DLN: 93493308003489 OMB No 1545-0047 Return of Organization Exempt From Income Tax 2018 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable WORLD AFFAIRS COUNCIL OF PHILADELPHIA ☐ Address change 23-1352586 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 1 SOUTH BROAD STREET ☐ Application pending (215) 561-4700 City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA $\,$ 19107 G Gross receipts \$ 2,107,900 Name and address of principal officer H(a) Is this a group return for CRAIG SNYDER □Yes ☑No subordinates? 1 SOUTH BROAD STREET H(b) Are all subordinates PHILADELPHIA, PA 19107 ☐ Yes ☐No included? Tax-exempt status **✓** 501(c)(3) 501(c)() **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www wacphila org L Year of formation 1948 M State of legal domicile PA K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities THE WORLD AFFAIRS COUNCIL OF PHILADELPHIA IS A PRIVATE, NON-PROFIT, NON-PARTISAN ORGANIZATION DEDIDICATED TO CREATING AN INFORMED CITIZENRY ON MATTERS OF NATIONAL AND INTERNATIONAL SIGNIFICANCE Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) 16 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 25 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 1,428,900 696,400 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 717,900 511,600 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 96,000 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,107,900 1,510,300 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 748,000 784,400 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶288,600 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 753,700 1,013,800 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 1,501,700 1,798,200 19 Revenue less expenses Subtract line 18 from line 12 . 8,600 309,700 Net Assets or Fund Balances **Beginning of Current Year End of Year** 2,211,500 20 Total assets (Part X, line 16) . 2,379,700 21 Total liabilities (Part X, line 26) . 94,100 216,100 22 Net assets or fund balances Subtract line 21 from line 20 . 2,163,600 2,117,400 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-09-24 Signature of officer Sign Here CRAIG SNYDER PRESIDENT & CEO Type or print name and title Date Print/Type preparer's name Preparer's signature PTIN Check I If P00105522 Paid self-employed Firm's name ► RUOTOLO SPEWAK & CO Firm's EIN ▶ **Preparer** Use Only Firm's address ▶ 101 CHESTNUT AVE Phone no (856) 273-1282 MOUNT LAUREL, NJ 080549405 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (20	018)					Page 2
Pa	irt III	Statement	of Program Service	Accomplis	hments		_
		Check if Sched	dule O contains a respor	se or note to a	any line in this Part III		🗹
1	Briefly		rganızatıon's mıssıon				
			CIL OF PHILADELPHIA : MATTERS OF NATIONAL			ARTISAN ORGANIZATION DEDIC E	ICATED TO CREATING AN
2		-	undertake any significar		- ,	which were not listed on	□ Yes ☑ No
	If "Yes	," describe the	se new services on Sche	edule O			
3	service	es?	cease conducting, or ma		changes in how it con	ducts, any program	. □Yes ☑No
4	Section	n 501(c)(3) and		ns are required	to report the amount	e largest program services, as n of grants and allocations to oth	
4a	(Code) (Expenses \$	22,200	ıncludıng grants of \$	0) (Revenue \$	42,300)
	See Ad	dıtıonal Data					
4b	(Code) (Expenses \$	150,000	including grants of \$	0) (Revenue \$	150,000)
	See Ad	dıtıonal Data					
4c	(Code See Ad	ditional Data) (Expenses \$	392,000	including grants of \$	0) (Revenue \$	114,200)
	(Code) (Expenses \$	823,900	ıncludıng grants of \$	0) (Revenue \$	205,100)
	EDUCA	TION PROGRAMS	FOR HIGH SCHOOL, MIDDL	E SCHOOLS TEAG	CHERS & STUDENTS		_
4d			es (Describe in Schedul	•			
	(Exper		•	ding grants of	\$	0) (Revenue \$	205,100)
4e	Total	program serv	ice expenses ▶	1,388,1	00		

Form 990 (2018) Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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? 4 Nο 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? 5 Nο If "Yes," complete Schedule C, Part III 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? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? Nο R 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 Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 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 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🔧 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸 11e No Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Nο the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🥦 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a No 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 14h Nο valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to No or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) 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 Nο Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

Nο

Nο

20a

20b

21

37

38

Part V

Nο

No

No

36

37

38

3

0

1a

Yes

Yes

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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? <i>If "Yes," complete Schedule J</i>	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		No
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		No
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
	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

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

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Statements Regarding Other IRS Filings and Tax Compliance

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

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

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

12b

13b

13c

13a

14a

14b

15

No

No

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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

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?

