

# 2019 Income Tax Returns

WOODROW WILSON INTERNATIONAL CENTER FOR SCHOLARS

Form 8453-EO

# Exempt Organization Declaration and Signature for Electronic Filing

10/01 , 2019, and ending For calendar year 2019, or tax year beginning

 $09/30_{.20}20$ 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Employer identification number Name of exempt organization 52-1067541 WOODROW WILSON INTERNATIONAL CENTER Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b \_\_\_30447202. Form 990 check here ▶ Form 990-EZ check here ▶ b Total tax (Form 1120-POL, line 22). Form 1120-POL check here Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b Form 8868 check here ▶ b Balance due (Form 8868, line 3c) Part II **Declaration of Officer** I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/ 990-PF (as specifically identified in Part I above) to the selected state agency(ies). Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. Sign 8/16/2021 ACTING CFO Here Signature of officer Date Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge. Check if Check if ERO's SSN or PTIN also paid self-Margnet a. Brooklan ERO's 8/12/2021 P00501222 Χ preparer employed Use Firm's name (or KPMG LLP EIN 13-5565207 Only yours if self-employed), address, and ZIP code 8350 BROAD STREET, SUITE 900 MCLEAN VA 22102 Phone no. 703-286-8000Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge. Print/Type preparer's name Preparer's signature Date Check **Paid** self-employed **Preparer** 

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Firm's name

Firm's address

Form **8453-EO** (2019)

Use Only

Firm's EIN

Phone no.

# Cumulative e-File History 2019

# Federal

Tax Return Return Type

KA9062 990

Taxpayer Account

Woodrow Wilson International Center 2502

**Submitted Date** 2021-08-16 16:15:06

**Acknowledgement Date** 2021-08-16 16:29:41

Status Accepted

**Submission ID** 54028020212285000011

**990** 

Department of the Treasury 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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

20 19
Open to Public Inspection

A F	or th		9 calendar year, or tax year beginning $10/01$ , 2019, and			09/30,20	20
<b>B</b> c	heck if ap		C Name of organization WOODROW WILSON INTERNATIONAL CENTER FOR SCHOLARS	2	D Employer ider	ntification numb	oer
	Addre		Doing Business As		52-1067!	541	
	7 1	change	Number and street (or P.O. box if mail is not delivered to street address)  Room	n/suite	E Telephone nui	mber	
	+	return	1300 PENNSYLVANIA AVENUE, NW		(202) 691	4000	
	Termi	inated	City or town, state or province, country, and ZIP or foreign postal code				
	Amen		WASHINGTON, DC 20004-3027		<b>G</b> Gross receipts	\$ 76,	520,221.
	return Applicatio		F Name and address of principal officer: JANE HARMAN		H(a) Is this a group		Yes X No
	_ pendii	ng	1300 PENNSYLVANIA AVENUE, NW, WASHINGTON, DC 20	0004-3	subordinates? <b>H(b)</b> Are all subordin		Yes No
$\overline{\Gamma}$	Tax-ex	empt sta	atus: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527	If "No," attach	a list. (see instruct	ions)
J	Websi	te: 🕨	WWW.WILSONCENTER.ORG		H(c) Group exempt	tion number	
K	Form o	of organi	ization: Corporation Trust Association X Other ▶us govt inst I	L Year of format	tion: 1968 <b>M</b> s	State of legal don	nicile: DC
P	art I		nmary				
Activities & Governance	2 3	VANT CAPA Check Number	describe the organization's mission or most significant activities: THE WILSO IT RESEARCH AND DIALOGUE TO INCREASE UNDERSTANDING ABILITIES AND KNOWLEDGE OF LEADERS, CITIZENS, AND this box  if the organization discontinued its operations or disposed of rer of voting members of the governing body (Part VI, line 1a)	G AND ENH D INSTITU more than 25%	TIONS. of its net assets.		16.
<b>ა</b>	4	Numbe	er of independent voting members of the governing body (Part VI, line 1b)			4	16.
itie	5	Total n	number of individuals employed in calendar year 2019 (Part V, line 2a)			5	164.
ċ	6	Total n	number of volunteers (estimate if necessary)			6	18.
⋖			unrelated business revenue from Part VIII, column (C), line 12			7a	0
	b	Net un	related business taxable income from Form 990-T, line 34	<sub>.</sub>		7b	0
					Prior Year		ent Year
ē	8	Contril	butions and grants (Part VIII, line 1h)	R	27,746,634		576,870
Revenue			am service revenue (Part VIII, line 2g)	11		0.	010 102
Re			ment income (Part VIII, column (A), lines 3, 4, and 7d)		968,13		818,103
			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		158,999		52,229
			evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		28,873,770		447,202
			s and similar amounts paid (Part IX, column (A), lines 1-3)		2,738,588		490,931
			ts paid to or for members (Part IX, column (A), line 4)			0.	060 065
es			es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		14,107,201		960,065
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)		152,995	o .	460,201
Exp			undraising expenses (Part IX, column (D), line 25) ▶ 1,592,193.		7 700 060	2 0	050 274
			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,789,869		859,374
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				770,571
<u>- 0</u>		Reven	ue less expenses. Subtract line 18 from line 12		4,085,117		676,631
ts o		<b>-</b>	· (D. 1)( II. 10)	Begin	oning of Current Ye 99,249,546		of Year 804,343
Sse	20		assets (Part X, line 16)		10,356,792		398,692
Net Assets or Fund Balances	21		iabilities (Part X, line 26)		88,892,754		405,651
	22 rt		sets or fund balances. Subtract line 21 from line 20		00,002,70	1. 00,	103,031
			f perjury, I declare that I have examined this return, including accompanying schedules ar	nd statements a	and to the hest of	my knowledge a	and helief it is
			complete. Declaration of preparer (other than officer) is based on all information of which pre				
					08/16	/2021	
Sig	n	3	Signature of officer		Date		
He	re	5	SUE HOWARD ACTING CF	ŦO.			
		🕨	Type or print name and title				
_		Print/1	Type preparer's name Preparer's signature D	ate	Check	if PTIN	
Paid		MARG	GARET A BRADSHAW Majord a. Block aus te	8/16/2021	self-employed		222
	oarer	Firm's	VDMC LLD		Firm's EIN ▶ 1	.3-556520	
Use	Only		address ▶ 8350 BROAD STREET, SUITE 900 MCLEAN, VA 2	2102		703-286-8	
May	the II		cuss this return with the preparer shown above? (see instructions)				
_			Reduction Act Notice, see the separate instructions.				990 (2019)

# Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

iling of this	form, visit www.irs.gov/e-file-providers/e-file-i	for-charities	s-and-non-profits.		
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).		
	ions required to file an income tax return othe orm 7004 to request an extension of time to f		,	0-C filers), partnerships, REN	IICs, and trusts
_	Name of exempt organization or other filer, see in	nstructions.		Taxpayer identification number	(TIN)
Γype or	WOODROW WILSON INTERNATIONAL	CENTER			
orint	FOR SCHOLARS			52-1067541	
File by the lue date for	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.		
iling your	1300 PENNSYLVANIA AVENUE, NW				
eturn. See nstructions.	City, town or post office, state, and ZIP code. For	r a foreign ad	ldress, see instructions.		
	WASHINGTON, DC 20004-3027				
Enter the R	eturn Code for the return that this application	is for (file	a separate application fo	or each return)	0 1
Application	1	Return	Application		Return
s For		Code	Is For		Code
orm 990 c	or Form 990-EZ	01	Form 990-T (corporat	ion)	07
orm 990-E	BL	02	Form 1041-A		08
orm 4720	(individual)	03	Form 4720 (other tha	n individual)	09
orm 990-P		04	Form 5227		10
	Γ (sec. 401(a) or 408(a) trust)	05	Form 6069		11
orm 990-1	Γ (trust other than above)	06	Form 8870		12
Telephor If the org If this is to the who a list with the	the No. ► 202 691–4036  In a Group Return, enter the organization's for a Group, check this box  The names and TINs of all members the extens	business ir ur digit Gro f it is for pa ion is for.	Fax No. ▶ 202 691  In the United States, checoup Exemption Number (  art of the group, check the state of the group, check the group is the group that the group that the group is the group that the group that the group is the group that th	L−4001 ck this box	. If this is and attach
-	est an automatic 6-month extension of time u			21, to file the exempt orga	ınization return
for the	corganization named above. The extension is calendar year 20 or tax year beginning 10 / 0			09/30 , 20 <u>2</u>	<u>0</u> .
	tax year entered in line 1 is for less than 12 m Change in accounting period	,			
	application is for Forms 990-BL, 990-PF, 9	90-T, 4720	0, or 6069, enter the	- I I	
	fundable credits. See instructions.			3a S	0.
	s application is for Forms 990-PF, 990-T,		-		
	ated tax payments made. Include any prior yea				0.
	ce due. Subtract line 3b from line 3a. Include		ient with this form, if re	· · · · · ·	_
	ronic Federal Tax Payment System). See instru			3c   3	
-	ou are going to make an electronic funds withdrawa	II (direct deb	oit) with this Form 8868, se	ee Form 8453-EO and Form 8879	}-EO for payment
nstructions.	10.10				0000 (5
or Privacy	Act and Paperwork Reduction Act Notice, see inst	ructions.		Form	<b>8868</b> (Rev. 1-2020)

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WOODROW WILSON INTERNATIONAL CENTER 52-1067541 Form 990 (2019) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: ATTACHMENT 1 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program X No If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. **4a** (Code: ) (Expenses \$ 1,821,058. including grants of \$ 176,500. ) (Revenue \$ KENNAN INSTITUTE - BRINGS SCHOLARS AND GOVERNMENTAL SPECIALISTS TOGETHER TO DISCUSS POLITICAL, SOCIAL, AND ECONOMIC ISSUES AFFECTING RUSSIA AND OTHER SUCCESSOR STATES TO THE SOVIET UNION. 4b (Code: ) (Expenses \$ 2,055,970. including grants of \$ MEXICO INSTITUTE - SEEKS TO IMPROVE UNDERSTANDING, COMMUNICATION AND COOPERATION BETWEEN MEXICO AND THE UNITED STATES BY PROMOTING ORIGINAL RESEARCH, ENCOURAGING PUBLIC DISCUSSION AND PROPOSING POLICY OPTIONS FOR ENHANCING THE BILATERAL RELATIONSHIP. 35,925. ) (Revenue \$ 4c (Code: ) (Expenses \$ 1,137,981. including grants of \$ SCIENCE AND TECHNOLOGY PROGRAM - BRINGS FORESIGHT TO THE FRONTIER. OUR EXPERTS EXPLORE EMERGING TECHNOLOGIES THROUGH VITAL CONVERSATIONS, MAKING SCIENCE POLICY ACCESSIBLE TO EVERYONE.

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

**4e** Total program service expenses ▶

13,992,385. including grants of \$

(Expenses \$

19,007,394.

JSA 9E1020 2.000 KA9062 2502 V 19-8.5F 435434 PAGE 2

3,188,506. ) (Revenue \$

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Part	Checklist of Required Schedules		V	N.
_	In the comparing the described in continue 504/5\/2\ on 4047/5\/4\ /athen there a private foundation\/2\ If II\/a II		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		х	
2	complete Schedule A	2	X	
2 3	Did the organization required to complete <i>Scriedule bi</i> , <i>Scriedule bi</i> Contributors (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		21	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,	_		
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
·	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	Х	
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			3.5
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	425	х	
h	Schedule D, Parts XI and XII.	12a	- 2	
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	12h		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174		
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	- 1.0		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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 12 If "Vas " complete Schedule I, Parts I and II	21		X

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Form **990** (2019) PAGE 3

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Part	Checklist of Required Schedules (continued)		Voc	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			37
00	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
0.4	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$ ?	35a		Х
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		Х
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c	X	
JSA	reportable gaming (gambling) winnings to prize winners?			(2019)
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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 164			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	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		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country			
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5.2	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
		5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
оa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	Ua		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6 h		
_	gifts were not tax deductible?	6b		
	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		х	
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		77
	required to file Form 8282?	7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
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			
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?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · · ·	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. •	If "Yes," complete Form 4720, Schedule O.			

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Form 990 (2019) Part VI

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

Sect	ion A. Governing Body and Management			
3601	Ion A. Governing body and management		Yes	No
4.	Enter the number of voting members of the governing body at the end of the tax year.			
та	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the humber of voting members included on line 1a, above, who are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		Х
_	any other officer, director, trustee, or key employee?			-
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		Х
_	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	0		21
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		Х
_	one or more members of the governing body?	1 a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		Х
_	stockholders, or persons other than the governing body?	7b		21
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0-	Х	
а	The governing body?	8a	X	-
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			Х
Cooti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9 Codo	١	Α
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.) Yes	No
		400	103	X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	406		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	425	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	401	Х	
	rise to conflicts?	12b		-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40.	Х	
	describe in Schedule O how this was done	12c	X	_
13	Did the organization have a written whistleblower policy?	13	X	-
14	Did the organization have a written document retention and destruction policy?	14		
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?	45-	Х	
а	The organization's CEO, Executive Director, or top management official	15a	X	_
b	Other officers or key employees of the organization	15b	Λ	
	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	40-		Х
	with a taxable entity during the year?	16a		Λ
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	401		
Cast	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA, NY,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,
	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 record SUE HOWARD 1300 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20004-3027 202-691-4036	is ▶		

