



8453-EO	Exempt Organization Declaration and Si Electronic Filing	ignature	for
	For calendar year 2018, or tax year beginning $10/01$ 2018 and ending	09/30	20 1

OMB No. 1545-1879

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Department of the Treasury Internal Revenue Service Name of exempt organization

Form

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

Employer identification number

9

52-1067541

WOODROW WILSON INTERNATIONAL CENTER

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

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.

1a	Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	. 1b	28873770.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)		
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22).		
4a	Form 990-PF check here b D Tax based on investment income (Form 990-PF, Part VI, line 5		
5a	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.

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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 2018 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 Here	Fourlent	8 18 2020	► CFO	
nere	Signature of officer	Date	Title	

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.

ERO's	ERO's Magnet a. Brochlaw	Date Check i also pai		ERO's SSN or PTIN
Use Only	Firm's name (or yours if self-employed),	8/12/2020 prepare	r X employed	P00501222 EIN 13-5565207
	address, and ZIP code 8350 BROAD STREET,	SUITE 900 MCLEAN	VA 22102	Phone no. 703-286-8000

Under 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.

Paid Preparer	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN	
Use Only	Firm's name		Firm's EIN			
	Firm's address	Phone no.				

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

Form 8453-EO (2018)

Cumulative e-File History 2018

Federal

Tax Return KA9062	Return Type 990
Taxpayer Woodrow Wilson Internatio	onal Center
Submitted Date	2020-08-14 09:41:14
Acknowledgement Date	2020-08-14 09:56:21
Status	Accepted
Submission ID	54028020202275000002

Form	990	
- ·		

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service ► Do not enter Social Security numbers on this form as it may be made public.

2018 Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service	Information about F	orm 990 and its instructions is at www.irs.gov	/form990. Inspec
A For the 2018 calen	dar year, or tax year beginning	10/01 , 2018, and ending	09/30, 20 19
	HOODDON NITLOON		D. Employer identification number

Вc	heck if ap	plicable:	C Name of organization WOODROW WILSON INTERNATIONAL CENTER		D Employer identif	ication number					
	Addre		FOR SCHOLARS			-					
	chang		Doing Business As		52-106754						
	Name	change	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite	E Telephone number						
	Initial	return	1300 PENNSYLVANIA AVENUE, NW	(202) 691-	4000						
	Termi	nated	City or town, state or province, country, and ZIP or foreign postal code								
	Amen return		WASHINGTON, DC 20004-3027		G Gross receipts \$ 68,293,170.						
	_ Applic		F Name and address of principal officer: JANE HARMAN		H(a) Is this a group ret subordinates?	urn for Yes X No					
			1300 PENNSYLVANIA AVE, NW, WASHINGTON, DC 20004-	-3027	H(b) Are all subordinates	included? Yes No					
I	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	lf "No," attach a li	st. (see instructions)					
J	Websi	te: 🕨	WWW.WILSONCENTER.ORG		H(c) Group exemption	number 🕨					
к	Form of	of orgar	nization: Corporation Trust Association X Other ►US GOVT INST L	Year of format	ion: 1968 M State	e of legal domicile: DC					
Pa	art I	Su	mmary								
	1	Briefly	y describe the organization's mission or most significant activities: $\ensuremath{ ext{THE}}$ $\ensuremath{ ext{WILSON}}$	I CENTER	PROMOTES PO	DLICY, RELE-					
e			T RESEARCH AND DIALOGUE TO INCREASE UNDERSTANDING								
and		CAP	ABILITIES AND KNOWLEDGE OF LEADERS, CITIZENS, AND	INSTITU	TIONS.						
Governance	2		k this box if the organization discontinued its operations or disposed of model								
õ	3		per of voting members of the governing body (Part VI, line 1a)			17.					
ంర	4		per of independent voting members of the governing body (Part VI, line 1b)			17.					
Activities			number of individuals employed in calendar year 2018 (Part V, line 2a)			179.					
iži			number of volunteers (estimate if necessary)			17.					
Act			unrelated business revenue from Part VIII, column (C), line 12			0					
			nrelated business texable income from Form 990-T, line 34			-228.					
	0	ivel u		· · · · · · ·	Prior Year	Current Year					
		Contr	ikutione and grante (Dart)/III line (h)		24,621,229.	27,746,634.					
iue			ibutions and grants (Part VIII, line 1h)		0.	27,740,034.					
Revenue	9		am service revenue (Part VIII, line 2g)		775,365.	968,137.					
Re			tment income (Part VIII, column (A), lines 3, 4, and 7d)								
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		143,863.	158,999.					
			revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		25,540,457.	28,873,770.					
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		2,603,530.	2,738,588.					
	14		its paid to or for members (Part IX, column (A), line 4)		0.	0.					
ses	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)	•••	14,358,502.	14,107,201.					
Expenses	16a	Profe	ssional fundraising fees (Part IX, column (A), line 11e)	•••	210,282.	152,995.					
Ц Ц Ц			fundraising expenses (Part IX, column (D), line 25) ▶1,278,909.		8 280 244						
_			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,370,344.	7,789,869.					
	18	Total	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		24,542,658.	24,788,653.					
		Rever	nue less expenses. Subtract line 18 from line 12		997,799.	4,085,117.					
Net Assets or Fund Balances				Begin	ning of Current Year	End of Year					
sset	20	Total	assets (Part X, line 16)		97,446,010.	99,249,546.					
d B B	21	Total	liabilities (Part X, line 26)	🖵	8,794,407.	10,356,792.					
		Net as	ssets or fund balances. Subtract line 21 from line 20		88,651,603.	88,892,754.					
Pa	irt II	Si	gnature Block								
			of perjury, I declare that I have examined this return, including accompanying schedules and complete. Declaration of preparer (other than officer) is based on all information of which prepared			knowledge and belief, it is					
	-,										
Sig	n				08/13/2	2020					
Siy Hei		<i>`</i>	Signature of officer		Date						
пе	e		ANDREW PEPITO CFO								
			Type or print name and title								
. ·		Print/	Type preparer's name Preparer's signature Date	е	Check if	PTIN					
Paic		MAR	GARET A BRADSHAW Magnet a. Blockaw 08	8/12/202	0 self-employed	P00501222					
	parer	Firm's	sname 🕨 KPMG LLP		Firm's EIN 🕨 13	-5565207					
Use Only			s address ▶ 8350 BROAD STREET, SUITE 900 MCLEAN, VA 22	102	Phone no. 703	3-286-8000					