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

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Par	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	o" respo	onse to	lines ✓
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 1a 34		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 34			
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
	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
	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
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			1
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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	e.) Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	165	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?	10a		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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?			1
Sa	i	16b		
<u>5e</u> 17	ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶			
	<u>PA</u>			
18	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 MITCHELL ABRAMS 1 SOUTH BROAD STREET PHILADELPHIA, PA 19107 (215) 561-4700	_		0 (2010)

101111 330 (2	010)										Page /
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	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), (if the organization's current key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five current high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's former office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's former dir e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

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Part VII Section A. Officers, Direct	tors, Trustees	, Key I	Empl	loye	es,	and I	ligh	nest Compensate	d Employees (co	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	1 ()	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										

			è		
See Additional Data Table					

1b Sub-Total										
d Total (add lines 1b and 1c)						>		199,400	0	6,200
Total number of individuals (including of reportable compensation from the compensation)			e liste	ed al	bove	e) who	rece	eived more than \$1	00,000	

c	Sub-Total	0		6,200
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \blacktriangleright 1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000°? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of confirm the organization. Benefit compensation for the calendar year and individual to a within the organization of the compensation for the calendar year and individual to a within the organization.	npensa	ation	

	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
Se	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of confirm the granulation. Benefit compensation for the calendar year and the within the expandance of the compensation for the calendar year.	npensa	ition	

5	5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person								
S	Section B. Independent Contractors								
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year								
	(A) (B) Name and business address Description of services								

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Forr	Form 990 (2018) Page 10									
	Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anızatıons must comp	elete column (A)						
	Check if Schedule O contains a response or note to any	line in this Part IX .			\square					
	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		·							
2	Grants and other assistance to domestic individuals See Part IV, line 22									
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	165,000	78,000	33,000	54,000					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$									
7	Other salaries and wages	516,900	387,600	1,200	128,100					
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	7,100	5,400	200	1,500					
9	Other employee benefits	47,200	35,600	1,600	10,000					
10	Payroll taxes	48,200	36,300	1,700	10,200					
11	Fees for services (non-employees)									
a	Management									
Ŀ	Legal									
ď	Accounting	82,600	27,000	11,500	44,100					
c	Lobbying				_					
e	Professional fundraising services See Part IV, line 17									
f	Investment management fees									
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)									
12	Advertising and promotion	5,400	4,800	0	600					
13	Office expenses	59,400	28,100	18,700	12,600					
14	Information technology	14,200	6,700	5,000	2,500					
15	Royalties									
16	Occupancy	93,800	48,500	30,300	15,000					
17	Travel	33,200	20,700	10,100	2,400					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .									
19	Conferences, conventions, and meetings									
	Interest	5,800	2,900	0	2,900					
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	14,200	6,700	5,000	2,500					
23	Insurance									
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 PROGRAM EXPENSE	700,300	698,000	2,000	300					
			' 1							
	b POSTAGE	4,900	1,800	1,200	1,900					
	С									
	d									
	e All other expenses									
	Total functional expenses. Add lines 1 through 24e	1,798,200	1,388,100	121,500	288,600					
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			<u> </u>						
	Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)									
					Earm 000 (2010)					

Page **11**

2.379.700 135,700

80.400

216.100

767.100

1.396.500

2,163,600

2,379,700

Form **990** (2018)

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94.100

1.049.200

1,068,200

2,117,400

2,211,500

Form 990 (2018)

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Liabilities 22

Assets or Fund Balances

Net

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

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

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 .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

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,

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

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

		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX . .			<u> ⊔</u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			163,600	1	168,900
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	425,000
	4	Accounts receivable, net			162,600	4	147,800
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	ited er	nployees Complete	0	5	
its	6 L	Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organization voluntary employees' beneficiary organizations (Part II of Schedule L		6			
ssets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			340,700	9	242,700
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	128,400			
	ь	Less accumulated depreciation	10 b	69,400	22,100	10c	59,000
	11	Investments—publicly traded securities .			1,522,500	11	1,336,300
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	11 .			13	

(0		Part II of Schedule L					
Assets	7	Notes and loans receivable, net				7	
SSI	8	Inventories for sale or use				8	
۵	9	Prepaid expenses and deferred charges			340,700	9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	128,400			
	ь	Less accumulated depreciation	10 b	69,400	22,100	10 c	
	11	Investments—publicly traded securities .			1,522,500	11	
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	11 .			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	2,211,500	16	
	17	Accounts payable and accrued expenses			47,200	17	
	18	Grants payable				18	
	19	Deferred revenue			46,900	19	

Form	990 (2018)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	,107,900
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	,798,200
3	Revenue less expenses Subtract line 2 from line 1	3			309,700
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	,117,400
5	Net unrealized gains (losses) on investments	5		•	-263,500
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2	,163,600
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O	'		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
	· · · · · · · · · · · · · · · · · · ·		F		

Form **990** (2018)

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 3b

Additional Data

Software ID: 18007482 Software Version:

EIN: 23-1352586

Name: WORLD AFFAIRS COUNCIL OF PHILADELPHIA

Form 990 (2018)

JAMIE DIMON - CEO OF JP MORGAN CHASE THE COUNCIL HOSTED MR DIMON ON SEPTEMBER 24, 2018 TO DISCUSS DOMESTIC AND INTERNATIONAL ECONOMIC ISSUES AS WELL AS PLANS FOR JP MORGAN CHASE EXPANSION IN THE PHILADELPHIA REGION.