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

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

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

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

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) JANE HARMAN	40.00									
PRESIDENT	0.			x				483,320.	0.	42,477.
(2) MICHAEL FORSTER	40.00									
C00	0.			x				239,338.	0.	51,444.
(3) ROBERT LITWAK	40.00									
VP SCHOLARS	0.			Х				198,089.	0.	48,006.
(4)LINDA ROTH	40.00									
VP EXTERNAL RELATIONS	0.			Х				196,933.	0.	35,038.
(5) SUE HOWARD	40.00									
ACTING CFO	0.			Х				177,203.	0.	43,742.
(6) MATTHEW ROJANSKI	40.00									
PROGRAM DIRECTOR	0.					X		178,101.	0.	42,437.
(7) MONDE MUYANGWA	40.00									
PROGRAM DIRECTOR	0.					Х		178,101.	0.	39,063.
(8) ROBERT DALY	40.00									
PROGRAM DIRECTOR	0.					Х		173,101.	0.	42,440.
(9) CHRISTIAN OSTERMANN	40.00									
PROGRAM DIRECTOR	0.					X		178,101.	0.	37,054.
(10) CYNTHIA ARNSON	40.00									
PROGRAM DIRECTOR	0.					X		167,400.	0.	45,291.
(11) DAVID FERRIERO	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(12) BILL HASLAM (AS OF 7/1/20)	1.00									
CHAIRMAN	0.	X		X				0.	0.	0.
(13) MIKE POMPEO	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(14) JOHN PEEDE	1.00			$\Box$						
TRUSTEE	0.	Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	ligl	hest Compensat	ed Employees (d	ontinue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	rson lirect	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	an	(F) stimated nount of other pensati	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	om the anizatio d related anization	t
15) ALEX AZAR	1.00											
TRUSTEE	0.	X						0	. 0.			0
16) CARLA HAYDEN	1.00											
TRUSTEE	0.	X						0	0.			0
17) ELISABETH DEVOS	1.00											
TRUSTEE	0.	X						0	0.			0
18) LONNIE BUNCH	1.00	37										0
TRUSTEE  19) PETER BESHAR	1.00	X						0	0.			0
TRUSTEE	<del>1.00</del>	X						0	0.			0
20) DAVID JACOBSON	1.00	Λ						0	. 0.			
TRUSTEE	1.00	X						0	] 0.			0
21) THELMA DUGGIN	1.00											
TRUSTEE	0.	Х						0	. 0.			0
22) BARRY S JACKSON	1.00											
TRUSTEE	0.	Х		Х				0	0.			0
23) LOUIS SUSMAN	1.00											
TRUSTEE	0.	Х						0	0.			0
24) NATHALIE RAYES	1.00											
TRUSTEE	0.	X						0	. 0.			0
25) EARL W STAFFORD	1.00											
TRUSTEE	0.	X						0	. 0.			0
1b Sub-total							ightharpoons	2,169,687.	0.		126,9	
c Total from continuation sheets to Part VII, S	<del>-</del>							0.	0.		106	0.
d Total (add lines 1b and 1c)							<u> </u>	2,169,687.	0.		126,9	<del>192.</del>
2 Total number of individuals (including but not		nose 37		d al	bove	e) who	re	ceived more than	\$100,000 of			
reportable compensation from the organizatio		3 .									Yes	No
3 Did the organization list any former office	or directo	r or	· tri	ıoto	•	kov. o	mn	Joyaa or bigboo	t componented		162	NO
<b>3</b> Did the organization list any <b>former</b> offic employee on line 1a? <i>If "Yes," complete Sched</i>										3		X
4 For any individual listed on line 1a, is the												
organization and related organizations gr	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such											
individual										4	Х	
5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on 1	fron	n any	un	related organizati	on or individual			
for services rendered to the organization? If "Y	'es," comple	te Sch	nedu	ıle J	l for	such	per	son		5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest com	ipensated i	ndepe	ende	ent o	con	tracto	rs t	hat received more	than \$100,000 c	)†		

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

V 19-8.5F

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 20

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VICE CHAIR  VICE CHAIR  O. 0.  71) SCOTT WALKER (UNTIL 7/1/20) 1.00 CHAIRMAN  O. X X X  O. 0.  28) DAVID SKORTON  TRUSTEE  O. X  O. 0.  O. 0.  1b Sub-total C Total from continuation sheets to Part VII, Section A O Total from continuation sheets to Part VII, Section A O Total from continuation from the organization From the organization from the organization from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual I are complete Schedule J for such individual I	Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	yee	es, a	and H	ligl	hest Compensat	ed Emplo	yees (d	ontinue		Page <b>8</b>
Complete this table to regarization   Complete this table to regarization   Complete Schedule   Jor such individual   In		Average hours per week (list any	box,	not ch unles er and	Pos neck s pe l a d	ition more rson	is both a or/truste	an	Reportable compensation from	Reportable compensation fro related	on from ed	am	timated ount of other	f
VICE CHAIR  7) SCOTT WALKER (UNTIL 7/1/20) 1.00 CHAIRMAN 0. x x 0. 0. 0.  28) DAVID SKORTON 1.00 TRUSTEE 0. x 0. 0. 0.  10 SWEETE 0. x 0. 0. 0.  11 Sub-total 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		organizations below dotted	Individual trustee or director	ional	Officer	Key employee	Highest compensated employee	Former	organization	_		orga and	anizatio d related	t
28) DAVID SKORTON 1.00  TRUSTEE 0. X X 0. 0. 0.  TRUSTEE 0. X 0. 0. 0.  TRUSTEE 0. X 0. 0. 0.  1b Sub-total 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.			Х						0		0.			(
TRUSTEE 0. X 0. 0. 0.    State	27) SCOTT WALKER (UNTIL 7/1/20) CHAIRMAN		Х		Х				0	•	0.			(
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  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 ▶ 37  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	28) DAVID SKORTON TRUSTEE		Х						0		0.			(
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  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 ▶ 37  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual														
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3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2 Total number of individuals (including but not	limited to t	hose	listed				re	ceived more than	\$100,000	of			
employee on line 1a? If "Yes," complete Schedule J for such individual	Teportable compensation from the organization		3 .	/									Yes	No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												3		Х
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	organization and related organizations gre	eater than	\$15	0,00								4	X	
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) (C)	5 Did any person listed on line 1a receive or	accrue co	mpen	satio										Х
	Complete this table for your five highest com- compensation from the organization. Report of													
		lress								ervices	C		ation	

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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JSA 9E1055 1.000

# Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse or note to ar	ny line in this Part \	/111		
				(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
A,G	С	Fundraising events 1c	891,074.				
ifts ar /	d	Related organizations 1d					
s, G	е	Government grants (contributions) 1e	13,010,221.				
Sil	f	All other contributions, gifts, grants,					
outi		and similar amounts not included above   1f	15,675,575.				
gË	g	Noncash contributions included in					
ng		lines 1a-1f 1g	\$ 68,112.				
	h	Total. Add lines 1a-1f		29,576,870.			
ø.			Business Code				
<u>Vi</u>	2a						
Program Service Revenue	b						
Ver	С	-					
gra Re	d	-					
or c	e						
_	f g	All other program service revenue Total. Add lines 2a-2f		0.			
	3	Investment income (including dividends		0.			
	"	other similar amounts)	_	831,109.			831,109.
	4	Income from investment of tax-exempt bor		0.			
	5	Royalties		5,876.			5,876.
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	<u></u>	0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory <b>7a</b> 45,922,285	•				
evenue	b	Less: cost or other basis					
ver		and sales expenses <b>7b</b> 45,935,291		-			
₽	١.	Gain or (loss)		-13,006.			-13,006.
Other	d	Net gain or (loss)		13,000.			13,000.
ᅙ	8a	Gross income from fundraising					
		events (not including \$891,074.  of contributions reported on line					
		1c). See Part IV, line 18	184,081.				
	b	Less: direct expenses					
	C	Net income or (loss) from fundraising event		46,353.			46,353
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities	<u>s ▶</u>	0.			
	10a	Gross sales of inventory, less					
		returns and allowances					
		Less: cost of goods sold 10					
	С	Net income or (loss) from sales of inventory		0.			
Snc			Business Code				
Miscellaneous Revenue	11a						
əlla	b						
Sce	q C	All other revenue					
Σ	<u>ـ</u>	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions		30,447,202.			870,332.
JSA 9E105	1 2.000						Form <b>990</b> (2019)
		9062 2502	V 19	-8.5F	435434		PAGE 1