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

No

Form 990 (2018)

X Yes

(Rev. January 2019)

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. 1545-1709

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*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number, see instructions						
Tuna an	Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or							
Type or	WOODROW WILSON INTERNATIONAL CENTER							
print	FOR SCHOLARS	52-1067541						
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)						
due date for filing your	1300 PENNSYLVANIA AVENUE, NW							
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	·						
instructions.	WASHINGTON, DC 20004-3027							
Enter the Return Code for the return that this application is for (file a separate application for each return)								

					-										 -
Linto	r the Retu	11 0000 10	ann that	phout		4 001	Juiute	o appi	oution	aon	lotani		-	 	

pplication Return Application Ret								
Is For	Code	Is For Code						
Form 990 or Form 990-EZ	01	Form 990-T (corporation) 07						
Form 990-BL	02	Form 1041-A	08					
Form 4720 (individual)	03	Form 4720 (other than individual)	09					
Form 990-PF	04	Form 5227	10					
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11					
Form 990-T (trust other than above)	06	Form 8870	12					
 The books are in the care of ► 1300 PENNSYLVAN. 	IA AVENU	JE, NW WASHINGTON DC 20004-3027						
Telephone No. ► 202 691-4036	F	Fax No. 🕨 202 691-4001						
• If the organization does not have an office or place of	business in	the United States, check this box	►					
• If this is for a Group Return, enter the organization's for	ur digit Gro	oup Exemption Number (GEN) If t	his is					
for the whole group, check this box \blacktriangleright . If	f it is for pa	urt of the group, check this box ▶ 🔄 and a	ttach					
a list with the names and EINs of all members the extension								
1 I request an automatic 6-month extension of time u	ntil	08/17 , 20 20 , to file the exempt organiza	tion return					
for the organization named above. The extension is	for the org	janization's return for:						
 calendar year 20 or X tax year beginning 10/0 2 If the tax year entered in line 1 is for less than 12 m 		3, and ending09/30_, 20_19 ok reason:Initial returnFinal return						
Change in accounting period								
3a If this application is for Forms 990-BL, 990-PF, 99	90-T, 4720), or 6069, enter the tentative tax, less any						
nonrefundable credits. See instructions.		3a \$	0.					
b If this application is for Forms 990-PF, 990-T,	4720, o	r 6069, enter any refundable credits and						
estimated tax payments made. Include any prior yea	ır overpayn	nent allowed as a credit. 3b \$	0.					
c Balance due. Subtract line 3b from line 3a. Include	your paym	ent with this form, if required, by using EFTPS						
(Electronic Federal Tax Payment System). See instru	ctions.	3c \$	0.					
Caution: If you are going to make an electronic funds withdrawa	l (direct deb	it) with this Form 8868, see Form 8453-EO and Form 8879-EO	for payment					
instructions.								
	-							