Form 990, Part III, Line 4a:

GLOBAL CERTIFICATE PROGRAM - PENNSYLVANIA DEPARTMENT OF EDUCATION TO ADVANCE THE INTEGRATION OF GLOBAL CONTENT. CRITICAL THINKING AND INVESTIGATIVE SKILLS INTO PENNSYLVANIA HIGH SCHOOL CIRRICULUM, THE WORLD AFFAIRS COUNCIL WILL DESIGN, DEVELOP AND PILOT THE GLOBAL SCHOLARS CERTIFICATE PROGRAM IN HIGH SCHOOLS ACROSS THE STATE PROGRAM GOALS INCLUDE (1) PREPARING PENNSYLVANIA STUDENTS TO SUCCESSFULLY AND

EFFECTIVELY PARTICIPATE IN LOCAL, NATIONAL AND GLOBAL CIVIC LIFE, (2) EXPANDING STUDENTS' KNOWLEDGE OF WORLD GEOGRAPHY AND DIFFERENT ECONOMIC, SOCIAL, POLITICAL AND CULTURAL SYSTEMS, (3) DEEPENING STUDENTS' UNDERSTADNING OF COMPLEX ISSUES FROM INTERDISCIPLINARY AND VARIED CULTURAL

PERSPECTIVES. (4) HELPING STUDENTS DEVELOP THE CRITICAL THINKING, PROBLEM SOLVING LEADERSHIP SKILLS NEEDED TO SUCCEED IN A COMPETITIVE

KNOWLEDGE-DRIVEN GLOBAL ECONOMY

Form 990, Part III, Line 4b:

THE WHOLE TRUTH WITH DAVID EISENHOWER IS NEITHER A TRADITIONAL INTERVIEW SHOW NOR A CONVENTIONAL ROUND TABLE DISCUSSION OF HEADLINE NEWS IT IS A SERIES THAT AIMS TO UNCOVER FUNDAMENTAL FACTS AND TO DEFINE THE PRINCIPLE COMPETING WORLDVIEWS ON THE MOST IMPORTANT ISSUES OF OUR TIME, LEAVING PARTISAN TALKING POINT AND ANIMOSITIES OUT OF THE DISCUSSION HOSTED BY DAVID EISENHOWER - PROFESSOR, HISTORIAN AND GRANDSON OF PRESIDENT DWIGHT DESCENDED TO THE SERIES APPROACH TO POLITICAL DEBATE IS RIGOROUS, BALANCED, INSIGHTPUL, AND CIVIL EACH HALF-HOUR EPISODE OF

THE WHOLE TRUTH TACKLES SOME OF THE WEIGHTIEST PUBLIC AFFAIRS OF OUR TIME, WITH A FOCUS THAT'S GLOBAL AND LONG-TERM IN SCOPE, AND INCLUDES

THREE OR FOUR MAIN GUESTS, PRESENTING THEIR POINTS OF VIEW AS ADVOCATES AND "EXPERT WITNESSES '

Form 990, Part III, Line 4c:

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

and Independent Contractors

RAZA BOKHARI

VICE CHAIRMAN

ANNE BUCHANAN

VICE CHAIRMAN

WILLIAM DORAN

VICE CHAIRMAN

VICE CHAIRMAN

VICE CHAIRMAN

EDWARD SATELL

VICE CHAIRMAN

FRANK HERMANCE

PEGGY LEIMKUHLER

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	ally llours	ا مانات	ı a uıı	ecto	71 / []	usice,	,	Organization	organizacions	I monitule .
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
CRAIG SNYDER PRESIDENT & CEO	40 00			x		х		199,400	0	6,200
MICHAEL FARRELL CHAIRMAN	5 00			x				0	0	0
BRIAN LEE TREASURER	2 00			х				0	0	0
	2.00									

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MICHAEL FARRELL	5 00		х		0	
CHAIRMAN			^			
BRIAN LEE	2 00					
TREASURER			Х		U	
WILLIAM MACDONALD	2 00		х		0	
SECRETARY			^			

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

	any hours		a dır	ecto	r/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
RICHARD WOOSNAM	2 00			x				0	0	0
VICE CHAIRMAN									3	
JOSEPH BERQUIST	2 00			x				0	0	0
VICE CHAIRMAN				^					0	0
JAIME PLUDO VICE CHAIRMAN	2 00			х				0	0	0

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VICE CHAIRMAIN						
JOSEPH BERQUIST	2 00		x		n	
VICE CHAIRMAN					Ĭ	
JAIME PLUDO	2 00		V		0	
VICE CHAIRMAN			_^		0	
BRIAN DIETRICH	2 00		V			
VICE CHAIRMAN			^		o l	

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and Independent Contractors

PETER TUCCI

JEFF ADELI

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

TIM GILLESPIE

ARLIN GREEN

ROBERT KANE

VICE CHAIRMAN

JOSEPH DIANGELO

.......