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# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any line in this Part IX					
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to domestic organizations		·		·	
•	and domestic governments. See Part IV, line 21	0.				
2	Grants and other assistance to domestic					
	individuals. See Part IV, line 22	2,400,101.	2,400,101.			
3	Grants and other assistance to foreign					
	organizations, foreign governments, and foreign					
	individuals. See Part IV, lines 15 and 16	1,090,830.	1,090,830.			
4	Benefits paid to or for members	0.				
5	Compensation of current officers, directors,					
	trustees, and key employees	1,335,251.	257,110.	1,078,141.		
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	10,175,711.	6,620,997.	3,024,079.	530,635.	
8	Pension plan accruals and contributions (include					
	section 401(k) and 403(b) employer contributions)	1,291,938.	773,161.	480,184.	38,593.	
9	Other employee benefits	1,379,827.	753,631.	585,075.	41,121.	
10	Payroll taxes	777,338.	474,189.	264,310.	38,839.	
11	Fees for services (nonemployees):					
	a Management	0.				
ı	Legal	0.				
(	Accounting	248,044.		248,044.		
(	Lobbying	0.			150 001	
(	Professional fundraising services. See Part IV, line 17.	460,201.		101 000	460,201.	
	f Investment management fees	124,000.		124,000.		
9	Other. (If line 11g amount exceeds 10% of line 25, column	1 064 220	1 010 010	BE1 500		
	(A) amount, list line 11g expenses on Schedule O.)	1,964,339.	1,212,810.	751,529.	60	
	Advertising and promotion	6,554. 1,295,717.	4,975. 473,978.	1,519.	203,788.	
13	Office expenses	728,699.	85,708.	617,951. 642,991.	203,700.	
14	Information technology	728,699.	03,700.	042,991.		
15	Royalties	0.				
16	Occupancy	530,435.	383,114.	135,548.	11,773.	
17		330,133.	303,111.	155,510.	11,775.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.				
10	Conferences, conventions, and meetings	3,388,354.	2,971,273.	167,333.	249,748.	
		0.				
20 21		0.				
	Depreciation, depletion, and amortization	513,661.		513,661.		
	Insurance	70,045.		70,045.		
	Other expenses. Itemize expenses not covered					
	above (List miscellaneous expenses on line 24e. If					
	line 24e amount exceeds 10% of line 25, column					
	(A) amount, list line 24e expenses on Schedule O.)					
	INDIRECT EXPENSES	-10,474.	1,505,517.	-1,533,426.	17,435.	
ì						
	:					
(	1					
	All other expenses					
	Total functional expenses. Add lines 1 through 24e	27,770,571.	19,007,394.	7,170,984.	1,592,193.	
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)	0.			Form <b>990</b> (2019)	

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# Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
_	1	Cash - non-interest-bearing	13,571,783.	1	14,086,459.
	2	Savings and temporary cash investments	9,065,359.	2	7,734,365.
	3	Pledges and grants receivable, net	3,130,946.	3	2,959,660.
	4	Accounts receivable, net.	30,613,801.	4	28,553,154.
	5	Loans and other receivables from any current or former officer, director,	33,123,1121	7	
	3	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
	·	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
Ø	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	185,352.	9	12,138.
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 7,339,004.			
	b	Less: accumulated depreciation	2,286,348.	10c	2,135,341.
	11	Investments - publicly traded securities	32,373,715.	11	38,091,016.
	12	Investments - other securities. See Part IV, line 11	7,797,242.	12	8,007,210.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	225,000.	15	225,000.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	99,249,546.	16	101,804,343.
	17	Accounts payable and accrued expenses	3,101,356.	17	3,582,363.
	18	Grants payable	2,197,959.	18	2,451,703.
	19	Deferred revenue.	5,057,477.	19	6,364,626.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	0.	22	0.
Ξ	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	10,356,792.	26	12,398,692.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	23,510,892.	27	24,015,772.
B	28	Net assets with donor restrictions	65,381,862.	28	65,389,879.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
Assets or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
et A	32	Total net assets or fund balances	88,892,754.	32	89,405,651.
Net	33	Total liabilities and net assets/fund balances	99,249,546.	33	101,804,343.
			,,	- 55	Form <b>990</b> (2019)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		30,4	47,2	202.
2	Total expenses (must equal Part IX, column (A), line 25)	2		27,7	70,5	571.
3	Revenue less expenses. Subtract line 2 from line 1	3		2,6	76,6	531.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		88,8	92,7	754.
5	Net unrealized gains (losses) on investments	5			76,2	
6	Donated services and use of facilities	6		-3,4	40,0	000.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		89,4	05,6	551.
Part	. •					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	ı in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_			Х	
	the audit, review, or compilation of its financial statements and selection of an independent accounts			2c		
	If the organization changed either its oversight process or selection process during the tax year, e	kplain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	th in	the	_	Х	
	Single Audit Act and OMB Circular A-133?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_		,,	Х	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b	25	

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

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Internal Revenue Service

Name of the organization

FOR SCHOLARS

Department of the Treasury

WOODROW WILSON INTERNATIONAL CENTER

Employer identification number 52-1067541

Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must c	omplete	e this pa	art.) See instructions	
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).					
2		A school described in secti	etion 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)					
3		A hospital or a cooperative	hospital service o	rganization described	n <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix) (	operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Eı	nter the i	name, city, and state of	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investm acquired by the organizatio	ted to its exempt f nent income and u	unctions - subject to on nrelated business tax	certain e able incc	xception me (less	s, and (2) no more tha s section 511 tax) from	n 331/3% of its
11		An organization organized						
12		An organization organized	•		-			arry out the purposes
		of one or more publicly su	pported organizati	ons described in sect	ion 509	<b>(a)(1)</b> or	section 509(a)(2). S	ee section 509(a)(3).
		Check the box in lines 12a t	hrough 12d that d	escribes the type of si	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	•	•	-		• , ,	
		supporting organization.						
b		Type II. A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having
		control or management of	·					
		organization(s). You must	complete Part IV	, Sections A and C.		-		
С		Type III functionally inte	grated. A supporti	ng organization opera	ted in co	onnectio	n with, and functional	ly integrated with,
	_	its supported organizatior	n(s) (see instruction	s). You must comple	te Part l	V, Sectio	ons A, D, and E.	
d		Type III non-functionally	integrated. A sup	porting organization o	perated	in conne	ection with its support	ted organization(s)
		that is not functionally inte	egrated. The orgar	nization generally mus	t satisfy	a distrib	ution requirement and	d an attentiveness
	_	requirement (see instruct	ions). <b>You must co</b>	omplete Part IV, Sect	ions A a	nd D, and	d Part V.	
е	L	Check this box if the orga	nization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type I	I, Type III
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting c	organizat	ion.	
f		ter the number of supported						
g	Pr	ovide the following information	on about the suppo	orted organization(s).	1			
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
_								
(D)								
(E)								
Tat	a I							

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

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page **2** 

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

360	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	23,647,358.	23,496,856.	24,621,229.	27,746,634.	29,576,870.	129,088,947.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge	5,530,033.	5,839,171.	5,484,592.	5,391,255.	5,355,651.	27,600,702.
4	Total. Add lines 1 through 3	29,177,391.	29,336,027.	30,105,821.	33,137,889.	34,932,521.	156,689,649.
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						E 0E7 027
6	shown on line 11, column (f). <b>Public support.</b> Subtract line 5 from line 4						5,857,837.
	tion B. Total Support						150,831,812.
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4	29,177,391.	29,336,027.	30,105,821.	33,137,889.	34,932,521.	156,689,649.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	705,693.	721,532.	814,700.	925,686.	836,985.	4,004,596.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	284,752.	182,532.	74,796.	130,486.	46,353.	718,919.
11	Total support. Add lines 7 through 10						161,413,164.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	13,904.
13	First five years. If the Form 990 is forganization, check this box and stop here						
Sec	tion C. Computation of Public Sup						02.44
14	Public support percentage for 2019 (lin		-			14	93.44%
15	Public support percentage from 2018					15	92.50 <b>%</b>
16a	331/3% support test - 2019. If the org	=					
	box and <b>stop here.</b> The organization qu						
b	331/3% support test - 2018. If the org						
47-	this box and stop here. The organization	-		_			
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization Part VI how the organization meets t					-	•
	organization			•	•		Lapported ☐
h	10%-facts-and-circumstances test - 2						and line
D	15 is 10% or more, and if the organic	-					
	Explain in Part VI how the organization						•
	supported organization				_	-	
18	Private foundation. If the organization						
10							
	instructions						<u> </u>

