members of the governing body (Part VI, line 1a)			3	25	
e l	4	Number	of independent voting members of the governing body (Part VI, line 1b) .		•	4	24	
Acuviues & Governance	5	Total nur	nber of individuals employed in calendar year 2018 (Part V, line 2a)			5	283	
	6	Total nur	nber of volunteers (estimate if necessary)			6	24	
	7a -	Total unr	elated business revenue from Part VIII, column (C), line 12			7a	0	
	d	Net unre	lated business taxable income from Form 990-T, line 34			7b	0	
$\neg \uparrow$				Pri	or Year	C	urrent Year	
Ravenue	8 (Contribut	cions and grants (Part VIII, line 1h)		18,163,5	48	18,527,704	
			service revenue (Part VIII, line 2g)		287,303,3	_	298,635,508	
ĕΛċ		_	ent income (Part VIII, column (A), lines 3, 4, and 7d)		7,863,8	_	10,101,457	
۳			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,670,4	_	10,892,184	
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		318,001,2		338,156,853	
\dashv			nd similar amounts paid (Part IX, column (A), lines 1–3)			0	(
			paid to or for members (Part IX, column (A), line 4)			0	(
ړي			other compensation, employee benefits (Part IX, column (A), lines 5–10)		127,095,9	83	139,945,683	
Expenses			onal fundraising fees (Part IX, column (A), line 11e)			0	(
9			raising expenses (Part IX, column (D), line 25) ▶0			1		
ភ			penses (Part IX, column (A), lines 11a-11d, 11f-24e)		145,615,8	28	176,561,435	
			penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		272,711,8		316,507,118	
			less expenses. Subtract line 18 from line 12		45,289,4	_	21,649,735	
S 0:			AND DAY SHOULD COMMISSION AND AND HOLD HIM AND A TOTAL OF A TOTAL OF	Beginning	of Current Ye		End of Year	
Net Assets of Fund Balances								
35.6	20	Total ass	ets (Part X, line 16)		568,719,7	50	607,640,514	
<u> </u>	21	Total liab	ilities (Part X, line 26)		260,450,6	21	273,754,694	
2.2	22	Net asset	ts or fund balances. Subtract line 21 from line 20		308,269,1	29	333,885,820	
Pa	rt II	Sign	ature Block			•		
Inder	pena	lties of p	erjury, I declare that I have examined this return, including accompanying	schedules and	statements,	, and to th	e best of my	
	nowle		of, it is true, correct, and complete. Declaration of preparer (other than offic	cer) is based o	n an miorna	CION OF WIN	ch preparer has	
		l k						
		*****	* ure of officer	202 Dat	0-05-04			
Sign		Jagilat	ure or officer	Dat	e			
lere			I GATTONI CFO					
		7	r print name and title					
	-	F	Print/Type preparer's name Preparer's signature	Date Che		TIN 01080295		
Paid		<u> </u>	irmle name. • Pricewaterhouse Connect LLD		-employed			
-	oare		irm's name PricewaterhouseCoopers LLP	Firr	n's EIN ►			
Jse	Onl	ly 👍	ïrm's address ▶ 300 Madison Avenue	Pho	ne no. (646) 4	71-3000		
			N V 1 NV 40047					
			New York, NY 10017	ı				

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Pa	rt III Statemen	t of Program Service Ac	complishments							
-	Check if Sch	edule O contains a response o	r note to any line in this Part III		🗹					
1	Briefly describe the	organization's mission:	<u> </u>							
SEE :	SCHEDULE O									
	Did the organization	n undertake any significant pro	aram services during the year w	hich were not listed on						
-	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?									
		nese new services on Schedule			Lies Line					
3	Did the organization									
•	•	☐ Yes ☑ No								
	services?									
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.									
4	Section $501(c)(3)$ a		required to report the amount of	largest program services, as meas of grants and allocations to others,						
	(Code:) (Expenses \$	including grants of \$) (Revenue \$)					
	See Additional Data									
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)					
	See Additional Data									
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)					
	See Additional Data									
4d	Other program serv	vices (Describe in Schedule O.)	1							
	(Expenses \$	including	grants of \$) (Revenue \$)					
4e	Total program sei	rvice expenses ►								
					Form 990 (2018)					

	Charlet of Parities of Parities of Calculus			rage 3
Par	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I "S	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
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		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
			orm 90	(2018)

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Par	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
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	Yes	
Pai	t 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			
_	Entrollis number unacted in Bur 2 of France 4000 Faton 0 10 11 11 11 11 11 11 11 11 11 11 11 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 64	1		

b Enter the number of Forms W-2G included in line 1a.*Enter -0-* if not applicable .

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

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b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	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		No
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	Yes	
b	If "Yes," enter the name of the foreign country: ►CH , SZ , IN , JA		.	
	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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_		
		5c		
6-	Does the appropriation have appropriate that the propriate that the propriation	6-		NI

	financial account in a foreign country (such as a dank account, securities account, or other financial account)?		
b	If "Yes," enter the name of the foreign country: \blacktriangleright CH , SZ , IN , JA		
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file		

b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
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	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	

b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
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	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a		

•	the organization, during the year, pay premiums, directly or muliectly, on a personal benefit contract:	1 ''	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
_		8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:	1	
а	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources 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	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 9	90 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	

b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 9	90 in l	ieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a		
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	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax ye	ar? .		14a	N	Vo

14b

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Nο

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	·	onse to i	lines V
Se	ction A. Governing Body and Management		.,	
1a	Enter the number of voting members of the governing body at the end of the tax year 25		Yes	No
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 24			
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	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	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	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		
	ction C. Disclosure			
17 18	List the States with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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: DULIEN GATTONI 91-93 ROUTE DE LA CAPITE CH-1223 , COLOGNY/GENEVA SZ			
	• • • • • • • • • • • • • • • • • • • •		orm 00	n (2018)

Form 990 (2	2018)										Page 7		
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,		
	Check if Schedule O contains a	response or no	te to an	y line	e in t	his	Part VI	١.			\square		
Section	A. Officers, Directors, Tru	stees, Key E	mploy	rees	, an	d F	lighe	st C	Compensated En	nployees			
1a Complete year.	e this table for all persons require	ed to be listed.	Report	comp	ensa	tion	for th	е са	lendar year ending	with or within the o	rganization's tax		
 List all 	of the organization's current off ation. Enter -0- in columns (D), (als o	or organizations), re	gardless of amount			
• List all o	of the organization's current key	employees, if	any. Se	e inst	ructi	ons	for de	finit	ion of "key employe	e."			
who receive	organization's five current high d reportable compensation (Box and any related organizations.)		
	of the organization's former office e compensation from the organiz							ed e	employees who rece	ived more than \$10	0,000		
	of the organization's former dire 1, more than \$10,000 of reportab										e		
	in the following order: individua d employees; and former such p		ectors;	instit	utior	nal t	rustee	s; of	ficers; key employe	es; highest			
☐ Check t	his box if neither the organizatio	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	ne b	ox, u in off tor/t	t che inles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	ortable Reportable ensation compensation and m the from related cation (W- organizations			
		for related organizations below dotted line) Institutional Trustee or director				Highest compensated employee	Former	•	MISC) org				
See Addition	al Data Table												
-													

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	than c	ne b	ox, u n off	t che inles ficer	eck moss pers and a	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (\)	N-	Estima amount o compens from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compens employee	Former	2/1099-MISC)	2/1099-MISC))	organization and related organizations	
			Stee	rustee		•	ensated						
See A	dditional Data Table												
											_		
											_		
											_		
													_
											_		
											+		
1b S	1b Sub-Total												
_	c Total from continuation sheets to Part VII, Section A												
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos			bove	e) who	rece		00,000	<u>- 1</u>		
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>			ee, k	ey ei	mplo	oyee, d	or hi	ghest compensated	employee on	3	Yes	No No
4	For any individual listed on line 1a, is organization and related organization individual									n the	4	Yes	
5	Did any person listed on line 1a receive services rendered to the organization?									vidual for	5		No
Se	ction B. Independent Contract	ors											
1	Complete this table for your five higher from the organization. Report comper										npen	sation	
		(A) nd business addre	ess							(B) ription of services		(C Compen	sation
TENIE	RE IBANEZ PABLO, VTE FUENTES NDER, 0 39005								VIDEO SERV	/ICES			270,565
1584	ACHARYA JAIJIT, ND FLOOR CHITTARANJAN PARK , 0 110019								Consulting s	ervices			236,991
BORBO 26 AV	DR GHADJAR NASRINE, ENUE DE LA PRAILLE IGE, GENEVA 1227								Legal Adviso	or			216,930
AMBRO CHEM:	OSETTI PIERRE, N DU VIEUX-VSENAZ 50A AZ, GENEVA 1222								Architect				189,479
MENO 8385 VERO	N ANIL, Calamandren Way BEACH, FL 32963								Consulting S				189,242
	otal number of independent contractor ompensation from the organization > 8		not lim	ited t	o th	ose	Iisted	abov	/e) who received m	ore than \$100,00	0 of	Form 99	0 (2018)