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

For	n 990 (201	18)	Page 2
Pa	art III	Statement of Program Service Accomplishments	
1		Check if Schedule O contains a response or note to any line in this Part III	X
	ATTA	CHMENT 1	
2	Did the	organization undertake any significant program services during the year which were not listed on the	
	prior For	rm 990 or 990-EZ? Ye describe these new services on Schedule O.	s X No
3	Did the	organization cease conducting, or make significant changes in how it conducts, any program ?	s X No
		describe these changes on Schedule O.	3 <u></u> 10
4	expense	e the organization's program service accomplishments for each of its three largest program services, as m es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations I expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$2,005,309. including grants of \$234,349.) (Revenue \$)
		N INSTITUTE - BRINGS SCHOLARS AND GOVERNMENTAL SPECIALISTS	
		HER TO DISCUSS POLITICAL, SOCIAL, AND ECONOMIC ISSUES	
<u>4h</u>	(Code:) (Expenses \$ 1,727,241. including grants of \$) (Revenue \$)
- 10	`) INSTITUTE - SEEKS TO IMPROVE UNDERSTANDING, COMMUNICATION	/
		OOPERATION BETWEEN MEXICO AND THE UNITED STATES BY PROMOTING	
		JAL RESEARCH, ENCOURAGING PUBLIC DISCUSSION AND PROPOSING V OPTIONS FOR ENHANCING THE BILATERAL RELATIONSHIP.	
4c	(Code: _) (Expenses 937,063. including grants of 88,011.) (Revenue \$)
		S. INTERESTS IN THE ASIA-PACIFIC AS WELL AS POLITICAL,	
		AIC, SECURITY AND SOCIAL ISSUES RELATING TO THE WORLDS MOST	
	POPULC	DUS AND ECONOMICALLY DYNAMIC REGION.	
4d		rogram services (Describe in Schedule O.)	
40	(Expense	es\$ 13,135,684. including grants of \$ 2,416,228.) (Revenue \$) ogram service expenses ► 17,805,297.	
	20 1.000		990 (2018)
	KA9(062 2502 V 18-8.6F 435434	PAGE 6

-	90 (2018)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			37
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	_		x
~	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .	5		
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	6		x
7	"Yes," complete Schedule D, Part I. Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
0	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	0		
3	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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	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		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		37	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		77	
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		v	
4.5	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.0		v
<u> </u>	If "Yes," complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		х
	domostic government on Fartix, column (A), me 1: 11 Tes, complete Schedule I, Farts I and II	_ 		

Page **4**

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
240	\$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
h		24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
U	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
20		29	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	21	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			x
•	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? If "Yes,"			37
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part				·
	Check if Schedule O contains a response or note to any line in this Part V.			
		· · ·	Yes	No
19	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			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C		10	Х	
	reportable gaming (gambling) winnings to prize winners?	Eorm		(2018)
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Par	t V 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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
N	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions).			
3 3	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 in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	•		
Ψa	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		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
Ua	solicit any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	vu		
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a	Х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
U	required to file Form 8282?	7c		х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	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			
11	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.)			
	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			
	Enter the amount of reserves on hand	140		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	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		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

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WOODROW WILSON INTERNATIONAL CENTER

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 17			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			37
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u>, </u>	Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	<i>.)</i> Yes	No
		4.0	162	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,	104		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	<u> </u>
-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u></u>	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	21	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
	rise to conflicts?	120		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
4.0	describe in Schedule O how this was done	13	X	<u> </u>
13	Did the organization have a written whistleblower policy?	14	X	\vdash
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by		-	
15				
~	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	Х	
a b	Other officers or key employees of the organization	15b	Х	<u> </u>
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
5	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA , NY ,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	(Sec	tion <i>F</i>	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(200		(•)