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page 3

### Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			, I	'	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. a	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
r	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first, seco	nd, third, fourth.	or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and stop here.	•			•		` ` ` '
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2019 (line 8,			mn (f))		15	%
16	Public support percentage from 2018 Scheo					16	%
Sec	tion D. Computation of Investment					· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2019 (lin			13, column (f))		17	%
18	Investment income percentage from 2018 S					18	%
	331/3% support tests - 2019. If the org						
	17 is not more than 331/3 %, check this	_					
b	331/3% support tests - 2018. If the orga		_				
	line 18 is not more than 331/3 %, check						. —
20	Private foundation. If the organization d		-				

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Schedule A (Form 990 or 990-EZ) 2019 Page **4** 

### Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

  2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

		Yes	No
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Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page **5** 

Par	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		
b	A family member of a person described in (a) above?	11b		
С	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		
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> 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		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
ı	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.			
21		3		
	ion E. Type III Functionally Integrated Supporting Organizations		, ,	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		- <i>(!</i> \	
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instruc		
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	20		
	that these activities constituted substantially all of its activities.	2a		
b	, ,			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	26		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
L		Já		
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 <b>Part VI</b> the role played by the organization in this regard.	3b		
	i, g,			

Page 6 Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (expla	in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organize	•		•
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):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
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 <b>Part VI</b> ):			
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	y integra	ated Type III supporting	g organization (see
instructions).	_		- ·

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exen	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part V

Schedule A (Form 990 or 990-EZ) 2019 Page **8** 

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.)

					ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOME	E				
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
SPECIAL EVENT	284,752.	182,532.	74,796.	130,486.	46,353.	718,919.
TOTALS	284,752.	182,532.	74,796.	130,486.	46,353.	718,919.

Schedule A (Form 990 or 990-EZ) 2019

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

Department of the Treasury

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

**Schedule of Contributors** 

OMB No. 1545-0047

2019

Internal Revenue Service | Go to www.irs.gov/Form990 for the latest information.

Name of the organization | Employer identification number |
WOODROW WILSON INTERNATIONAL CENTER |
FOR SCHOLARS | 52-1067541

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-E	Z X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
, ,	nization is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  n 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
General Rule						
or more (	ganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a or's total contributions.					
Special Rules						
regulation 13, 16a, c	rganization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the ns under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contribut	ganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one or, during the year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
contribute contributi during the <b>General I</b>	rganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one or, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such ons totaled more than \$1,000. If this box is checked, enter here the total contributions that were received be year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions \$5,000 or more during the year					
Caution: An organi	ration that ign't covered by the Congrel Pula and/or the Special Pulas descrit file Schedule P (Form 000					

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization WOODROW WILSON INTERNATIONAL CENTER Employer identification number 52-1067541

	FOR SCHOLARS		52-106/541
Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$ 12,588,859.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,488,300.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$691,548.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization WOODROW WILSON INTERNATIONAL CENTER Employer identification number 52-1067541

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person **Payroll** 864,980. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.)

**Employer identification number** Name of organization WOODROW WILSON INTERNATIONAL CENTER 52-1067541

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		     \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		     \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of or	rganization WOODROW WILSON INTERNA	TIONAL CENTER	Employer identification number					
	FOR SCHOLARS		52-1067541					
Part III	(10) that total more than \$1,000 for	the year from any one contr ions completing Part III, enter e year. (Enter this information	ons described in section 501(c)(7), (8), or ributor. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc once. See instructions.) ►\$					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
		(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, ar	Transferee's name, address, and ZIP + 4 Relatio						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(a) Transfer of sife							
		(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization WOODROW WILSON INTERNATIONAL CENTER Employer identification number

F.OF	SCHOLARS			52-106754	<u> </u>	
Pa	rt I Organizations Maintaining Donor Adv			or Accounts.		
	Complete if the organization answered					
		(a) Donor advise	ed funds	(b) Funds and o	ther accounts	3
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor	advisors in writing tha	t the assets held	d in donor advised		_
	funds are the organization's property, subject to the	e organization's exclusive	e legal control?		Yes	No
6	Did the organization inform all grantees, donors, a	and donor advisors in w	riting that grant	funds can be used		
	only for charitable purposes and not for the bene		·	' '		_
	conferring impermissible private benefit?				Yes	No
Pa	rt II Conservation Easements.					
	Complete if the organization answered					
1	Purpose(s) of conservation easements held by the	_ · · · · · · ·				
	Preservation of land for public use (for example	e, recreation or education)		n of a historically imp		area
	Protection of natural habitat		Preservation	n of a certified histori	c structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization h	eld a qualified conservat	tion contribution i			
	easement on the last day of the tax year.			Held at the E	nd of the Tax	x Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
С	Number of conservation easements on a certified		` '	2c		
d	Number of conservation easements included in (	,				
_	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, tra	insterred, released, extin	iguished, or tern	ninated by the organ	nization dur	ing the
	tax year >					
4	Number of states where property subject to conse					
5	Does the organization have a written policy required to the control of the contro			_	П., г	<b>—</b> ]
•	violations, and enforcement of the conservation ea				Yes └	No
6	Staff and volunteer hours devoted to monitoring, insp	ecting, nandling of violation	ons, and enforcing	g conservation easeme	nts during tr	ne year
7	Amount of expenses incurred in monitoring, inspec	ting handling of violation	s and onforcing	conservation casema	nto durina tl	ho voor
′		ting, nanding of violation	is, and emorcing	conservation easeme	nis during ti	ne year
8	Does each conservation easement reported on line:	2(d) above satisfy the rea	uirements of sec	tion 170(h)(4)(R)(i)		
Ü	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •			Yes	□ No
a	In Part XIII, describe how the organization reports					NO
3	balance sheet, and include, if applicable, the text of			•		!
	organization's accounting for conservation easeme		,			
Pa	rt III Organizations Maintaining Collections		asures, or Othe	er Similar Assets.		
	Complete if the organization answered					
 1a	If the organization elected, as permitted under FA	ASB ASC 958, not to re	port in its reven	ue statement and ba	lance shee	t work:
-	of art, historical treasures, or other similar asse	ts held for public exhib	oition, education	, or research in furt	herance of	public
	service, provide in Part XIII the text of the footnote					
b	If the organization elected, as permitted under Fart, historical treasures, or other similar assets he provide the following amounts relating to these items	ld for public exhibition,				
	(i) Revenue included on Form 990, Part VIII, line 1			▶ s		
	(ii) Assets included in Form 990, Part X			<b>&gt;</b> \$		
2	If the organization received or held works of a					
	following amounts required to be reported under F				J , p. 300	
а	Revenue included on Form 990, Part VIII, line 1.			▶ \$ _		
b	Assets included in Form 990, Part X				22!	5,000