Part		Statement of	Revenue											rage 3
		Check if Schedul	e O contains	a respo	onse or i	note to any	line in th	is Part VIII						. 🗆
							Total r	A) evenue	e: fu	(B) lated or xempt inction	bı	(C) nrelated usiness evenue	exc tax u	(D) Revenue cluded from nder sections 512 - 514
	1	a Federated campaig	ns	1a					16	venue				12 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues		1b										
Gra not		c Fundraising events		1c										
. S. \		d Related organizatio	ns		<u> </u>									
Gif ilai		e Government grants (co	ontributions)		l :	12,986,806								
ns,		f All other contributions,		 	<u> </u>									
er S		and similar amounts nabove		1f		5,540,898								
혈		g Noncash contribution	ons included											
on the		in lines 1a - 1f:\$												
ರ ಕ		h Total. Add lines 1a	-1f	•	• •	. >		.8,527,704						
e						Business	Code	27	937,420	27.03	37,420			
Service Revenue		MEMBERSHIPS					900099		875,206		75,206			
æ	-	PARTICIPATION FEES					900099		·	225,82				
vice	C	PARTNERSHIPS					900099	225,	822,882	225,02	2,002			
Set	d	d		_							-+			
ran	e			_							+			
Program	f	· All other program se	rvice revenue	•		298	L 635,508							
<u>a</u>	g	Total. Add lines 2a-2	.f		>		033,300							
		Investment income (in similar amounts)			interest,	and other	.	2,279,60	8					2,279,608
		Income from investme			ond prod	ceeds 🕨	•		0					
	5	Royalties					•		0					
			(i) Rea	l	(ii)	Personal								
	6a	a Gross rents												
	ŀ	b Less: rental expenses												
		c Rental income or		0			0							
	•	(loss)		Ü										
	(d Net rental income o	r (loss)			. •			0					
	_	Cross amount	(i) Securit	ies	(ii)) Other								
	/ 2	Gross amount from sales of assets other	126,2	27,214										
		than inventory												
	ł	b Less: cost or	110.4	05.265										
		other basis and sales expenses		05,365										
		C Gain or (loss) d Net gain or (loss) .		321,849			_	7,821,84						7,821,849
		Gross income from fi				<u> </u>		7,021,04	9					7,021,049
e Te		(not including \$		of										
Other Revenue		contributions reporte See Part IV, line 18				0	1							
Rev	ŀ	b Less: direct expense	s	b		0	-							
er	(c Net income or (loss)	from fundrais	sing ev	ents .	· •			0					
oth	9 <i>a</i>	Gross income from g See Part IV, line 19		ies.										
_		See Faitiv, inte 15		а		0								
	ŀ	b Less: direct expense	s	b		0								
		c Net income or (loss)		activit	ies .	. •			0					
	10	aGross sales of invent returns and allowand												
				а		0	ı							
	ł	${f b}$ Less: cost of goods s	sold	b		0								
	(Net income or (loss)		invent					0					
	11	Miscellaneous			Busir	ness Code 90009	9	1,662,65	3					1,662,653
		1a FOREIGN EXCHANG	E			50009		1,002,03]					1,002,633
	ı	h oturn was are	OLIC WINES			90009	9	5,700,08	5	5,700,085	1			
		b OTHER MISCELLANE	:UUS INCOME			20009		5,700,00	_	3,700,00				
	_	CONFERENCE RELAT	ED DEVENUE	<u> </u>		90009	9	3,529,44	6	3,529,446	1		+	
	(CONFERENCE RELAT	ED KEVENUE	3		20009	-	5,523,74		5,525,440				
		d All other revenue .	_						+		1		+	
		e Total. Add lines 11a			L	>			+		1		+	
		2 Total revenue. See				•		10,892,18	4		-			
		- 10tal levellue, 3ee	anstructions.	<u> </u>		• •		338,156,85	3	307,865,039				9,795,727 m 990 (2018)
													rori	.:: ヲヲひ (∠∪1४)

-orr	m 990 (2018)				Page 10
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns. All other orga	nizations must com	plete column (A).	
	Check if Schedule O contains a response or note to any	-			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	18,853,488			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	96,654,113			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	9,265,526			
9	Other employee benefits	13,580,333			
10	Payroll taxes	1,592,223			
11	Fees for services (non-employees):				
ā	a Management	4,381,003			
ŀ	Legal	2,104,991			
(Accounting	444,217			
(l Lobbying	0			
•	e Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	27,642,354			
12	Advertising and promotion	0			
13	Office expenses	16,768,722			
14	Information technology	15,041,474			
15	Royalties	0			
16	Occupancy	11,072,144			
17	Travel	26,871,191			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	51,297,061			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	14,508,593			
23	Insurance	449,043			
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.)				
	a OTHER STAFF EXPENSES	4,944,022			
	b OTHER EXPENSES	1,036,620			
	С				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	316,507,118			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				
				•	Form 000 (2019)

Prepaid expenses and deferred charges

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

Investments-program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets . . .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Other assets. See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons. Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24).

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

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23

24

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Page **11**

67.284.072

14.360.608

123,156,879

259.871.567

25,253,117

4.411.914

607.640.514

54,216,715

163,720,831

51.178.000

4.639.148

273.754.694

333.885.820

333,885,820

607,640,514

Form **990** (2018)

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9.102.083

122,123,062

254,003,868

21.630.193

1.740.545

568.719.750

51,476,084

152.948.697

50.333.000

5.692.840

260.450.621

308.269.129

308.269.129

568,719,750

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27 0 28

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31 32

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		Beginning of year		End of year
1	Cash-non-interest-bearing	52,081,718	1	96,923,830
2	Savings and temporary cash investments	22,406,435	2	12,418,489
3	Pledges and grants receivable, net	0	3	0

•	riedges and grants receivable, net	Ĭ	-	
4	Accounts receivable, net	81,627,798	4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	
5	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and			

10a

10b

contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . Assets 3.960.037 4.004.048 Notes and loans receivable, net Inventories for sale or use .

170,024,322

46,867,443

3a

3h

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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.

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 98-0459408

Name: WORLD ECONOMIC FORUM

Form 990 (2018)

Farma 000 Part III Lina

ORGANIZES OTHER MEETINGS ON VARIOUS BUSINESS-RELATED TOPICS.

Form 990, Part III, Line 4a:

MEETINGS THE FORUM HOSTS A VARIETY OF MEETINGS ON AN ANNUAL BASIS INCLUDING THE ANNUAL MEETING IN DAVOS, AN ANNUAL MEETING OF NEW CHAMPIONS IN CHINA, AND MULTIPLE REGIONAL MEETINGS AROUND THE WORLD. THE FORUM'S ANNUAL MEETING IN DAVOS IS AN INTERNATIONALLY RECOGNIZED EVENT THAT BRINGS TOGETHER MANY OF THE WORLD'S TOP BUSINESS LEADERS - INCLUDING THE CEO'S OF ITS 1,000 MEMBER COMPANIES - AS WELL AS POLITICAL LEADERS, RELIGIOUS LEADERS NGO REPRESENTATIVES, INTELLECTUALS, AND JOURNALISTS. IN ADDITION, THE FORUM HOSTS SIX TO NINE ANNUAL REGIONAL MEETINGS AND

Form 990, Part III, Line 4b: BUSINESS NETWORKS AND INITIATIVES THE FORUM HAS DEVELOPED A NUMBER OF PARTNERSHIP NETWORKS THAT ARE DESIGNED TO LINK BUSINESSES BASED ON

DIFFERENT CHARACTERISTICS, SUCH AS REGION OR INDUSTRY. ADDITIONALLY, THE FORUM SPONSORS INITIATIVES THAT ENCOURAGE PUBLIC-PRIVATE PARTNERSHIPS

TO TACKLE GLOBAL ISSUES.

Form 990, Part III, Line 4c: REPORTS THE FORUM CONDUCTS RESEARCH AND ISSUES SUBSTANTIVE REPORTS AND WHITEPAPERS THAT FOCUS ON THE INTERSECTIONS BETWEEN GEOPOLITICS, ECONOMICS, TECHNOLOGY, AND SOCIETY. THE RESEARCH ACTIVITIES HAVE INCLUDED ECONOMIC COMPETITIVENESS, GLOBAL RISKS GENDER PARITY, AND SECURITY,

EMPHASIZING BENCHMARKING STRATEGIC FORESIGHT. AND SHARING BEST PRACTICES.