X Own website Another's website X Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ► ANDREW PEPITO 1300 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20004-3027 202-691-4036

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	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	Х
Section A.	. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	erson	e than c is both or/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)DAVID FERRIERO	1.00									
TRUSTEE	0.	x						0.	0.	0.
(2) FRED MALEK	1.00								0.	
CHAIRMAN	0.	x		х				0.	0.	0.
(3)WILLIAM D ADAMS	1.00									
TRUSTEE	0.	x						0.	0.	0.
(4)ALEX AZAR	1.00									
TRUSTEE	0.	х						0.	0.	0.
(5)CARLA HAYDEN	1.00									
TRUSTEE	0.	х						0.	0.	0.
(6)ELISABETH DEVOS	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(7)DAVID SKORTON	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(8)FRED HOCHBERG	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(9) ^{PETER} BESHAR	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(10)JANE WATSON STETSON - THRU 10/	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(11)DAVID JACOBSON	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(12) THELMA DUGGIN	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(13) BARRY JACKSON	1.00									
VICE CHAIRMAN	0.	Х		Х				0.	0.	0.
(14)LOUIS SUSMAN	1.00							_	-	_
TRUSTEE	0.	Х						0.	0.	0.

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(A) Name and title	(B) Average hours per week (list any hours for	box, office	not ch unles: er and	s per ladi	ition more rson irect	e than o is both or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fror related organizations	other compensation
	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	from the organization and related organizations
5) NATHALIE RAYES TRUSTEE	1.00	x						0.	0	. (
.6) EARL W STAFFORD	1.00			_				0.	0	
TRUSTEE	0.	x						0.	0	. (
7) DREW MALONEY	1.00									
TRUSTEE - AS OF 3/13/19	0.	Х						0.	0	. (
8) GOV. SCOTT WALKER	1.00									
CHAIRMAN-AS OF 7/16/19	0.	X						0.	0	
.9) MICHAEL POMPEO TRUSTEE	1.00	x						0.	0	
20) MICHAEL FORSTER	40.00							0.	0	•
C00	0.			x				251,546.	0	. 56,504
1) ROBERT LITWAK	40.00									
VP SCHOLARS	0.			Х				170,209.	0	. 45,632
2) JANE HARMAN	40.00	-								
PRESIDENT	0.			Х				413,986.	0	. 41,949
3) SUE HOWARD	40.00							162 055		42.10
ACTING CFO 24) LINDA ROTH	40.00			Χ				163,855.	0	. 43,181
VP EXTERNAL RELATIONS	0.			x				196,022.	0	. 34,589
25) DUNCAN WOOD	40.00									
PROGRAM DIRECTOR	0.					х		162,486.	0	. 29,51
1b Sub-total								0.	0	
c Total from continuation sheets to P	· · ·							2,022,840.	0	
d Total (add lines 1b and 1c)							►	2,022,840.	0	. 397,834
2 Total number of individuals (including reportable compensation from the organization)		hose 33		d at	oove	e) who	o re	ceived more than	\$100,000 of	
			, 							Yes N
3 Did the organization list any forr	ner officer, directo	or, or	tru	stee	e, I	kev e	mp	lovee, or highes	t compensated	
employee on line 1a? If "Yes," comple										3 2
4 For any individual listed on line 1a	, is the sum of rep	ortab	le c	om	pen	satior	n ar	nd other compens	sation from the	
organization and related organiza									le J for such	
individual										4 X
5 Did any person listed on line 1a re for services rendered to the organizat										5 2
Section B. Independent Contractors			louun		101	ouon			<u></u>	
 Complete this table for your five high compensation from the organization. 										
year.	A)							(B) Description of se	rvices	(C) Compensation
	siness address						1	20001101010100		- sinponoutori
(Name and bu	siness address									
(siness address									