Schedule D (Form 990) 2019

Page 2 Schedule D (Form 990) 2019

Pa	rt    Organizations Maintaini	ng Collections of	Art, Historical T	easures, o	r Other	Similar Assets	continu		age <b>=</b>
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
	collection items (check all that apply):								
а	X Public exhibition		<b>d</b> Loar	or exchang	e prograi	m			
b	Scholarly research		e Othe	r					
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collections	and explain how	they furthe	r the or	ganization's exem <sub>l</sub>	ot purpo	se in	Part
	XIII.								
5	During the year, did the organization								_
	assets to be sold to raise funds rath		ained as part of the	organizatio	n's collec	ction?	Yes	X	No
Pa	Part IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.								
1 a	Is the organization an agent, truste								_
	included on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement i	n Part XIII and comp	lete the following to	able:					
						Amour	t		
	Beginning balance				:				
d	Additions during the year.								
е	Distributions during the year								
f	Ending balance						1		T
	Did the organization include an am						Yes		No
	If "Yes," explain the arrangement i	n Part XIII. Check he	ere if the explanation	n has been p	provided	on Part XIII			
Pa	rt V Endowment Funds.	-tion on account    11/-	-" 000	Dant IV 1:n	- 10				
	Complete if the organiza					( N = 1 )	1,5		
		(a) Current year	(b) Prior year	(c) Two ye		(d) Three years back	(e) Fou		
1 a	Beginning of year balance	37,916,824.	39,131,237			35,846,543.			972.
	Contributions			20.	L,993.	256,236.		54,	465.
С	Net investment earnings, gains,	1,682,736.	265 265	1 01	2,848.	3,859,959.		E E O	020
	and losses	1,002,730.	265,365		2,040.	3,639,939.	۷,	334,	829.
	Grants or scholarships		2,224	•					
е	Other expenditures for facilities	1,509,202.	1,477,554	1 433	3,780.	1,412,562.	1	413	723.
	and programs	1,305,202.	1,477,334	1,13	,,,,,,,,	1,412,502.	1,	TIJ,	
f	Administrative expenses	38,090,358.	37,916,824	. 39,131	237	38,550,176.	3.5	846	543.
g	End of year balance	L					] 33,	010,	
2 a	Provide the estimated percentage Board designated or quasi-endown	of the current year e	end balance (line 1	g, column (a)	) held as	:			
	Permanent endowment > 16.5	5000 %	_ ^0						
	Term endowment ► 39.5000								
C	The percentages on lines 2a, 2b, a	-	100%						
3a	Are there endowment funds not in	•		t are held a	nd admir	nistered for the			
- Cu	organization by:	and possession or an	io organization the	t are note a	ia aaiiiii			Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate						3b		
4	Describe in Part XIII the intended u	•	•						
	rt VI Land, Buildings, and Equ	uipment.							
	Complete if the organize Description of property								<u>.                                    </u>
	Description of property	(a) Cost or (invest		t or other basis (other)		cumulated eciation	<b>d)</b> Book v	alue	
1a	Land			•					
b	Buildings								
С	Leasehold improvements		2,	829,986.	1,9	08,737.	9	21,2	49.
d	Equipment		4,	509,018.	3,2	94,926.	1,2	14,0	192.
_е	Other								
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forn	n 990, Part X, colui	nn (B), line 1	0c.)	>	2,1	35,3	41.

Page 3 Schedule D (Form 990) 2019

Part VII Investments - Other Securities.	- III)		D 137 II 10
Complete if the organization answered	d "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	<b>(c)</b> Method of valuation Cost or end-of-year marke	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) COMINGLED FUNDS	3,811,485.	FMV	
(B) ABSOLUTE RETURN FUNDS	4,195,725.	FMV	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	0.005.010		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	8,007,210.		
Part VIII Investments - Program Related. Complete if the organization answered	d "Voo" on Form 000	Dort IV line 11e See Form 000	Dort V line 12
(a) Description of investment	(b) Book value	(c) Method of valuation  Cost or end-of-year market	
(4)			
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u> <u>(6)</u>			
(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	d "Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
(a) De	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
_(5)			
(6)			
_(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)	<u> </u>	
Part X Other Liabilities.			
Complete if the organization answered line 25.	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Forn	n 990, Part X,
1. (a) Descri	ption of liability		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.	)	<u></u> <b>&gt;</b>	
2. Liability for uncertain tax positions. In Part XIII. provide the	e text of the footnote to	the organization's financial statements th	at reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

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Page 4 Schedule D (Form 990) 2019

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	37,249,163.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	.	
b	Donated services and use of facilities	.	
C	Recoveries of prior year grants	.	
d	Other (Describe in Farthin)	2e	6,801,961.
e	Add lines 2a through 2d	3	30,447,202.
3 4	Subtract line <b>2e</b> from line <b>1</b>		<u> </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	30,447,202.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		26 826 266
1	Total expenses and losses per audited financial statements	1	36,736,266.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities   2a   8,827,967.		
a	Donated services and use of lacinities 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	-	
b	Prior year adjustments	-	
C	041011033031111111111111111111111111111	-	
d e	Other (Describe in Part XIII.)	2e	8,965,695.
3	Subtract line 2e from line 1	3	27,770,571.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	00.000.000
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	27,770,571.
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5		

# Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, LINE 4

DESCRIPTION OF THE ORGANIZATION'S COLLECTION

IN THE MEMORIAL HALLWAY THERE IS A PERMANENT BAS-RELIEF OF WOODROW WILSON THAT WAS COMMISSIONED AND IS DISPLAYED IN THE RONALD REAGAN BUILDING AND INTERNATIONAL TRADE CENTER.

SCHEDULE D, PART V, LINE 4

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

THE INTENDED USE OF ENDOWMENT FUND IS TO PROVIDE FUNDING FOR ONGOING PROGRAM EXPENSES AND ADMINISTRATIVE COSTS.

SCHEDULE D, PART X, LINE 2:

FIN 48 FOOTNOTE

ASC TOPIC 740, INCOME TAXES, REQUIRES THAT MANAGEMENT EVALUATE TAX POSITIONS TAKEN BY THE CENTER AND RECOGNIZE A TAX LIABILITY (OR ASSETS) IF THE CENTER HAS TAKEN AN UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE CENTER HAS ANALYZED THE TAX POSITIONS TAKEN AND HAS CONCLUDED THAT AS OF SEPTEMBER 30, 2020, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RECLASSIFICATION OF SPECIAL EVENT EXPENSES

\$137,728.

Schedule D (Form 990) 2019

Page 5

# Part XIII Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASSIFICATION OF SPECIAL EVENT EXPENSES

WOODROW WILSON INTERNATIONAL CENTER

\$137,728.

Schedule D (Form 990) 2019

JSA

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### **SCHEDULE F** (Form 990)

### Statement of Activities Outside the United States

OMB No. 1545-0047

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

WOODROW WILSON INTERNATIONAL CENTER

Name of the organization FOR SCHOLARS

Employer identification number 52-1067541

Par	General Information o Form 990, Part IV, line 14th		Outside the	United States. Comple	ete if the organization a	answered "Yes" on
1	<b>For grantmakers.</b> Does the orgother assistance, the grantees' award the grants or assistance?	eligibility for t	he grants or	assistance, and the selec	tion criteria used to	X Yes No
2	For grantmakers. Describe in Foutside the United States.	Part V the org	anization's pro	cedures for monitoring t	he use of its grants ar	nd other assistance
3	Activities per Region. (The follow (a) Region	ving Part I, line  (b) Number of offices in the region	3 table can be (c) Number of employees, agents, and independent contractors in the region	e duplicated if additional sp (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of	(f) Total expenditures for and investments in the region
(1)	EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		163,340.
(2)	EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	CONFERENCES	9,849.
(3)	EUROPE	0.	0.	GRANTMAKING		336,319.
(4)	EUROPE	0.	0.	PROGRAM SERVICES	CONFERENCES	467,449.
(5)	MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	CONFERENCES	16,453.
(6)	NORTH AMERICA	0.	0.	FUNDRAISING		119,028.
(7)	NORTH AMERICA	0.	0.	PROGRAM SERVICES	CONFERENCES	441,533.
(8)	RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	CONFERENCES	80,416.
(9)	SOUTH AMERICA	0.	0.	GRANTMAKING		70,313.
(10)	SOUTH AMERICA	0.	0.	PROGRAM SERVICES	CONFERENCES	2,627.
(11)	SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING		124,358.
(12)	SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	CONFERENCES	51,625.
(13)	CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		1,674,856.
(14)	EUROPE	0.	0.	INVESTMENTS		1,019,735.
(15)	NORTH AMERICA	0.	0.	GRANTMAKING		180,000.
(16)	MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING		20,000.
<u> </u>	RUSSIA/INDEPENDENT STATES	0.	0.	GRANTMAKING		196,500.
sa b	Subtotal  Total from continuation sheets to Part I					4,974,401.
С	Totals (add lines 3a and 3b)					4,974,401.