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	ally liburs	Lanu	a un			usiee)	,	1 (14 2 /4 000		mom the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	C	organization and related organizations
KLAUS SCHWAB FOUNDER AND EXECUTIVE CHAIRMAN	40.0	Х		х				1,123,596	0	4,579
AL GORRE BOARD MEMBER	1.25	Х						0	0	0
ANDRE S HOFFMANN BOARD MEMBER	1.25	Х						0	0	0
ANGEL GURRIA BOARD MEMBER	1.25	Х						0	0	0
CHRISTINE LAGARDE	1.25	х						0	0	0

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BOTHER FIELDER
ANGEL GURRIA
BOARD MEMBER
CHRISTINE LAGARDE
BOARD MEMBER

CHRYSTIA FREELAND

DAVID MRUBENSTEIN

FABIOLA GIANOTTI

HEIZO TAKENAKA

BOARD MEMBER

BOARD MEMBER

HERMAN GREF

....... BOARD MEMBER

BOARD MEMBER AS OF 1/25/2019

BOARD MEMBER AS OF 8/22/2018

and Independent Contractors

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation from the

	any hours	and	a dir	recto	or/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
HM QUEEN RANIA AL ABDULLAH BOARD MEMBER	1.25	Х						0	0	0
INDRA NOOYI BOARD MEMBER UNTIL 1/25/2019	1.25	×						0	0	0
JACK MA BOARD MEMBER	1.25	Х						0	0	0
JIM HAGEMANN SNABE	1.25	Х						0	0	0

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JACK MA
BOARD MEMBER
JIM HAGEMANN SNABE
BOARD MEMBER
JIM YONG KIM

BOARD MEMBER UNTIL 1/25/2019

.......

LRAFAEL REIF

BOARD MEMBER

BOARD MEMBER

MARC RBENIOFF

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

MARK CARNEY

MIN ZHU

LUIS ALBERTO MORENO

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

and Independent Contractors

THARMAN SHANMUGARATNAM

URSULA VON DER LEYEN

BOARD MEMBER

BOARD MEMBER

BORGE BRENDE

CHERYL MARTIN

ADRIAN MONCK

MANAGING DIRECTOR

PRESIDENT

YO-YO MA

BOARD MEMBER AS OF 5/21/2019

MANAGING DIR UNTIL 11/30/2018

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	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	1 ()	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MUKESH DAMBANI BOARD MEMBER	0.0	Х						0	0	0
ORIT GADIESH BOARD MEMBER	0.0	Х						0	0	0
	4 25			1	1	1				

	0.0						
ORIT GADIESH	1.25	_				0	
BOARD MEMBER	0.0	^				0	
PETER BRABECK-LETMATHE	1.25				0	0	
VICE-CHAIRMAN	0.0	^			0	0	
PETER MAURER	1.25	V					
BOARD MEMBER		×			١		

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ORIT GADIESH	1.25						
BOARD MEMBER	0.0	×			0	U	0
PETER BRABECK-LETMATHE	1.25	v			0	0	0
VICE-CHAIRMAN	0.0	^					0
PETER MAURER	1.25	V					0
DOADD MEMBER		^			1	١	U

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108,277

85,780

168,534

1,011,236

843,972

715,452

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

700,000

566,394

515,423

494,887

453,333

496,388

59,387

70,892

61,421

50,730

37,363

0

0

0

0

0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

MURAT SONMEZ

OLIVIER SCHWAB

JULIEN GATTONI

SAADIA ZAHIDI

MANAGING DIRECTOR

MANAGING DIRECTOR

DOMINIC WAUGHRAY

......

CFO/MANAGING DIR FROM 1/1/2019

MANAGING DIR AS OF 1/01/2019

MANAGING DIR AS OF 9/01/2018

	6	1 '						(14/ 2/1000			
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JEREMY JURGENS	40.0			х				715,016	0	168,095	
MANAGING DIRECTOR	0.0									_	
ALOIS ZWINGGI MANAGING DIRECTOR	40.0			х				715,016	0	167,128	
LEE HOWELL MANAGING DIRECTOR	40.0			х				715,016	0	339,579	
SARITA NAYYAR MANAGING DIR AS OF 6/01/2018	40.0			х				735,103	0	61,403	

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LEE HOWELL			x		715.016	n	
MANAGING DIRECTOR	0.0		^		713,010		
SARITA NAYYAR	40.0				725 103		
MANAGING DIR AS OF 6/01/2018	0.0		^		735,103	0	
RICHARD SAMANS	40.0						
MANAGING DIRECTOR	0.0		Х		700,000	0	

40.0

0.0 40.0

0.0 40.0

0.0 40.0

0.0 40.0

0.0

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless amount of other hours per compensation compensation week (list person is both an officer compensation from the from related any hours and a director/trustee) organization organizations from the

(W- 2/1099-

425,964

372,239

393,666

303,547

312,166

(W- 2/1099-

0

0

0

0

0

0

0

62,824

47,827

33,686

61,950

31,681

27,286

0

organization and

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	organizations below dotted line)	Individual trustee or director	Institutional Trustee	1 ()	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
EMMA BENAMEUR MANAGING DIR AS OF 9/01/2018	40.0			х				449,953	0	37,273
ANIL MENON MANAGING DIR AS OF 12/01/2018	40.0			x				61,667	0	0
DAVID AIKMAN CHIEF REPRESENTATIVE OFFICER	40.0				х			629,762	0	50,550
TROELS OERTING JORGENSEN	40.0									

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Χ

Χ

DAVID AIKMAN	40.0					
			Χ		629,762	
CHIEF REPRESENTATIVE OFFICER	0.0					
TROELS OERTING JORGENSEN	40.0					
			Χ		477,732	
HEAD CNTR CYBERSEC TIL 6/30/19	0.0				·	
DENISE BURNET	40.0					
			Χ		436,609	

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0.0 40.0

0.0 40.0

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0.0 40.0

0.0

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for related

and Independent Contractors

SR ADVISOR TO THE PRESIDENT, FR

SR ADV TO CHAIR TIL 6/30/2018

HEAD OF STRATEGIC AFFAIRS

HEAD GNRL SRVCS TIL 7/31/2018

CHIEF REPRESENTATIVE OFF, JAPAN

......

JEAN-LOUP DENEREAZ

HEAD GROUP CONTROL, FINANCE, OPP

PAOLO GALLO

STEPHAN RUIZ

MEL ROGERS

MAKIKO EDA

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer from the from related compensation

and Independent Contractors

MALTE GODBERSEN

ARNAUD BERNAERT

HEAD OF TECHNOLOGY AND DIGITAL

HEAD, PRTNR DEVT, EUROPE & NA

	any hours					ustee		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ALEX WONG	40.0					x		634,228	0	26,941
HEAD,GLBL CHALL TIL 7/31/2018	0.0					^		034,228	0	20,941
10HN MOAVENZADEH	40.0									

		Ť.	istee		nsated			
ALEX WONG	40.0				х	634,228	0	
HEAD,GLBL CHALL TIL 7/31/2018	0.0				^	031,220	9	
JOHN MOAVENZADEH	40.0				<	596,508	0	
HEAD MOB INDS&SYS TIL 8/31/18	0.0				^	390,308	0	
PAUL SMYKE	40.0				×	475,772	0	
HEAD OF REGIONAL AGENDA - NA					^	4/3,//2	0	

Х

0.0 40.0

40.0

0.0

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36,507

48,325

52,649

46,893

448,663

448,287

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493126021530

OMB No. 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

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

Open to Public Inspection

	me of the organization RLD ECONOMIC FORUM			Employe	er identification	number
WU	INCO ECONOMIC FOROM			98-0459	408	
Pa	ort I Organizations Maintaining Donor Advis			or Accour	nts.	
	Complete if the organization answered "Ye		art IV, line 6. advised funds	(h)	Funds and other a	accounts
1	Total number at end of year	(a) Donor	auviseu iulius	(6)	i unus anu ouner a	accounts
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	rs in writing that the	assets held in donor ac	l dvised fund:	s are the	
-	organization's property, subject to the organization's ex					Yes 🗌 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or	for any other purpose	conferring i	mpermissible	Yes 🗌 No
Pa	rt II Conservation Easements. Complete if th	ie organization an	swered "Yes" on Forr	n 990, Pa	rt IV, line 7.	
1	Purpose(s) of conservation easements held by the organ	nization (check all th	at apply).			
	Preservation of land for public use (e.g., recreation	or education)	Preservation of an	historically	/ important land a	irea
	Protection of natural habitat		Preservation of a	certified his	toric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a	qualified conservatio	n contribution in the fo			
	easement on the last day of the tax year.				eld at the End o	f the Year
a	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
С.	Number of conservation easements on a certified historic Number of conservation easements included in (c) acqui		` '	2c		
d	structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred tax year ▶	d, released, extingu	shed, or terminated by	the organiz	zation during the	
4	Number of states where property subject to conservatio	n easement is locate	ed ▶			
5	Does the organization have a written policy regarding th and enforcement of the conservation easements it holds			of violation	s, Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of vio	lations, and enforcing c	onservatior	ı easements durin	g the year
7	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violatior	s, and enforcing conser	vation ease	ements during the	year
8	Does each conservation easement reported on line 2(d))(i)	
	and section $170(h)(4)(B)(ii)$?				☐ Yes	□ No
9	In Part XIII, describe how the organization reports cons- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the orga				
Pai	Organizations Maintaining Collections Complete if the organization answered "Yes	s" on Form 990, P	art IV, line 8.			
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, ed	ucation, or research in t			
b	historical treasures, or other similar assets held for publ following amounts relating to these items:	ic exhibition, educat	ion, or research in furth	erance of p	oublic service, pro	vide the
	(i) Revenue included on Form 990, Part VIII, line 1					
(ii)Assets included in Form 990, Part X			🕨	\$	1,216,576
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1	cal treasures, or oth	er similar assets for fina			
а	Revenue included on Form 990, Part VIII, line 1					
b	Assets included in Form 990, Part X			🕨	• \$	
For	Paperwork Reduction Act Notice, see the Instruction					rm 990) 2018

Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, 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?	Par	300	Organizations Ma	aintaining Col	lections o	f Art, H	istori	cal Tr	easu	ires, or	· Other	Similar A	ssets (ca	ontinued)
Scholarly research Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Beginning blance. Distributions during the year. Beginning of year balance. Beginning of year balance. Beginning of year balance. Complete if the organization include an amount on Form 990, Part XIII. Check here if the organization includes an amount on Form 990, Part IV, line 13. Beginning of year balance. Complete if the organization answered "Yes" (a) Policy year. Beginning of year balance. Complete if the organization answered "Yes" (a) Policy year. Descributions during the year. Le Ending balance. Le Beginning of year balance. Complete if the organization include an amount on Form 990, Part XIII. Check here if the explanation has been provided in Part XIII. Beginning of year balance. Complete if the organization include an amount on Form 990, Part XIII. Check here if the explanation has been provided in Part XIII. Beginning of year balance. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization include an amount on Form 990, Part XIII. Check here if the explanation has been provided in Part XIII. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization include an amount on Form 990, Part XIII. Check here if the explanation has been provided in Part XIII. Complete if the organization include an amount on Form 990, Part IV, line 10. Complete if the organization include and include an amount on Form 990, Part IV, line 10. Complete if the organization include and include an amount on Form 990, Part IV, line 11. Complete if the organization include and include and include an amount on Form 990, Part IV, line 11. Complete if the organization answered "Yes" on Form 990, Part IV, line 11. Complete if the organization answered "Yes" on Form 990, Part IV, line 11. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Description of property (a) Cost or where base (c) Scot or o	3				n, and other	records,	check a	any of	the fo	llowing t	hat are a	significant (use of its	collection
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be soil to raise funds rather than to be maintained as part of the organization's collection? Part XII Scrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: Beginning balance Amount Beginning balance Additions during the year Distributions during the year Ending balance Additions during the year It If Beginning balance Amount organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	а		Public exhibition				d		Loan	or excha	ange pro	grams		
Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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?.	b	П	Scholarly research				e	✓	Othe	r EXHIB	ITION IN	OUR PREMI	SES	
Preservation to four generations A Provide and escription of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solidit or receive donations of art, historical treasures or other similar assess to be soid to raise funds rather than to be maintained as part of the organization's collection?. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, X, line 21. Is she organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is she organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X! If I admount I	c		•											
Part XIII. 5 assets to be sold to raise funds rather than to be maintained as part of the organization's collection?.												_		
Parl 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, If I'Yes," explain the arrangement in Part XIII and complete the following table: Amount Ic Ic Ic Ic Ic Ic Ic I		Part X	(III.	-		·				-			se in	
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990 Note	5												☐ Yes	✓ No
b If "Yes," explain the arrangement in Part XIII and complete the following table: Beginning balance. d Additions during the year. 1d 1d 1d 1d 1d 1d 1d 1d	Pai	t IV	Complete if the org			" on Fori	m 990,	, Part	IV, li	ne 9, oi	report	ed an amou	unt on Fo	orm 990, Part
d Additions during the year. d Distributions during the year. e Distributions during the year. f Ending balance. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	1a												☐ Yes	□ No
d Additions during the year . 1d	b	If "Ye	s," explain the arrange	ement in Part XIII	and comple	te the fol	llowing	table:				Α	mount	
d Additions during the year	c		· ·				_				1c			
Ending balance	d	_	=								1d			
Date the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Distrib	butions during the year	r						.	1e			
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	f	Ending	g balance							[1f			
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	2a	Did th	ne organization include	an amount on Fo	rm 990. Par	t X. line 2	21. for e	escrow	or cu	stodial a	ccount li	abilitv?	☐ Yes	□ No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ Permanent 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: (ii) unrelated organizations	_		-		,	,	'					,	_	•
Contributions Contributio														
b Contributions				'										(e)Four years back
c Net investment earnings, gains, and losses d Grants or scholarships	1 a	Beginni	ing of year balance .											
d Grants or scholarships	b	Contrib	outions											
e Other expenditures for facilities and programs	c	Net inv	estment earnings, gair	ns, and losses										
and programs	d	Grants	or scholarships											
p End of year balance	е		•	es										
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 ▶ 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: (i) unrelated organizations	f	Adminis	strative expenses .											
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: (i) unrelated organizations	g	End of	year balance											
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: (i) unrelated organizations	2					balance	(line 1g	ı, colur	nn (a))) held a	s:			
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: (i) unrelated organizations	а	Board	l designated or quasi-e	ndowment 🟲										
The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	b	Perma	anent endowment ►											
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	c	Temp	orarily restricted endov	wment ►	*******************									
organization by: (i) unrelated organizations		The p	ercentages on lines 2a	, 2b, and 2c shou	ld equal 100)%.								
(i) unrelated organizations	3a			not in the posses	sion of the o	organizati	on that	are he	eld an	d admini	stered fo	or the		Yes No
(ii) related organizations		-	•					_					3a(
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?		. ,	-											
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 of the basis (other) (b) East or other basis (other) (c) Accumulated depreciation (d) Book value of the basis (other) (e) Accumulated depreciation (f) Book value of the basis (other) (g) Accumulated depreciation (h) Book value of the basis (other) (h) East or other basis (other) (h) East or other basis (other) (h) Cost or other basis (other) (h) East or other basis (other basis (other) (h) East or other basis (other basis (other)	b		=			equired o	n Sche	dule R	?.				31	b
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 of the part of the property of the part of th	4	Descr	ibe in Part XIII the inte	ended uses of the	organizatio	n's endow	vment f	unds.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 67,739,945 6 b Buildings 78,774,973 36,474,745 4 c Leasehold improvements 6,040,376 1,858,009	Pai	t VI										065		
(investment) 1a Land		Docari												
b Buildings 78,774,973 36,474,745 4 c Leasehold improvements 6,040,376 1,858,009		Descri	puon or prope r ty			(D) COSC	or ourer	vasis (C	iner)	(C) ACC	umulated	aepreciation	(a	, book value
b Buildings 78,774,973 36,474,745 4 c Leasehold improvements 6,040,376 1,858,009	1a	Land						67,73	9,945					67,739,945
c Leasehold improvements 6,040,376 1,858,009												36,474,745		42,300,228
			-											4,182,367
			·											7,717,763

1,216,576

Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) .