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 ► 10

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	Officers, Directors, Tru		ey ⊏m	pioy			na H	ligi	_					
	A) and title	(B) Average hours per week (list any	box,	ot che unless	per	ion nore tl son is	than or both a	an	(D) Reportable compensation from	(E) Reportab compensation related		Es am	(F) timated iount c other	
		hours for related organizations below dotted line)	offic or director				r/tru Highest compensated	e) Former	- the organization (W-2/1099-MISC)	organizatic (W-2/1099-M		fro orga and	pensat om the anizatio I relate inizatio	on ed
6) AARON MILLER		40.00							1.00.005				25	
PROGRAM DIREC 7) VICKKI JOHNSON		0. 40.00				_	X		168,805.		0.		35,2	21
HR DIRECTOR		0.	-				x		168,615.		ο.		30,6	б(
8) GWEN YOUNG		40.00			-	+			20070201					_
PROGRAM DIREC	TOR	0.					х		167,123.		Ο.		40,9	95
9) MONDE MUYANGWA	A	40.00												_
PROGRAM DIREC	TOR	0.					Х		160,193.		0.		39,6	59
c Total from continua d Total (add lines 1b a 2 Total number of indiv	tion sheets to Part VII, S and 1c) viduals (including but not	ection A	hose	isted	•••			re	eceived more than	\$100,000 o	f			
reportable compensa	ation from the organizatior		33	•									Yes	Γ
3 Did the organizatio	on list any former offic	er. directo	or. or	trus	stee	. ke	ev e	mp	olovee. or highes	t compensa	ted			
	? If "Yes," complete Schedu											3		
4 For any individual li	isted on line 1a, is the s	sum of rep	ortab	le co	omp	ensa	ation	n ai	nd other compens	sation from	the			
	elated organizations gre												v	
												4	X	
	ed on line 1a receive or d to the organization? <i>If "Ye</i>											5		
Section B. Independent		,						501		<u></u>				4
	for your five highest com the organization. Report c													
compensation from t									(B)			(C)		
	(A) Name and business add	Iress							Description of se	ervices	Co	ompens	ation	
		lress								ervices		ompens	ation	_
		lress									Co	ompens	ation	

Par	rt VII	Statement of Rever Check if Schedule O co		nse or note to an	v line in this Part V/I	II.		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	1a					
Gran	b	Membership dues						
Am A	c	Fundraising events		751,163.				
ilar İlar	d	Related organizations	1d					
ons, Sim	е	Government grants (contribu	utions) 1e	11,341,530.				
utio Jer	f	All other contributions, gifts,	grants,					
đ		and similar amounts not included	dabove <u>1</u> f	15,653,941.				
Contributions, Gifts, Grants and Other Similar Amounts	g h	Noncash contributions included Total. Add lines 1a-1f		180,642.	27,746,634.			
anu				Business Code				
Program Service Revenue	2a							
e R	b							
Ś	c							
Sei	d							
am	е							
ıbo.	f	All other program service rev						
<u> </u>	g	Total. Add lines 2a-2f	<u></u>	<u></u> ▶	0.		[
	3	· ·	cluding divider					
		and other similar amounts).			897,173.			897,173.
	4 5	Income from investment of	•		0.			20 512
	5	Royalties	(i) Real	(ii) Personal	28,513.			28,513.
		a						
	6a	Gross rents						
	b	Less: rental expenses Rental income or (loss)						
	c d	Net rental income or (loss)			0.			
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	39,240,901.					
	b	Less: cost or other basis						
		and sales expenses	39,169,937.					
	с	Gain or (loss)	70,964.					
	d	Net gain or (loss)		· · · · · · . ►	70,964.			70,964.
ē	8a	Gross income from fundra	aising					
ent		events (not including \$	751,163.					
Other Revenue		of contributions reported on	line 1c).					
Jer		See Part IV, line 18						
đ	b	Less: direct expenses						
	c	Net income or (loss) from fu	-		130,486.			130,486.
	9a	Gross income from gaming		0.				
	.	See Part IV, line 19						
	b c	Less: direct expenses Net income or (loss) from g			0.			
	10a	Gross sales of invent returns and allowances		0.				
	b	Less: cost of goods sold						
	c	Net income or (loss) from sa	ales of inventory	· · · · · · · · •	0.			
		Miscellaneous Revenu		Business Code				
	11a							
	b							
	c							_
	d	All other revenue						
	e	Total. Add lines 11a-11d			0.			
	12	Total revenue. See instruction	ons.	🕨	28,873,770.			1,127,136.