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

	any hours	and	a dir	ecto	or/tr	ustee	}	organization	organizations	from the	
	for related organizations below dotted line)		Institutional Trustee	10	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ALAN KESSLER DIRECTOR	2 00	×						0	0	0	
BRIAN RANKIN DIRECTOR	2 00	х						0	0	0	
LEE J WOOLLEY DIRECTOR	2 00	X						0	0	0	

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BRIAN RANKIN DIRECTOR	2 00	×			0	
LEE J WOOLLEY DIRECTOR	2 00	×			0	
DONALD DICARLO DIRECTOR	2 00	×			0	
ANDREW MICHAL	2 00					

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DIRECTOR

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DIRECTOR

AJAY S RAJU

CHARLES RYAN

MICHAEL SUBAK

MITCHELL SARGEN

M MOSHE PORAT

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

	any hours					ustee)		organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee	0êl	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
RAM MOHAN	2 00	×						0	0	0
DIRECTOR								3	3	
EDWARD A TURTANOVA	2 00							·		

			व		at ed			
RAM MOHAN	2 00					0	0	
DIRECTOR		^					•	
EDWARD A TURZANSKI	2 00							

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DIRECTOR

DIRECTOR

DIRECTOR

THOMAS WIRTH

DAVID GRIFFITH

efile	e GRA	APHIC prii	nt - DO NOT PI	ROCESS	As Filed Data -			DLN: 9	3493308003489
SCH	ΙED	ULE A	P	ublic (Charity Statu	e and Pul	hlic Sunn	ort	OMB No 1545-0047
	m 990			e if the or	ganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2018
		the Treasury		► Go to	www.irs.gov/Form	990 for the late	st information		Open to Public Inspection
ame	of th	ne Service ne organiza	tion OF PHILADELPHIA					Employer identific	<u>_</u>
VOKLI	AFFAI	IK3 COUNCIL (DE PHILADELPHIA					23-1352586	
Pai					ı s (All organization			See instructions.	
1е о	rganız	ation is not	a private foundation	on because	it is (For lines 1 thro	ough 12, check o	nly one box)		
1		A church, c	onvention of chur	ches, or ass	sociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2		A school de	scribed in section	170(b)(1	l)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
3		A hospital o	or a cooperative h	ospital serv	ice organization desc	rıbed ın section	170(b)(1)(A)(iii).	
4		A medical r		on operate	d in conjunction with	a hospital descr	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	(iv). (Complete Pa	art II)	_			ernmental unit descri	bed in section 170
6		A federal, s	state, or local gove	ernment or	governmental unit de	scribed in sectio	on 170(b)(1)(A	\)(v).	
7		section 17	'0(b)(1)(A)(vi).	(Complete	Part II)		_	init or from the gener	al public described in
8		A communi	ty trust described	ın section	170(b)(1)(A)(vi)	(Complete Part I	Ι)		
9					scribed in 170(b)(1) e instructions Enter			with a land-grant coll college or university	ege or university or a
0	✓	from activit	ies related to its e	exempt fund ated busine	ctions—subject to cer ess taxable income (le	taın exceptions,	and (2) no more	ns, membership fees, than 331/3% of its su sses acquired by the c	ipport from gross
1		An organiza	ation organized an	d operated	exclusively to test fo	r public safety S	See section 509	(a)(4).	
2		more public	ly supported orga	nızatıons d		09(a)(1) or se	ction 509 (a)(2	s of, or to carry out th). See section 509(a	
a		Type I. A sorganization	supporting organiz	ation opera regularly a	ited, supervised, or c	ontrolled by its s	upported organi	zation(s), typically by of the supporting orga	
b		Type II. A manageme	supporting organi	ization supe ng organiza	tion vested in the sar			organization(s), by ha ge the supported orga	
С		Type III f	unctionally integ	j rated. A s				nd functionally integra	ted with, its
d		functionally	ıntegrated The o	organization		fy a distribution	requirement and	th its supported orgar I an attentiveness req	
e							RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter		or Type III non-fo of supported orga	,	integrated supporting	organization			
g			-		oported organization(e)		_	
		lame of support	oorted (ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
otal			tion Act Notice,						

	(Complete only if you che						ıfy under Part
	III. If the organization fa	ıls to qualıfy un	der the tests lis	ted below, pleas	se complete Part	t III.)	
S	Section A. Public Support						
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(6) 2013	(0) 2010	(u) 2017	(e) 2010	(1) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
	line 4						
	Section B. Total Support						
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(-,	(-,	(-,	(-,	(-,	(1)
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9							
	activities, whether or not the						
	business is regularly carried on						
10							
	loss from the sale of capital assets						
	(Explain in Part VI)						
11							
	10	to (and instruction	\			1.5	<u> </u>
12	Gross receipts from related activities, e	ic (see instruction	nis)			12	
13	First five years. If the Form 990 is for	r the organization	's first, second, th	ırd, fourth, or fıfth	n tax year as a sec	tion $501(c)(3)$ org	janization,
	check this box and stop here					▶[]
-	Section C. Computation of Public	Support Perc	entage				
	Public support percentage for 2018 (lin			column (f))		144	
				Loidiiii (1))		14	0
	Public support percentage for 2017 Sch					15	
16 a	33 1/3% support test—2018. If the	organızatıon dıd r	not check the box	on line 13, and lin	e 14 is 33 1/3% oi	r more, check this	box
	and stop here. The organization qualif	ies as a publicly s	supported organiza	ation			ightharpoons
ŀ	33 1/3% support test-2017. If the	•			and line 15 is 33 i	/3% or more, che	ck this
-	, ,	_		•		,	▶ □
	box and stop here. The organization	qualifies as a pub	oliciy supported org	ganization	- 13 1C 1Ch		
17 a	10%-facts-and-circumstances test						
	is 10% or more, and if the organization						
	in Part VI how the organization meets	ine racts-and-cir	cumstances test	rne organization (quannes as a publ	iciy supported	
	organization						▶□
b	10%-facts-and-circumstances tes						
	15 is 10% or more, and if the organize	ation meets the "i	facts-and-circumst	ances" test, check	k this box and sto i	p here.	