1,216,576

123,156,879

				ed "Yes" on Form !	
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value		hod of valuation: of-year market value
(2) Closely-l	ll derivatives				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments—Program Related.	<u> </u>			
	Complete if the organization answered 'Yes' on Fo		art IV, line ook value), Part X, line 13. hod of valuation:
(1)				Cost or end-	of-year market value
(2)		_			
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(8)	n (h) must equal Form 990 Part V col (R) line 13)				
(8) (9) Total. (Column	n (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets. Complete if the organization answered	Yes' on Form	m 990, Part I	/, line 11d. See Forn	
8) 9) otal. (Column Part IX		'Yes' on Fori	m 990, Part I'	/, line 11d. See Forn	n 990, Part X, line 15. (b) Book value
(8) (9) Fotal. (Column Part IX	Other Assets. Complete if the organization answered	'Yes' on Fori	m 990, Part I'	/, line 11d. See Forn	
9) Fotal. (Column Part IX 1) 2)	Other Assets. Complete if the organization answered	'Yes' on Form	m 990, Part I'	/, line 11d. See Forn	
9) Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered	'Yes' on Form	m 990, Part I'	/, line 11d. See Forn	
9) Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered	Yes' on Form	m 990, Part I	/, line 11d. See Forn	
8) 9) Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answered	'Yes' on Form	m 990, Part I	V, line 11d. See Forn	
8) 9) Fotal. (Column Part IX 1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered	'Yes' on Form	m 990, Part I	V, line 11d. See Forn	
8) 9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered	'Yes' on Form	m 990, Part I	V, line 11d. See Forn	
(S)	Other Assets. Complete if the organization answered	'Yes' on Form	m 990, Part I	V, line 11d. See Forn	
(S)	Other Assets. Complete if the organization answered (a) Description	'Yes' on Fori	m 990, Part I'	/, line 11d. See Forn	
8) 9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9)	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization are				(b) Book value
9) Part IX 1) 2) 3) 4) 5) 6) 7) 8) Potal. (Column Part X L.	The many control of the organization answered (a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization ar See Form 990, Part X, line 25. (a) Description of liability			990, Part IV, line	(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) Fotal. (Column Part X 1. 1) Federal in	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization are See Form 990, Part X, line 25. (a) Description of liability ncome taxes		es' on Form	990, Part IV, line	(b) Book value
(S) (Fotal. (Column Part IX	The complete if the organization answered (a) Description (a) Description The complete if the organization answered (a) Description The complete if the organization and See Form 990, Part X, Inne 25. (a) Description of liability Complete if the organization and See Form 990, Part X, Inne 25. (b) Description of liability Complete if the organization and See Form 990, Part X, Inne 25. (c) Description of liability Complete if the organization and See Form 990, Part X, Inne 25.		es' on Form	990, Part IV, line	(b) Book value
(8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal in REFUND TO DUE TO OTH (3)	The complete if the organization answered (a) Description (a) Description The complete if the organization answered (a) Description The complete if the organization and See Form 990, Part X, Inne 25. (a) Description of liability Complete if the organization and See Form 990, Part X, Inne 25. (b) Description of liability Complete if the organization and See Form 990, Part X, Inne 25. (c) Description of liability Complete if the organization and See Form 990, Part X, Inne 25.		es' on Form	990, Part IV, line value 0 4,158,094	(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal in REFUND TO DUE TO OTH 3) 4)	The complete if the organization answered (a) Description (a) Description The complete if the organization answered (a) Description The complete if the organization and See Form 990, Part X, Inne 25. (a) Description of liability Complete if the organization and See Form 990, Part X, Inne 25. (b) Description of liability Complete if the organization and See Form 990, Part X, Inne 25. (c) Description of liability Complete if the organization and See Form 990, Part X, Inne 25.		es' on Form	990, Part IV, line value 0 4,158,094	(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal in REFUND TO DUE TO OTH 3) 4)	The complete if the organization answered (a) Description (a) Description The complete if the organization answered (a) Description The complete if the organization and See Form 990, Part X, Inne 25. (a) Description of liability Complete if the organization and See Form 990, Part X, Inne 25. (b) Description of liability Complete if the organization and See Form 990, Part X, Inne 25. (c) Description of liability Complete if the organization and See Form 990, Part X, Inne 25.		es' on Form	990, Part IV, line value 0 4,158,094	(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 88 9) Fotal. (Column Part X 1) Federal in REFUND TO DUE TO OTH 3) 4) 5)	The complete if the organization answered (a) Description (a) Description The complete if the organization answered (a) Description The complete if the organization and See Form 990, Part X, Inne 25. (a) Description of liability Complete if the organization and See Form 990, Part X, Inne 25. (b) Description of liability Complete if the organization and See Form 990, Part X, Inne 25. (c) Description of liability Complete if the organization and See Form 990, Part X, Inne 25.		es' on Form	990, Part IV, line value 0 4,158,094	(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) Fotal. (Column Part X 1) Federal in REFUND TO DUE TO OTH 3) 4) 5) 6)	The complete if the organization answered (a) Description (a) Description The complete if the organization answered (a) Description The complete if the organization and See Form 990, Part X, Inne 25. (a) Description of liability Complete if the organization and See Form 990, Part X, Inne 25. (b) Description of liability Complete if the organization and See Form 990, Part X, Inne 25. (c) Description of liability Complete if the organization and See Form 990, Part X, Inne 25.		es' on Form	990, Part IV, line value 0 4,158,094	(b) Book value
(8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal in REFUND TO DUE TO OTH (3) (4) (5) (6) (7)	The complete if the organization answered (a) Description (a) Description The complete if the organization answered (a) Description The complete if the organization and See Form 990, Part X, Inne 25. (a) Description of liability Complete if the organization and See Form 990, Part X, Inne 25. (b) Description of liability Complete if the organization and See Form 990, Part X, Inne 25. (c) Description of liability Complete if the organization and See Form 990, Part X, Inne 25.		es' on Form	990, Part IV, line value 0 4,158,094	(b) Book value
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1.	The complete if the organization answered (a) Description (a) Description The complete if the organization answered (a) Description The complete if the organization and See Form 990, Part X, Inne 25. (a) Description of liability Complete if the organization and See Form 990, Part X, Inne 25. (b) Description of liability Complete if the organization and See Form 990, Part X, Inne 25. (c) Description of liability Complete if the organization and See Form 990, Part X, Inne 25.		es' on Form	990, Part IV, line value 0 4,158,094	(b) Book value

2

а

b

3

4

b

C

Part XII

5

1

2

C

d

3

4

5

b

Part XIII

See Additional Data Table

Schedule D (Form 990) 2018

Page 4

15,251,596

338,156,853

338,156,853

352,373,370

35,866,252

316,507,118

316.507.118

Schedule D (Form 990) 2018

Donated services and use of facilities Other (Describe in Part XIII.) Subtract line **2e** from line **1**

Add lines **4a** and **4b**

Donated services and use of facilities . .

Prior year adjustments

Other (Describe in Part XIII.)

Subtract line 2e from line 1

Supplemental Information

Add lines **4a** and **4b**

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines 2a through 2d .

Return Reference

Net unrealized gains (losses) on investments

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Provide 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 X, line 2; Part

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2d Investment expenses not included on Form 990, Part VIII, line 7b .

4a 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

> 2a 2b

> 2c

2d

4a

4b

Explanation

2a

2b

2c

2e Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

35,866,252

15.251.596

4c 5

2e

3

4c

5

3

chedule D (Form 990) 2018			
Information (continued)			
Explanation			

Schedule D (Form 990) 2018

Additional Data

Software ID:

Software Version:

EIN: 98-0459408

Name: WORLD ECONOMIC FORUM

III, LINE 4

Return Reference

Explanation FORM 990, SCHEDULE D, PART Paintings and sculptures exhibited in our professional premises and without any commercial and / or financial

Supplemental Information

purpose.

upplemental Information							
Return Reference	Explanation						
FORM 990, SCHEDULE D, PART XI, LINE 2D	IN KIND CONTRACTS \$ 15,251,596						

S

Supplemental Information Return Reference Explanation FORM 990, SCHEDULE D, PART IN KIND CONTRACTS \$15,251,596 STRATEGIC RESERVES ALLOCATION \$20,614,656 ------- TOTAL XII, LINE 4D \$35,866,252

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -			DLN: 93493126021530		
SCHEDULE F	Statement of	Activities	Outside the United States OMB No. 1545-0047				
(Form 990) ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.				i, or 16.	2018		
Department of the Treasury Internal Revenue Service	► Go to www.irs	► Attach to Form 990. rs.gov/Form990 for instructions and the latest information.				Open to Public Inspection	
Name of the organization					Employer iden	tification number	
WORLD ECONOMIC FORUM					98-0459408		
Part I General Infor Form 990, Part		es Outside the U	Jnited States. Comple	ete if the	organization a	nswered "Yes" to	
1 For grantmakers. Do	es the organization m	aintain records to	substantiate the amoun	t of its gra	ants and		
			stance, and the selection		sed		
to award the grants or	assistance?					☐ Yes ☐ No	
2 For grantmakers. De outside the United Stat		ganization's proce	dures for monitoring the	use of its	grants and oth	ner assistance	
3 Activites per Region. (Th	e following Part I, line 3	3 table can be dupli	cated if additional space is	needed.)			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region		program spec	ty listed in (d) is a service, describe sific type of e(s) in region	(f) Total expenditures for and investments in region	
See Add'l Data							
3a Sub-total	heets to	4 640				453,041,443	
Part I c Totals (add lines 3a and	3b)	4 640				453,041,443	
For Paperwork Reduction Act N	lotice see the Instruction	ons for Form 990	Cat	No. 50082	·W Schodul	le F (Form 990) 2018	

ype of grant or assistance	(b) Region	(c) Number of	(d) Amount of	(a) Mannay of sach	(f) Amount of	(a) Decemention	(h) Mathada
ype of grant or assistance	(b) Region	recipients	cash grant	(e) Manner of cash disbursement	non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, othe

Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	_	_
		∐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations. (see Instructions for Form 5471)	☐Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	☐Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
	(see instructions for Form 6865)	☐Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713; don't file with Form 990)	☐ Yes	✓ No

Schedule F ((Form 990) 2018	Page			
Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).				
	ReturnReference	Explanation			
•					

Additional Data

East Asia and the Pacific

Software ID: Software Version:

EIN: 98-0459408

Name: WORLD ECONOMIC FORUM

2,299,156

form 990 Schedule F Part I - Activities Outside The United States							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region		
Central America and the Caribbean			Program Services		46,756		

Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Sub-Saharan Africa Program Services 353,719 Europe (Including Iceland and Program Services 79,369,672 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Middle East and North Africa 2.883.814 IProgram Services North America Program Services 216,159

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Program Services 47,830 Russia and the Newly Independent States 360,459 South America Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Sub-Saharan Africa 571,604 Program Services Europe (Including Iceland and 574 | Maintaining offices 180,977,938 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) East Asia and the Pacific 66 Maintaining offices 8,358,937 Europe (Including Iceland and Investments 177,555,399 Greenland)

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19312	26021	.530
Sch	nedule J	Co	ompensati	ion Information	00	1B No.	1545-0	0047
(For	m 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees						
		► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						5
Depar	tment of the Treasury	► Go to <u>www.irs.go</u>		to Form 990. instructions and the latest inform	mation.	pen i	to Pul	blic
	al Revenue Service	- Ni a u			Employer identificat		ectio	
	me of the organiza RLD ECONOMIC FOR					.ioii ni	imber	
Da	rt I Questi	ons Regarding Compensa	tion		98-0459408			
Га	Questi	ons Regarding Compensa	CIOII				Yes	No
1 a				the following to or for a person liste y relevant information regarding the				
		or charter travel		Housing allowance or residence for	personal use			
	_	companions	님	Payments for business use of person				
		nification and gross-up payment	is 📙	Health or social club dues or initiation				
	☐ Discretion	ary spending account	Ш	Personal services (e.g., maid, chauf	feur, chef)			
b		xes in line 1a are checked, did t all of the expenses described abo		ollow a written policy regarding paym plete Part III to explain	nent or reimbursement	1b		No
2				or allowing expenses incurred by all r, regarding the items checked in line	1 1 2 2	2	Yes	
	•	· · · · · · · · ·						
3				d to establish the compensation of the check any boxes for methods	ne			
	_	•		CEO/Executive Director, but explain i	n Part III.			
	☐ Compens	ation committee	✓	Written employment contract				
		ent compensation consultant	<u> </u>	Compensation survey or study				
		of other organizations	\checkmark	Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Sed	ction A, line 1a, with respect to the fi	iling organization or a			
а	Receive a sever	ance payment or change-of-con	trol payment? .			4a	Yes	
b		· · ·		ified retirement plan?		4b	Yes	
c	Participate in, o	r receive payment from, an equ	ity-based comper	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	licable amounts for each item in Part	: III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)) organizations	must complete lines 5-9				
5			· -	the organization pay or accrue any				
	compensation c	ontingent on the revenues of:						
а	The organization	1?				5a		
b	-					5b		
	,	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section of the net earnings of the net e		the organization pay or accrue any				
а	-	1?				6a		
b						6b		
7	•	6a or 6b, describe in Part III.	بالباب علامونا مور	the everytim provide and a second	al .			
7	payments not d	escribed in lines 5 and 6? If "Ye	s," describe in Pa	the organization provide any nonfixed rt III	a 	7		
8	subject to the ir	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de		8		
9				presumption procedure described in		9		
For F	Panerwork Redu	ction Act Notice, see the Ins	tructions for Fo	orm 990. Cat. No. 5	50053T Schedule J	(Forn	1 990)	2018

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

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.								
(A) Name and Title	(A) Name and Title		kdown of W-2 and/c compensation	or 1099-MISC	(C) Retirement and other		columns	Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table								
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rage 5					
Part III Supplemental Inform	Part III Supplemental Information				
Provide the information, explanation, or	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.				
Return Reference	Explanation				
FORM 990, SCHEDULE J, PART I, LINE	Explanation IN EXCEPTIONAL SITUATIONS, THE CHAIRMAN, ACCOMPANIED BY HIS SPOUSE, MAY BE PROVIDED WITH PRIVATE AIR TRAVEL. AS A PUBLIC FIGURE, THESE OCCASIONS ARE INTENDED TO MEET SECURITY OR OPERATIONAL EFFICIENCY REQUIREMENTS.				

Schedule 1 (Form 990) 2018

Return Reference	Explanation
	CHERYL MARTIN, PAOLO GALLO, JEAN-LOUP DENEREAZ, ALEX WONG, AND JOAN MOAVENZADEH RECEIVED SEVERANCE PAYMENTS. THESE AMOUNTS ARE INCLUDED IN SCHEDULE J. PART II, COLUMN B(III).

Form 9

Return Reference	Explanation
,	THREE MEMBERS OF THE FORUM'S MANAGING BOARD PARTICIPATED IN A SUPPLEMENTAL PENSION ARRANGEMENT, WHERE CONTRIBUTIONS AMOUNTING TO 10% OF THE ANNUAL SALARY WERE FUNDED BY THE EMPLOYER AND PAID INTO THE PLAN. ELIGIBILITY FOR THE PLAN WAS BASED ON THE MANAGING BOARD MEMBER HAVING BEEN EMPLOYED BY THE FORUM FOR MORE THAN 5 YEARS. AS PART OF THE FORUM EXECUTIVE COMPENSATION PRINCIPLES, INTRODUCED IN 2017, THIS SUPPLEMENTARY PLAN WAS CLOSED FOR ALL PARTICIPANTS AND NOT REPLACED, OR COMPENSATED. FINAL DISTRIBUTIONS WERE MADE IN JANUARY 2018.

I (Form 990) 2018

Software ID: Software Version:

EIN: 98-0459408

Name: WORLD ECONOMIC FORUM

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

orm 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title			of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
KLAUS SCHWAB	(i)	1,123,596	n	О	0	4,579	1,128,175	
FOUNDER AND EXECUTIVE CHAIRMAN								
BORGE BRENDE	(ii)	1 011 226	0	0	0	0	0	0
PRESIDENT	(i)	1,011,236	0	0	86,415	21,862	1,119,513	0
	(ii)	0	0	0	0	0	0	0
CHERYL MARTIN MANAGING DIR UNTIL	(i)	655,431	0	188,541	69,928	15,852	929,752	0
11/30/2018	(ii)	0	0	0	0	0	0	0
ADRIAN MONCK MANAGING DIRECTOR	(i)	715,016	0	436	150,830	17,704	883,986	0
MANAGING DIRECTOR	(ii)	0			0	0		
JEREMY JURGENS	(i)	715,016	0	0	150,390	17,705	883,111	0
MANAGING DIRECTOR	(ii)							
ALOIS ZWINGGI	(i)	715,016	0	0	140.433	17.705	000.144	0
MANAGING DIRECTOR			 		149,423	17,705	882,144 	
LEE HOWELL	(ii)	0	0	0	0	0	0	0
LEE HOWELL MANAGING DIRECTOR	(i)	715,016	0	0	320,700	18,879	1,054,595	0
	(ii)	0	0	0	0	0	0	0
SARITA NAYYAR MANAGING DIR AS OF	(i)	643,396	91,707	o	27,500	33,903	796,506	0
6/01/2018	(ii)	0	0	0	0	0	0	0
RICHARD SAMANS	(i)	700,000	0	0	462,668	33,720	1,196,388	0
MANAGING DIRECTOR	(ii)	0						
MURAT SONMEZ	(i)	700,000	0	0	25,667	33,720	759,387	0
MANAGING DIRECTOR					23,007		739,367	
OLIVIER SCHWAB	(ii)	Fee 204	0	0	0	0	0	0
MANAGING DIRECTOR	(i)	566,394	0	0	55,353	15,539	637,286	0
	(ii)	0	0	0	0	0	0	0
JULIEN GATTONI CFO/MANAGING DIR FROM	(i)	514,402	0	1,021	47,563	13,858	576,844	0
1/1/2019	(ii)	0	0	0	0	0	0	0
DOMINIC WAUGHRAY MANAGING DIR AS OF	(i)	430,860	64,027	0	38,775	11,955	545,617	0
1/01/2019	(ii)	0	0	0	0	0	0	0
SAADIA ZAHIDI	(i)	400,605	52,728	0	26,071	11,292	490,696	0
9/01/2018	(ii)							
EMMA BENAMEUR	(i)	397,225	52,728	0	26,032	11,241	487,226	0
MANAGING DIR AS OF 9/01/2018					20,032			
DAVID AIKMAN	(ii) (i)	563,236	0	0	0	0	0	0
CHIEF REPRESENTATIVE	(1)	563,236	66,067	459 	38,309	12,241	680,312	0
OFFICER	(ii)	0	0	0	0	0	0	0
TROELS OERTING JORGENSEN	(i)	477,732	0	0	50,906	11,918	540,556	0
HEAD CNTR CYBERSEC TIL 6/30/19	(ii)	0	0	0	0	0	0	0
DENISE BURNET	(i)	355,522	51,635	29,452	37,689	10,138	484,436	0
SR ADVISOR TO THE PRESIDENT,FR	(ii)	n						
PAOLO GALLO	(i)	246,987	0	178,977	26,911	6,775	459,650	0
SR ADV TO CHAIR TIL 6/30/2018					20,911		459,050	
STEPHAN RUIZ	(ii)	221 022	0	0	0	0	0	0
HEAD GROUP	(i)	331,832	40,407		27,495 	34,455	434,189	0
CONTROL,FINANCE,OPP	(ii)	0	0	0	0	0	0	0