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

JSA

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52-1067541 Page 2 Schedule F (Form 990) 2019

	organization	section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, othe
(1)			EUROPE/ICELAND/GREENLAND	CONFERENCE	100,000.	WIRE			
(1)			EUROPE/ICELAND/GREENLAND	CONFERENCE	100,000.	WIRE			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
10)									
11)									
12)									
13)									
14)									
15)									
16)									

Schedule F (Form 990) 2019

WOODROW WILSON INTERNATIONAL CENTER 52-1067541

Schedule F (Form 990) 2019

### Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) STIPEND	EAST ASIA/PACIFIC	5.	163,340.	CHECK			
(2) STIPEND	EUROPE/ICELAND/GREENLAND	8.	236,319.	CHECK			
(3) STIPEND	MIDDLE EAST/NORTH AFRICA	1.	20,000.	CHECK			
(4) STIPEND	NORTH AMERICA	2.	180,000.	CHECK			
(5) STIPEND	RUSSIA/NEWLY IND. STATES	7.	196,500.	CHECK			
(6) STIPEND	SOUTH AMERICA	3.	70,313.	CHECK			
(7) STIPEND	SUB-SAHARAN AFRICA	10.	124,358.	CHECK			
_(8)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(47)							
(18)							

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 Page 4

Part	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)	X	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	X	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)	X	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)	X	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)		Yes	X	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	X	No

Schedule F (Form 990) 2019

JSA

Schedule F (Form 990) 2019 Page 5

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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).

SCHEDULE F, PART I, LINE 2

EACH RECIPIENT IS REQUIRED TO PROVIDE TO THE WILSON CENTER GRANTING THE FUNDING A FULL PROGRAM SERVICE AND FINANCIAL REPORT AT LEAST EVERY SIX MONTHS. THE REPORT IS REVIEWED BY THE WILSON CENTER BEFORE ANY ADDITIONAL FUNDS ARE RELEASED.

SCHEDULE F, PART I, LINE 3

THE ACCRUAL METHOD OF ACCOUNTING WAS USED TO REPORT AMOUNTS ON PART I, LINE 3.

SCHEDULE F, PART II AND III

THE ACCRUAL METHOD OF ACCOUNTING WAS USED TO REPORT AMOUNTS ON PART II
AND PART III.

Schedule F (Form 990) 2019

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

Department of the Treasury

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Inspection

Internal Revenue Service Name of the organization WOODROW WILSON INTERNATIONAL CENTER Employer identification number FOR SCHOLARS 52-1067541 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants е а Χ X Internet and email solicitations f Solicitation of government grants Χ Phone solicitations X Special fundraising events C X In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, X | Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 ATTACHMENT 1 2 3 6 8 9 10 4,466,204. 4,115,111. 351,093. Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. CA, DC, NY,

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

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 Page 2

Pa	Fundraising Events. Complements than \$15,000 of fund events with gross receipts g	raising event contribut			
		(a) Event #1 DINNER	(b) Event #2 DINNER	(c) Other events	(d) Total events (add col. (a) through
ne		(event type)	(event type)	(total number)	col. <b>(c)</b> )
evenu	1 Gross receipts	844,165.	230,990.		1,075,155.
ď	2 Less: Contributions	766,715.	124,359.		891,074.

			DINNER	DINNER		(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
kevenue	1	Gross receipts	844,165.	230,990.		1,075,155
Ľ	2	Less: Contributions	766,715.	124,359.		891,074
	3	Gross income (line 1 minus line 2)		106,631.		184,081
	4	Cash prizes				
	5	Noncash prizes				
=xbenses	6	Rent/facility costs				
_	7	Food and beverages				
Ulfect	8	Entertainment				
	9	Other direct expenses	64,982.	72,746.		137,728
	10	Direct expense summary. Add lin	es 4 through 9 in colu	mn (d)		137,728
		Net income summary. Subtract li				46,353
Pa	rt I	Gaming. Complete if the org	anization answered "	Yes" on Form 990, F	Part IV, line 19, or	reported more than

\$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue				
ses	2 Cash prizes				
xpens	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
<u> </u>	5 Other direct expenses				
	6 Volunteer labor	Yes % No	Yes% No	Yes% No	
	7 Direct expense summary. Add line	es 2 through 5 in colur	mn (d)		
	8 Net gaming income summary. Su	ubtract line 7 from line	1, column (d)		
9	Enter the state(s) in which the orga	anization conducts gar	ming activities:		
a b	16 11 1 1 1	duct gaming activities		es?	Yes No
10a	Were any of the organization's gaming	J licenses revoked, susp	pended, or terminated du	uring the tax year?	Yes No

Schedule G (Form 990 or 990-EZ) 2019

**b** If "Yes," explain: \_

Sched	ule G (Form 990 or 990-EZ) 2019 Page :	3
11	Does the organization conduct gaming activities with nonmembers? Yes No	,
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming?	)
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	%
b	An outside facility	6
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ▶	
	Address ▶	-
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	)
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	
	amount of gaming revenue retained by the third party ▶ \$	
С	If "Yes," enter name and address of the third party:	
	Name ▶	
	Address ►	
16	Gaming manager information:	
	Name ▶	. —
	Gaming manager compensation ▶\$	
	Description of services provided ▶	-
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	)
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
	or spent in the organization's own exempt activities during the tax year 🕨 \$	_
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	

Schedule G (Form 990 or 990-EZ) 2019

MX

### ATTACHMENT 1

990	SCHEDULE	C	DDDT	т –	HIGHEGT	DATD	FUNDRATSER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	CUSTOD	NDRAISER HAVE Y OR CONTROL TRIBUTIONS?	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
		YES	NO			
EPIPHANY PRODUCTIONS	GENERAL FUNDRAISING		X	4,235,214.	304,723.	3,930,491.
1727 KING ST STE 300 ALEXANDRIA						
VA 22314						
ROSE GADSDEN	FUNDRAISING DINNER		X	230,990.	46,370.	184,620.
PESTALOZZI NO 917 COLONIA DE VALLE					, 5, 7, 7,	

# SCHEDULE I (Form 990)

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

2019

**Open to Public** 

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Name of the organization WOODROW WILSON INTERNATIONAL CENTER

Employer identification number

FOR	SCHOLARS						52-106754	1
Part	General Information on Grants a	nd Assistanc	е				•	
	Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's proc	ints or assistand	ce?					X Yes No
Par	Grants and Other Assistance to Part IV, line 21, for any recipient		•					es" on Form 990,
	(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
	Enter total number of section 501(c)(3) and Enter total number of other organizations I							
	Enter total number of other organizations i	iotou iii tiio iiiit	, i table				· · · · · · · · · · · · · · · · · · ·	

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

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 stipends	88.	2,400,101.			
2					
3					
4					
5					
6					
7					

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS - EACH RECIPIENT IS

REQUIRED TO PROVIDE TO THE WILSON CENTER GRANTING THE FUNDING A FULL

PROGRAM SERVICE AND FINANCIAL REPORT AT LEAST EVERY SIX MONTHS. THE

REPORT IS REVIEWED BY THE WILSON CENTER BEFORE ANY ADDITIONAL FUNDS ARE

RELEASED.