are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either

Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of

13 for the year Add lines 7a and 7b

from line 6)

1975

9

10a

11

14

15

16

17

20

Section B. Total Support Calendar year

Amounts from line 6

Add lines 10a and 10b

regularly carried on

11, and 12)

paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge

\$5,000 or 1% of the amount on line

Public support. (Subtract line 7c

(or fiscal year beginning in) ▶

Gross income from interest, dividends, payments received on

securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,

Net income from unrelated business

activities not included in line 10b, whether or not the business is

Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c,

check this box and stop here

Section C. Computation of Public Support Percentage

Public support percentage from 2017 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

Investment income percentage from 2017 Schedule A, Part III, line 17

Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))

Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))

2,299,700

2,623,500

4,885,600

7,509,100

552,200

552,200

8,061,300

60 610 %

56 920 %

6 850 %

8 850 %

▶□

▶□

▶□

(f) Total

0

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and 933,700 993,300 787,600 881,900 1,612,900 membership fees received (Do not 5,209,400 include any "unusual grants")

Gross receipts from admissions, merchandise sold or services 212,200 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that

1,205,500

212,200

212,200

1,205,500

86,700

86,700

(a) 2014

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

420,700

1,354,400

420,700

420,700

1,354,400

150,900

150,900

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

19a 331/3% support tests-2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

(b) 2015

1,512,400

782,200

782,200

1,512,400

51,200

51,200

(c) 2016

724,800

1,462,300

846,800

846,800

1,462,300

96,000

96,000

(d) 2017

580,400

1,974,500

361,600

361,600

1,974,500

167,400

167,400

15

16

17

18

Schedule A (Form 990 or 990-EZ) 2018

(e) 2018

7,509,100 361,600 2,623,500 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

provide detail in Part VI.

answer line 10b below

10a

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

S	ection A. All Supporting Organizations		
		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		

If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,	
describe the designation If historic and continuing relationship, explain	1
Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described	
in section 509(a)(1) or (2)	

	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	

	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) numbers?		

	below	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3 c	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	

	determination	3b	'	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? controls the organization put in place to ensure such use not organized in the United States ("foreign supported organization")? If "Yes" and if you swer (b) and (c) below te control and discretion in deciding whether to make grants to the foreign supported or and the title supported organization had such control and discretion despite being controlled or the title supported organizations foreign supported organization that does not have an IRS determination under sections If "Yes," explain in Part VI what controls the organization used to ensure that all support		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	_	$\overline{}$	

U	Did the organization have ditimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support	te being controlled or tion under sections sure that all support the supported under the discontinuity as by the being controlled or the supported under the discontinuity as by the being controlled or the supported under the discontinuity as by the being controlled or the being controlled or the supported under the discontinuity as by the being controlled or the b		
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
	organization's organizing document?	5b		
		_		

С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in		

6	than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		

	section 4958(c)(3)(c)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

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

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		\vdash
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
_	cetton b. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint of elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
_	action C. Tuna II Summarting Organizations			
3	ection C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of	103	110
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	1		
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tayear? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard			
_				
1	ection E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	otions)		
	The organization satisfied the Activities Test. Complete line 2 below	Ctions)		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	ee instru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	of 3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b		
		, 55	1	i

instructions)

	Type 111 Non-1 unctionally integrated 309(a)(3) Supporting of	,ı gaiii	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	ntegrate	ed Type III supporting or	ganization (see

Page 6

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

See instructions

6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions

7 Excess distributions carryover to 2019. Add lines 31 and 4c

8 Breakdown of line 7 a Excess from 2014.

b Excess from 2015. c Excess from 2016.

d Excess from 2017. e Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2018)

Additional Data

Software ID: 18007482

Software Version:

EIN: 23-1352586

Name: WORLD AFFAIRS COUNCIL OF PHILADELPHIA

Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Instructions)

Facts And Circumstances Test

SCHEDULE D

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.