(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D) column (B) (i) Base Compensation compensation reported as deferred on Other reportable Bonus & incentive prior Form 990 compensation compensation MEL ROGERS 343,329 50,337 21,858 9,823 425,347 HEAD OF STRATEGIC AFFAIRS JEAN-LOUP DENEREAZ 197,994 105,553 21,238 6,048 330,833 HEAD GNRL SRVCS TIL 7/31/2018 MAKIKO EDA 297,564 9,125 5,477 312,166 CHIEF REPRESENTATIVE OFF, JAPAN ALEX WONG 232,418 36,317 365,493 20,225 6,716 661,169 HEAD, GLBL CHALL TIL

267,891

11,812

9,059

25,683

27,500

41,758

35,803

10,824

20,825

10,891

11,090

633,015

524,097

501,312

495.180

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

51,537

39,585

46,674

46,965

277,080

436,187

390,177

392,263

7/31/2018

8/31/18
PAUL SMYKE

DIGITAL

JOHN MOAVENZADEH

HEAD OF REGIONAL AGENDA - NA MALTE GODBERSEN

ARNAUD BERNAERT

HEAD, PRTNR DEVT, EUROPE & NA

HEAD MOB INDS&SYS TIL

HEAD OF TECHNOLOGY AND

efile GRAPH	IC print	- DO NOT PROCESS As Filed Data -	DLN	: 93493126021530
SCHEDUL (Form 990 or EZ)	990-	Supplemental Information to Form 990 or 9 Complete to provide information for responses to specific quest Form 990 or 990-EZ or to provide any additional information Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2018 Open to Public Inspection	
Mannel Betherofg	ameation		Employer ident	ification number
WORLD ECONOMIC	FORUM		98-0459408	
990 Schedule	O, Sup	plemental Information		
Return Reference		Explanation		
MISSION STATEMENT - FORM 990, PART III, LINE 1	NAL ORG BUSINES WAS ES' TZERLAI RIVES IN LE UPHO HE HEAF E FOUNI ALL PAR OF ORG, ND ACAI AL AND I INTEGRA L COMM 'S PREEI NTEGRA AS A CA' RATIONA AGENDA UM ALW, THE FOF E WILL T SPECTS	RLD ECONOMIC FORUM, COMMITTED TO IMPROVING THE STATE OF THE GANIZATION FOR PUBLIC-PRIVATE COOPERATION. THE FORUM ENGAGE AND OTHER LEADERS OF SOCIETY TO SHAPE GLOBAL, REGIONAL AN TABLISHED IN 1971 AS A NOT-FOR-PROFIT FOUNDATION AND IS HEADQUIND. IT IS INDEPENDENT, IMPARTIAL AND NOT TIED TO ANY SPECIAL INTEXT ALL ITS EFFORTS TO DEMONSTRATE ENTREPRENEURSHIP IN THE GLOBOLDING THE HIGHEST STANDARDS OF GOVERNANCE. MORAL AND INTELET OF EVERYTHING IT DOES. OUR ACTIVITIES ARE SHAPED BY A UNIQUED ON THE STAKEHOLDER THEORY, WHICH ASSERTS THAT AN ORGAN ITS OF SOCIETY. THE INSTITUTION CAREFULLY BLENDS AND BALANCES ANIZATIONS, FROM BOTH THE PUBLIC AND PRIVATE SECTORS, INTERNATION INSTITUTIONS. RECOGNIZING THAT THE MAJOR GLOBAL CHALLEN INTERDISCIPLINARY COLLABORATION AMONG ALL STAKEHOLDERS OF CATES LEADERS FROM BUSINESS, GOVERNMENTS, ACADEMIA AND SOCIEUNITY COMMITTED TO IMPROVING THE STATE OF THE WORLD. THE FORM INTERDISCIPLINARY COLLABORATION AND IMPARTIAL PARTNER AND ACTED PLATFORM FOR PUBLIC-PRIVATE COOPERATION. TO ACHIEVE ITS INTERDISCIPLINARY FOR THOUGHT LEADERSHIP AND ACTION MAINLY IN THE FORM FOR THIS PURPOSE, THE FORUM IDENTIFIES ISSUES ON THE GLOBAL, IN SCIENCES OF CREATIVE THINKING, INNOVATIVE INITIATIVES AND INTELLECTLY OF ADVANCE PEACE AND PROSPERITY IN THE WORLD. IN ITS ACTIVITIES THE ESSENTIAL ROLE PLAYED BY GOVERNMENTS AND INTERNATIONAL OF THE UNITED NATIONS, AS WELL AS BY THEIR VARIOUS AFFILIATED INSTITUTED INSTITUTED IN THE UNITED NATIONAL	S THE FOREMOS D INDUSTRY AGE JARTERED IN GEIGESTS. THE FOREMOS BAL PUBLIC INTEGET INTE	ST POLITICAL, ENDAS. IT NEVA, SWI RUM ST EREST WHI RITY IS AT T CULTUR DUNTABLE TO ANY KINDS ZATIONS A NTERNATION T, THE FORUM TO A GLOBA ES THE WORLD NSIVE AND I RUM ACTS ATE COOPE NDUSTRY DN. THE FOR MBINING WITH TH LLY RE

990 Schedule O, Supplemental Information

Return Explanation

Reference

FAMILY	PROF. KLAUS SCHWAB (CHAIRMAN) AND OLIVIER SCHWAB (MANAGING DIRECTOR - HEAD OF BUSINESS ENG
RELATIONSHIP	AGEMENT, MEMBER OF THE EXECUTIVE COMMITTEE) HAVE A FAMILY RELATIONSHIP.
- FORM 990,	
PART VI.	
SECTION A.	
LINE 2	

Return Reference	Explanation
FORM 990 REVIEW PROCESS- FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON THE INFORMATION PROVID ED BY THE ORGANIZATION'S HEAD OF FINANCE UNDER THE RESPONSIBILITY OF THE CHIEF FINANCIAL O FFICER. IT IS THEN REVIEWED AND APPROVED BY THE CHIEF FINANCIAL OFFICER, AND THEN CIRCULAT ED TO THE MANAGING BOARD FOR COMMENT BEFORE FILING.

Return Reference	Explanation
CONFLICT OF INTEREST POLICY- FORM 990, PART VI,SECTION B,LINE 12A	AN ONLINE TRAINING HAS BEEN DEVELOPED AND ASSIGNED TO ALL EMPLOYEES. THE TRAINING IS ON THE CODE OF CONDUCT INTEGRATING THE CONFLICT OF INTEREST TOPIC. CONFLICT OF INTEREST POLICY EMPLOYEES HAVE AN OBLIGATION TO CONDUCT BUSINESS WITHIN GUIDELINES THAT PROHIBIT CONFLICTS OF INTERESTS. A CONFLICT OF INTEREST ARISES WHEN YOUR PERSONAL INTERESTS OR THOSE OF YOUR SPOUSE, CLOSE RELATIVES, PERSONAL RELATIONSHIPS, FRIENDS OR THIRD PARTIES INTERFERE, OR COULD BE PERCEIVED AS INTERFERING, WITH YOUR PROFESSIONAL JUDGMENT, OBJECTIVITY, INDEPENDEN CE OR LOYALTY TO THE FORUM. THIS POLICY ESTABLISHES ONLY THE FRAMEWORK WITHIN WHICH THE FORUM WISHES BUSINESS TO OPERATE. FORUM STAFF ARE EXPECTED TO INFORM THE CHIEF HUMAN RESOURCES OFFICER AND/OR THE HEAD OF THE LEGAL DEPARTMENT AS SOON AS IT IS CLEAR THAT A POTENTIAL CONFLICT OF INTEREST WILL ARISE, SO THAT SAFEGUARDS CAN BE ESTABLISHED TO PROTECT ALL PAR TIES. PERSONAL GAIN MAY RESULT NOT ONLY IN CASES WHERE AN EMPLOYEE OR RELATIVE HAS A SIGNI FICANT OWNERSHIP IN A FIRM WITH WHICH THE FORUM DOES BUSINESS, BUT ALSO WHEN AN EMPLOYEE OR RELATIVE RECEIVE SUBSTANTIAL GIFT OR SPECIAL CONSIDERATION AS A RESULT OF ANY TRANSACTION OR BUSINESS DEALINGS INVOLVING THE FORUM. WORKING OUTSIDE THE FORUM AND DIRECTORSHIP OUT SIDE THE FORUM ARE SUBJECT TO THE FORUM'S CONFLICT OF INTEREST POLICIES. FORUM STAFF MAY GAIN ACCESS TO CONFIDENTIAL, INSIDER OR NON-PUBLIC INFORMATION REGARDING THE FORUM, THE FORUM MEMBERS, THE FORUM'S CONTRACTORS OR OTHER THAN THAT OF THE FORUM. ALD DISCLOSURES REQUIRED BY THIS POLICY ARE TO BE DECLARED IN WRITING TO THE CHIEF HUMAN RESOURCES OFFICER AND/OR THE HEAD OF THE LEGAL DEPARTMENT AS SOON AS IS REASONABLY POSSIBLE ONCE AN ACTIVITY OUTSIDE THE FORUM IS UNDERTAKEN.