### **SCHEDULE J** (Form 990)

**Compensation Information**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. ► Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

FOR SCHOLARS

WOODROW WILSON INTERNATIONAL CENTER

52-1067541

Employer identification number

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	41		
•	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
		2		
_	1a?			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	X   Independent compensation consultant   X   Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
4	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:	_		v
a	The organization?	5a		X
b	Any related organization?	5b		Λ
6	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
_	The organization?	60		Х
a b	Any related organization?	6a 6b		X
D	If "Yes" on line 6a or 6b, describe in Part III.	00		
7				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	<u> </u>		
•	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

WOODROW WILSON INTERNATIONAL CENTER 52-1067541

Schedule J (Form 990) 2019

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	<b>(D)</b> Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation		(B)(i)-(D)		
MICHAEL FORSTER	(i)	239,338.	0.	0.	34,042.	17,402.	290,782.	0.	
<b>1</b> C00	(ii)	0.	0.	0.					
ROBERT LITWAK	(i)	198,089.	0.	0.	34,846.	13,160.	246,095.	0.	
2VP SCHOLARS	(ii)	0.	0.	0.					
JANE HARMAN	(i)	383,320.	100,000.	0.	40,955.	1,522.	525,797.	0.	
3PRESIDENT	(ii)	0.	0.	0.					
SUE HOWARD	(i)	177,203.	0.	0.	29,794.	13,948.	220,945.	0.	
4ACTING CFO	(ii)	0.	0.	0.					
LINDA ROTH	(i)	196,933.	0.	0.	26,834.	8,204.	231,971.	0.	
5VP EXTERNAL RELATIONS	(ii)	0.	0.	0.					
MATTHEW ROJANSKI	(i)	178,101.	0.	0.	30,660.	11,777.	220,538.	0.	
6PROGRAM DIRECTOR	(ii)	0.	0.	0.					
ROBERT DALY	(i)	173,101.	0.	0.	27,940.	14,500.	215,541.	0.	
7PROGRAM DIRECTOR	(ii)	0.	0.	0.					
CHRISTIAN OSTERMANN	(i)	178,101.	0.	0.	30,916.	6,138.	215,155.	0.	
8PROGRAM DIRECTOR	(ii)	0.	0.	0.					
MONDE MUYANGWA	(i)	178,101.	0.	0.	30,704.	8,359.	217,164.	0.	
9PROGRAM DIRECTOR	(ii)	0.	0.	0.					
CYNTHIA ARNSON	(i)	167,400.	0.	0.	30,792.	14,499.	212,691.	0.	
10PROGRAM DIRECTOR	(ii)	0.	0.	0.					
	(i)								
11	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

435434

WOODROW WILSON INTERNATIONAL CENTER 52-1067541

Schedule J (Form 990) 2019

## 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) 2019

JSA 9E1505 1.000

KA9062 2502 V 19-8.5F 435434 PAGE 46

# SCHEDULE M (Form 990)

**Noncash Contributions** 

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Department of the Treasury

WOODROW WILSON INTERNATIONAL CENTER

Employer identification number

FOR SCHOLARS 52-1067541 **Types of Property** Part I (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household 6 Cars and other vehicles 7 Intellectual property 5. 68,112. SALE Χ Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts Scientific specimens 23 24 Archeological artifacts 25 Other ►( 26 Other ►( Other ►( 27 28 Other ►( Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . . . . . No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required X 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard Χ 31 contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Χ contributions? 32a b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) 2019

describe in Part II.

Schedule M (Form 990) (2019) Page **2** 

Part II Supplem

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B)

THE NUMBER IN COLUMN(B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

JSA Schedule M (Form 990) (2019)

9E1508 1.000

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

### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

On

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

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

WOODROW WILSON INTERNATIONAL CENTER

Employer ide

52-1067541

Name of the organization FOR SCHOLARS

FORM 990, ITEM K, OTHER FORM OF ORGANIZATION: US GOVT INST

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ASIA PROGRAM, CANADIAN INSTITUTE, EUROPEAN STUDIES, MIDDLE EAST

PROGRAM, DIVISION OF INTERNATIONAL STUDIES, KISSINGER INSTITUTE,

SCIENCE AND TECHNOLOGY PROGRAMS PROVIDED WORKSHOPS AND CONFERENCES IN

EXPENSES \$ 13,992,385. INCLUDING GRANTS OF \$ 3,188,506. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

RETURN IS PREPARED BY CENTER'S INDEPENDANT ACCOUNTING FIRM, REVIEWED BY

MANAGMENT AND STAFF, AND PLACED UPON CENTER'S WEBSITE.

FORM 990, PART VI, SECTION B, LINE 12C:

THEIR MAJOR AREA OF STUDY.

MONITOR AND ENFORCE CONFLICT OF INTEREST POLICY.

A CONFLICT OF INTEREST FORM IS SIGNED BY THE APPROPRIATE PARTIES INVOLVED IN THE CENTER'S DECISION MAKING PROCESS, CONTRACT SIGNING AND/OR FUNDING NEGOTIATIONS.

FORM 990, PART VI, SECTION B, LINE 15:

THE CENTER SEEKS TO PAY REASONABLE COMPENSATION UNDER SECTION 4958 TO ATTRACT AND RETAIN THE APPROPRIATE CALIBER OF EMPLOYEES DEDICATED TO

Name of the organization WOODROW WILSON INTERNATIONAL CENTER

Employer identification number

52-1067541

CARRYING OUT ITS TAX-EXEMPT MISSION. ORGANIZATION PERIODICALLY CONDUCTS A
REVIEW TO DETERMINE THE GOING FAIR MARKET COMPENSATION RANGES FOR
COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THE BOARD
APPROVES COMPENSATION OF THE ORGANIZATION'S PRESIDENT AND OTHER OFFICERS
AND DOCUMENTS IT'S DELIBERATION PROCESS.

FORM 990, PART VI, SECTION C, LINE 19:

THE CENTER DOES CURRENTLY MAKE ITS GOVERNING DOCUMENTS CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTACHMENT 1

### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE WOODROW WILSON INTERNATIONAL CENTER FOR SCHOLARS IS THE NATIONAL, LIVING MEMORIAL HONORING PRESIDENT WOODROW WILSON. IN PROVIDING AN ESSENTIAL LINK BETWEEN THE WORLDS OF IDEAS AND PUBLIC POLICY, THE CENTER ADDRESSES CURRENT AND EMERGING CHALLENGES CONFRONTING THE UNITED STATES AND THE WORLD. THE CENTER PROMOTES POLICY-RELEVANT RESEARCH AND DIALOGUE TO INCREASE UNDERSTANDING AND ENHANCE THE CAPABILITIES AND KNOWLEDGE OF LEADERS, CITIZENS, AND INSTITUTIONS WORLDWIDE.

ATTACHMENT 2

### 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

MIGRATION DIALOGUE

1004 EAGLE PLACE

DAVIS, CA 95616

DESCRIPTION OF SERVICES

COMPENSATION

747,809.

INTERACTIVE STRATEGIES WEB DESIGN 337,627.

MCLEAN, VA 22102

Name of the organization WOODROW WILSON INTERNATIONAL CENTER

FOR SCHOLARS

Employer identification number

52-1067541

ATTACHMENT 2 (CONT'D)

### 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION 1133 CONNECTICUT AVE STE 600 WASHINGTON, DC 20036 EPIPHANY PRODUCTIONS FUNDRAISING 304,723. 1727 KING STREET STE 300 ALEXANDRIA, VA 22314 BDO, USA CONSULTING 251,055. 8401 GREENSBORO DRIVE STE 800 MCLEAN, VA 22102 KPMG CONSULTING 248,044. 8350 BROAD STREET STE 900