OMB No 1545-0047

DLN: 93493308003489

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Na	me of the organization		Employer identification number
WO	RLD AFFAIRS COUNCIL OF PHILADELPHIA		23-1352586
Pa	Organizations Maintaining Donor Advi Complete If the organization answered "Ye		r Accounts.
		(a) Donor advised funds	(b)Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
i	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
;	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex		Ivised funds are the
•	Did the organization inform all grantees, donors, and decharitable purposes and not for the benefit of the donor private benefit?		
Pa	rt II Conservation Easements. Complete if the	ne organization answered "Yes" on Forn	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the orga	nızatıon (check all that apply)	
	Preservation of land for public use (e g , recreation	n or education) \square Preservation of an	historically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in the for	rm of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified histor	ıc structure ıncluded ın (a)	2c
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 7/25/06, and not on a historic	2d
l	Number of conservation easements modified, transferred tax year ▶	ed, released, extinguished, or terminated by	the organization during the
	Number of states where property subject to conservation	on easement is located >	
	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold	he periodic monitoring, inspection, handling o s?	of violations,
,	Staff and volunteer hours devoted to monitoring, inspecting.	cting, handling of violations, and enforcing co	onservation easements during the year
,	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violations, and enforcing conserv	vation easements during the year
,	Does each conservation easement reported on line 2(d)	above satisfy the requirements of section 1	70(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?	, ,	☐ Yes ☐ No
l	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 easemer	footnote to the organization's financial state	nse statement, and
ar	TIII Organizations Maintaining Collections Complete if the organization answered "Ye		er Similar Assets.
a	If the organization elected, as permitted under SFAS 1: art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	public exhibition, education, or research in f	
b	If the organization elected, as permitted under SFAS 1: historical treasures, or other similar assets held for pub following amounts relating to these items		
(i) Revenue included on Form 990, Part VIII, line 1		> \$
(i	i)Assets included in Form 990, Part X		▶ \$
	If the organization received or held works of art, historic following amounts required to be reported under SFAS		ncial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1	. , , , , , , , , , , , , , , , , , , ,	▶ \$
	Assets included in Form 990, Part X		▶ \$
	Paperwork Poduction Act Natice see the Instruction	ma fau Fauma 000	52282D Schodulo D (Form 990) 2016

Par	t IIII	Organizations Ma	aintaining Col	lections o	of Art, F	listori	cal T	reas	ures, or	Other	Similar A	ssets (continued)
3		the organization's acquicked (check all that apply)	uisition, accessior	n, and other	records,	check	any of	the f	following tl	hat are a	significant	use of its	collection	n
а		Public exhibition				d		Loa	n or excha	inge prog	ırams			
b		Scholarly research				e		Oth	er					
С		Preservation for future generations												
4	Provid Part >	de a description of the o	organization's col	lections and	d explain l	how the	ey furtl	her tl	he organiz	ation's ex	kempt purp	ose in		
5		During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No												
Pa	rt IV	Escrow and Custon Complete of the org			" on For	m 990	, Part	IV,	line 9, or	reporte	ed an amo	unt on F	orm 990), Part
		X, line 21.												
1a		e organization an agent ded on Form 990, Part)		an or other	ıntermed	ıary for	contri	butio	ns or othe	r assets I	not	☐ Y e	s 🗌	No
Ь	If "Y∈	es," explain the arrange	ment ın Part XIII	and comple	ete the fo	llowing	table		[-	Amount		
c	Begin	ning balance								1c				
d	Addıt	ions during the year								1 d				
е	Dıstrı	butions during the year	•							1e				
f	Endın	g balance								1f				
2a	Did th	ne organization include	an amount on Fo	rm 990, Pai	rt X, line .	21, for	escrow	vorc	ustodial a	ccount lia	ıbılıty?	☐ Ye	s 🗆	No
b		s," explain the arrange												
	rt V	Endowment Fund												
			,	(a)Currer			rıor yea		(c)Two ye		(d)Three ye		(e)Four ye	ears back
1 a	Beginn	ing of year balance .			912,100		886	5,500		851,900		912,100		912,100
b	Contrib	outions												
С	Net inv	estment earnings, gain	s, and losses				25	5,600		34,600		-21,300		
d	Grants	or scholarships												-
е		expenditures for facilitie	es									38,900		
f	Admını	strative expenses .												
g	End of	year balance			912,100		912	2,100		886,500		851,900		912,100
2	Provid	de the estimated percer	ntage of the curre	nt year end	d balance	(line 1	a, colu	mn (a)) held as	5				
а		d designated or quasi-ei	=	•		,		,						
ь	Perm	anent endowment 🕨												
С	Temp	orarily restricted endov	vment ▶											
•		ercentages on lines 2a,		ld equal 100	0%									
3 a	Are th	nere endowment funds	not in the posses	sion of the	organızat	on that	t are h	eld a	nd admini	stered fo	r the			
	-	nization by										_	Yes	No
		nrelated organizations					•	•					a(i) n(ii)	
ь		elated organizations . es" on 3a(ii), are the rel			required o	n Sche	 dule R	,					3b	
4		tibe in Part XIII the inte						•	•		• •	· L		
Pa	rt VI	Land, Buildings,												
		Complete of the org			on For	m 990	, Part	ΙV,	lıne 11a.	See For	m 990, Pa	art X, lır	ne 10.	
	Descri	ption of property	(a) Cost or oth (Investme		(b) Cost	or other	basis (other)	(c) Accu	umulated o	lepreciation	(d) Book va	llue
1 a	Land													
Ь	Buildin	gs												
c	Leaseh	old improvements												
d	Equipm	nent		128,400							69,400			59,000
	Other	ľ												
Tota	ıl. Add	lines 1a through 1e (Co	olumn (d) must ed	qual Form 9	90, Part .	X, colur	nn (B)	, line	10(c))	•	>			59,000