Return Reference	Explanation
CONFLICT OF INTEREST POLICY- FORM 990,PART VI,SECTION B,LINE 12B&C	THE FORUM HAS A CONFLICT OF INTEREST POLICY TO REQUIRE MANAGING BOARD MEMBERS AND OFFICERS EMPLOYED BY THE FORUM TO DISCLOSE ANY CONFLICTS OF INTEREST WHEN THEY ARISE. ANY POTENTIA L CONFLICTS OF INTEREST ARE REQUIRED TO BE RAISED TO THE CHIEF HUMAN RESOURCES OFFICER AND /OR THE HEAD OF THE LEGAL DEPARTMENT. THE FORUM IS CURRENTLY WORKING ON A PROJECT TO CENTR ALIZE DECLARATIONS OF CONFLICT OF INTEREST AND A PROCESS TO RENEW THE DECLARATIONS ANNUALL Y.

Return Reference	Explanation
DOCUMENT RETENTION POLICY - FORM 990, PART VI, SECTION B, LINE 14	THE WORLD ECONOMIC FORUM DOES NOT HAVE A POLICY FOR RETENTION AND DESTRUCTION OF WRITTEN D OCUMENTS. HOWEVER, THEIR DISREGARDED ENTITY THE WORLD ECONOMIC FORUM USA LLC DOES HAVE A P OLICY FOR RETENTION AND DESTRUCTION OF WRITTEN DOCUMENTS AND THERE IS A PLAN IN THE FUTURE TO IMPLEMENT A POLICY FOR RETENTION AND DESTRUCTION OF WRITTEN DOCUMENTS.

Explanation
THE CHAIRMAN'S SALARY IS INITIALLY SET BASED ON A SURVEY OF COMPARABLE POSITIONS AND IN CO
NSULTATION WITH INDEPENDENT OUTSIDE EXPERTS INCLUDING AN EXECUTIVE SEARCH FIRM. IT IS THEN RATIFIED BY THE BOARD OF DIRECTORS AND HAS NOT BEEN CHANGED SINCE RATIFICATION. THE CHAIR
MAN RECUSES HIMSELF DURING BOARD DISCUSSIONS RELATING TO HIS COMPENSATION. THE CHAIRMAN DO
ES NOT RECEIVE ANY PERFORMANCE RELATED BONUS OR SIMILAR FORM OF COMPENSATION. FOR THE OTHE
R OFFICERS, THE COMPENSATION PROCESS IS LED BY THE CHAIRMAN. INITIALLY SALARY LEVELS ARE S
ET BASED ON A SURVEY OF COMPARABLE POSITIONS AND IN CONSULTATION WITH INDEPENDENT OUTSIDE
EXPERTS INCLUDING AN EXECUTIVE SEARCH FIRM. PERFORMANCE IS ASSESSED ON AN ANNUAL BASIS THR OUGH AN ORGANIZATION-WIDE FORMAL REVIEW PROCESS.

Return Explanation
Reference

GOVERNING	NO DOCUMENTS RELATED TO GOVERNANCE DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINA
DOCUMENTS-	NCIAL STATEMENTS HAVE BEEN MADE AVAILABLE TO THE PUBLIC DURING FISCAL YEAR 2019.
FORM 990,	
PART VI,	
SECTION C,	
LINE 10	

Return Explanation
Reference

OTHER FX difference between BOY and EOY Balance Sheet \$ 3,966,956

CHANGES
IN NET
ASSETS PART XI,
LINE 9

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Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No. 1545-0047 **2018**

DLN: 93493126021530

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organizat
WORLD FOONOMIC FORLI

(Form 990)

Name of the organization
WORLD ECONOMIC FORUM

98-0459408

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (e) Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity (1) WORLD ECONOMIC FORUM USA LLC MEMBERSHIPS 54,976,739 98,774,016 WEF DE 350 MADISON AVE 11TH FLOOR NEW YORK, NY 10017 20-3908371 (2) WORLD ECONOMIC FORUM JAPAN Memberships JA 0 109,420 WEF 12-32 Akasaka 1-Chome Tokyo, Minato-ku 107-6037 Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (g) Section 512(b) (b) (d) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling (13) controlled or foreign country) (if section 501(c)(3)) entity entity? Yes No

(a) Name, address, and EIN of related organization	(b) Primary activity	Primary Legal	(d) Direct controlling entity	(e) Predominant income(related, excluded from tax under sections 512)	d, total income	(g) Share of end-of-year assets			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		g ownersh	
					314)			Yes	No		Yes	No	
			1 1										
Identification of Related Organiza because it had one or more related on						nization ansv	wered "Yes	s" on F	orm 9	90, Part IV,	, line	34	
		L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling	(e)	wered "Yes (f) Share of total income	Share	(g) e of end- year assets	-of- Perce	, line 1) ntage ership	S-(1	(i) ection 512 13) control entity?
pecause it had one or more related on (a) Name, address, and EIN of	rganizations treated as	L do (state	on or tru: (c) egal micile	st during th	(d) controlling	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	1) ntage	S-(1	ection 512 13) control
pecause it had one or more related on (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	1) ntage	S-(1	ection 512 13) control entity?
pecause it had one or more related on (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	1) ntage	S-(1	ection 512 13) control entity?
pecause it had one or more related on (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	1) ntage	S-(1	ection 512 13) control entity?
pecause it had one or more related on (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	1) ntage	S-(1	ection 512 13) control entity?
pecause it had one or more related on (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	1) ntage	S-(1	ection 512 13) control entity?
pecause it had one or more related on (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	1) ntage	Si (1	

Schedu	e R (Form 990) 2018					Pa	ge 3
Part	Transactions With Related Organizations Complete if the organization answered "Yes	" on Form 990, Par	t IV, line 34, 35b,	or 36.			
ı	ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 Dur	ng the tax year, did the orgranization engage in any of the following transactions with one or more related	organizations listed in	Parts II-IV?				
a F	eceipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity				1a		
b	ift, grant, or capital contribution to related organization(s)				1 b		
c (ft, grant, or capital contribution from related organization(s)				1c		
d l	pans or loan guarantees to or for related organization(s)				1d		
e l	pans or loan guarantees by related organization(s)				1e		
f D	vidends from related organization(s)				1f		
g S	ale of assets to related organization(s)				1 g		
h i	urchase of assets from related organization(s)				1h		
i E	change of assets with related organization(s)				1i		
j L	ase of facilities, equipment, or other assets to related organization(s)				1j		
k l	ease of facilities, equipment, or other assets from related organization(s)				1k		
I P	rformance of services or membership or fundraising solicitations for related organization(s)				11		
m P	rformance of services or membership or fundraising solicitations by related organization(s)				1m		
n S	aring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
о 9	naring of paid employees with related organization(s)				10		
рί	eimbursement paid to related organization(s) for expenses				1 p		
q i	eimbursement paid by related organization(s) for expenses				1 q		
r C	ther transfer of cash or property to related organization(s)				1r		
s (ther transfer of cash or property from related organization(s)				1s		
	the answer to any of the above is "Yes," see the instructions for information on who must complete this lin					'	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining a		volvod	
	ivanie or relateu organization	type (a-s)	Amount involved	method of determining a		voived	

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	10	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ı	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		,	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Form	990	0) 2018

chedule R (Fo	rm 990) 2018	Page	je 5					
Part VII	Supplemental Information							
	Provide additional infor	mation for responses to questions on Schedule R (see instructions).						
Return Reference		Explanation						