			red "Yes" on Form 990,	Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value	(c) Method (Cost or end-of-ye	
(1) Financial derivatives (2) Closely-held equity interests (3)Other	· ·			
A)				
В)				
C)				
D)				
E)				
F)				
G)				
H)				
Fotal. (Column (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form				
(a) Description of investment	(b) Bo	ok value	(c) Method (Cost or end-of-ye	
1)				
(2)				
(3)				
4)				
5)				
6)				
(7)				
8)				
9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Yes	on Forr	n 990, Part	IV, line 11d See Form 990), Part X, line 15
(a) Description				(b) Book value
2)				
3)				
4)				
4) 5)				
4)5)6)				
4)5)6)7)				
4)5)6)7)8)				
4)5)6)7)8)9)				•
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ	ered 'Ye	 es' on Forr		
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. 1. (a) Description of liability	ered 'Ye	 es' on Forr (b) Boo		
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. 1. (a) Description of liability	ered 'Ye			
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. L. (a) Description of liability 1) Federal income taxes	ered 'Ye		k value	
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. L. (a) Description of liability 1) Federal income taxes	ered 'Ye		k value	
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. 1. (a) Description of liability 1) Federal income taxes 2)	ered 'Ye		k value	
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. 1. (a) Description of liability 1) Federal income taxes 2) 3) 4)	ered 'Ye		k value	
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. 1. (a) Description of liability 1) Federal income taxes 2) 3) 4) 5)	ered 'Ye		k value	
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. L. (a) Description of liability 1) Federal income taxes 2) 3) 4) 5) 6)	ered 'Ye		k value	
4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7)	ered 'Ye		k value	
See Form 990, Part X, line 25. 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	ered 'Ye		k value	
4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7)	ered 'Ye		k value	

Part XI

2

а

b

d

e

5

1

3

4

Schedule D (Form 990) 2018

1

2e

-263,500

34,000

Page 4

-229,500

2,107,900

34,000

1,798,200

1.798.200

3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a b Other (Describe in Part XIII) 4h 40 c

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2b

2c

2d

4a 4h

Add lines **4a** and **4b** Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

2,107,900 1,832,200

2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . . 2a 2b Prior year adjustments 2c c Other (Describe in Part XIII) . . 2d d Add lines 2a through 2d . . e

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 . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Donated services and use of facilities

Add lines 2a through 2d

34,000 2e 3

b Add lines **4a** and **4b** c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIII

Subtract line 2e from line 1

Supplemental Information 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 Return Reference Explanation

See Additional Data Table

4c

5

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: 18007482
Software Version:

EIN: 23-1352586

Name: WORLD AFFAIRS COUNCIL OF PHILADELPHIA

Supplemental Information

p p	
Return Reference	Explanation
Pt V, Line 4	INTENDED USE OF ENDOWMENT FUND IN 2011, THE COUNCIL ADOPTED A FORMAL SPENDING POLICY THAT BASED ON A SPECIFIC FORMULA, ALLOWS THE COUNCIL TO USE 5% OF THE PERMANTELY RESTRICTED NE T ASSETS, FOR OPERATING PURPOSES USE OF THESE SPENDING POLICY FUNDS IS TO SUPPORT AND ENH ANCE THE MISSION OF THE WORLD AFFAIRS COUNCIL

Return Reference	Explanation					
Pt X, Line 2	The Council is exempt from federal income tax under Section 501(c)(3) of the Internal Reve nue Code. In addition, the Council qualifies as a charitable contribution deduction under Section 170(b)(1)(A) and has been classified as an organization other than a private found ation under Section 509(a)(2). Accordingly, no provision for income taxes is provided. The Council has reviewed tax positions taken in filings with federal and state jurisdictions and believes those positions would be sustained should the filings be examined by the relevant taxing authority. For federal income tax purposes, the returns remain open for possib.					

rest and penalties on unrecognized tax benefits in other expense in the statement of activ ities. No interest and penalties were recorded during the year ended December 31, 2018

le examination three years after they are filed. The Council's policy is to recognize inte-

Supplemental Information

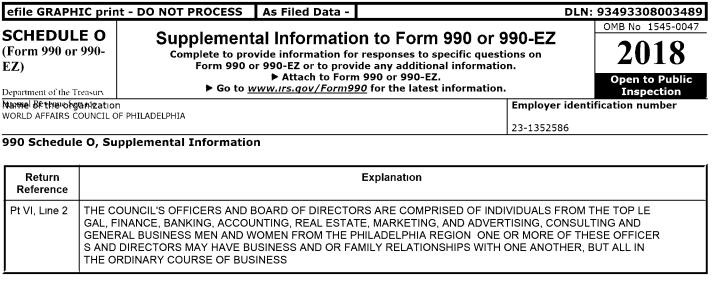
efil	e GRAPHIC pr	int - DO NOT PROCESS As Filed	l Dat	ta -	DLN: 93	49330	08003	489	
Schedule J		Compensation Information						0047	
•	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.						3	
Department of the Treasury Internal Revenue Service Service Solution • Go to www.irs.gov/Form990 for instructions and the latest information. Open Internal Revenue Service Ins									
Nar	ne of the organiza				Employer identifica				
WOI	RLD AFFAIRS COUNC	CIL OF PHILADELPHIA			23-1352586				
Pa	rt I Questi	ons Regarding Compensation							
							Yes	No	
1a		opiate box(es) if the organization provided ection A, line 1a Complete Part III to prov							
	_	s or charter travel		Housing allowance or residence for	•				
		companions	님	Payments for business use of person					
		nification and gross-up payments	H	Health or social club dues or initiation				İ	
	☐ Discretion	nary spending account	ш	Personal services (e g , maid, chauf	Teur, cner)				
b	If any of the box or provision of a	xes in line 1a are checked, did the organiza all of the expenses described above? If "No	ation i	follow a written policy regarding paym nplete Part III to explain	nent or reimbursement	1b			
2		ation require substantiation prior to reimbu			. 12	2			
	directors, truste	es, officers, including the CEO/Executive D	recto	or, regarding the items checked in line	e la?				
3	organization's C	If any, of the following the filing organizati EO/Executive Director Check all that applyed organization to establish compensation of	/ Do	not check any boxes for methods					
								İ	
		ation committee ent compensation consultant	H	Written employment contract Compensation survey or study				İ	
		of other organizations	Ħ	Approval by the board or compensa	tion committee			İ	
4	During the year,	, did any person listed on Form 990, Part \	 /II, Se						
	related organiza	ation							
а	Receive a sever	ance payment or change-of-control payme	nt?			4a		No	
b	•	r receive payment from, a supplemental no	-	•		4b		No	
С	•	r receive payment from, an equity-based c of lines 4a-c, list the persons and provide t		-	- 111	4c		No	
	If les to ally c	or lines 4a-c, list the persons and provide t	не ар	pheable amounts for each item in Fait	- 111			İ	
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiza	tions	must complete lines 5-9.				İ	
5		ed on Form 990, Part VII, Section A, line 1 ontingent on the revenues of	a, dıd	the organization pay or accrue any					
а	The organization	٦٦				5a	$oxed{oxed}$	No	
b	Any related orga					5b		No	
	•	5a or 5b, describe in Part III						İ	
6		ed on Form 990, Part VII, Section A, line 1 ontingent on the net earnings of	a, dıd	the organization pay or accrue any					
а	The organization	1 [?]				6a		No	
b	Any related orga					6b		No	
	•	6a or 6b, describe in Part III							
7	payments not de	ed on Form 990, Part VII, Section A, line 1 escribed in lines 5 and 6? If "Yes," describe	e in Pa	art III	d	7		No	
8		nts reported on Form 990, Part VII, paid o nitial contract exception described in Regul			escribe	8		No	
9	If "Yes" on line 8 53 4958-6(c)?	8, did the organization also follow the rebu	ttable	e presumption procedure described in	Regulations section	9		140	
Ear I	Danarwark Badu	iction Act Notice, see the Instructions	for E	orm 990 Cat No 5	0053T Schedule 1	/Form	- 000)	2018	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose instructions, on row (ii) Note. The sum of columi	Do no	ot list any individuals that	are not listed on Form 9	90. Part VII				t ındıvıdual
(A) Name and Title			of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 CRAIG SNYDER	(i)	199,400	0	0	0	6,200	205,600	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2018 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2018



Return Explanation
Reference

Pt VI, Line	A COPY OF FORM 990 IS DISTRIBUTED TO AUDIT AND EXECUTIVE COMMITTEES FOR THEIR REVIEW THE
11b	AUDIT COMMITTEE WILL THEN REPORT TO THE AT LARGE BOARD OF DIRECTORS A FINAL COPY OF THE F
	ORM 990 WILL BE DISTRIBUTED TO EACH BOARD MEMBER

Return Explanation

Reference	
Pt VI, Line 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR FINANCIAL STATEMENTS AVAILABLE T
	OTHE GENERAL PUBLIC. BUT COPIES ARE AVAILABLE UPON REQUEST

Return Explanation

Reference	
Pt VI, Line	EACH BOARD MEMBER RECEIVES A CONFLICT OF INTEREST QUESTIONNAIRE, WHICH IS REVIEWED, COMPLETED
12c	AND SIGNED ANNUALLY

Return Explanation

Pt VI, Line	THE CHAIRMAN OF THE BOARD OF DIRECTORS APPROVES THE COMPENSATION OF THE PRESIDENT THE BOA
15a	RD OF DIRECTORS APPROVES AN ANNUAL BUDGET AS SUBMITTED BY THE PRESIDENT THIS BUDGET INCLU
	DES ALL STAFF PAYROLL WITH RELATED TAXES AND BENEFITS

Return Explanation

Form 990,
Part III, Line

EDUCATION PROGRAMS FOR HIGH SCHOOL, MIDDLE SCHOOLS 823900 0 205100