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Part IX Statement of Functional Exper				
Section 501(c)(3) and 501(c)(4) organizations			•	
Check if Schedule O contains a r				
Do not include amounts reported on lines 6b, 7 8b, 9b, and 10b of Part VIII.	7b, (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organization and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domest individuals. See Part IV, line 22	0 100 700	2,109,720.		
3 Grants and other assistance to foreig organizations, foreign governments, and foreign	jn			
individuals. See Part IV, lines 15 and 164 Benefits paid to or for members		628,868.		
5 Compensation of current officers, director trustees, and key employees	s,	215,841.	1,201,632.	
6 Compensation not included above, to disqualified	ed			
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages8 Pension plan accruals and contributions (include)		6,508,984.	2,760,973.	468,323
section 401(k) and 403(b) employer contribution	ns) 1,181,088.	795,820.	355,792.	29,476
9 Other employee benefits	1,050,400.	665,719.	335,578.	49,103
10 Payroll taxes		453,454.	232,501.	34,005
a Management	0.			
b Legal	0.			
c Accounting			195,500.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 1	1 5 0 0 0 5			152,995
f Investment management fees	127,500.		127,500.	
g Other. (If line 11g amount exceeds 10% of line 25, colu	ımn	001 105	276 450	
(A) amount, list line 11g expenses on Schedule O.)	2 1 0 0	901,105.	376,459.	
12 Advertising and promotion	3,188.	1,689.	1,499.	
13 Office expenses	1,428,935.	860,808.	492,631.	75,496
14 Information technology		78,413.	435,869.	
IS Royalties				
I6 Occupancy	1 000 404	919,520.	307,241.	45,723
18 Payments of travel or entertainment expense				
for any federal, state, or local public officials 19 Conferences, conventions, and meetings		1,982,328.	123,508.	421,058
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	450 100		450,126.	
23 Insurance			52,077.	
24 Other expenses. Itemize expenses not cover above (List miscellaneous expenses in line 24e. line 24e amount exceeds 10% of line 25, columniation.	ed If In			
(A) amount, list line 24e expenses on Schedule C	-58,681.	1,683,028.	-1,744,439.	2,730
a INDIRECT EXPENSES		1,003,028.	-1,/44,439.	2,/30
c				
de All other expenses				
 25 Total functional expenses. Add lines 1 through 24 26 Joint costs. Complete this line only if the organization reported in column (B) joint cost from a combined educational campaign at a set of the organization combined educational campaign at a set of the organization at a set of the	he sts	17,805,297.	5,704,447.	1,278,909
fundraising solicitation. Check here ► [] following SOP 98-2 (ASC 958-720)	if 0.			

following SOP 98-2 (ASC 958-720)

0.

Form	n 990 (:	WOODROW WILSON INTERNATIONAL CENTER 2018)		52	Page 11
	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this P	art X		
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	9,686,480.	1	13,571,783.
	2	Savings and temporary cash investments	8,812,585.	2	9,065,359.
	3	Pledges and grants receivable, net	1,364,715.	3	3,130,946.
	4	Accounts receivable, net	33,927,960.	4	30,613,801.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ø		organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
Assets	7	Notes and loans receivable, net	0.	7	0.
Ass	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	163,897.	9	185,352.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 7, 197, 305.			
	b	Less: accumulated depreciation	1,996,612.		2,286,348.
	11	Investments - publicly traded securities	31,396,767.	11	32,373,715.
	12	Investments - other securities. See Part IV, line 11	9,871,994.	12	7,797,242.
	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 34)	97,446,010.	16	99,249,546.
	17	Accounts payable and accrued expenses	2,883,987.	17	3,101,356.
	18	Grants payable	1,924,219.	18	2,197,959.
	19	Deferred revenue	3,986,201.	19	5,057,477.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
ies	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
iab.		disqualified persons. Complete Part II of Schedule L	0.	22	0.
	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	0.		0
	20	of Schedule D	8,794,407.	25	0. 10,356,792.
	26	Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	0,791,107.	26	10,330,792.
ŝ		complete lines 27 through 29, and lines 33 and 34.			
Ű	27	Unrestricted net assets	21,931,415.	27	23,510,892.
ala	28	Temporarily restricted net assets	50,011,117.	28	48,675,015.
Р	29	Permanently restricted net assets	16,709,071.	29	16,706,847.
'n		Organizations that do not follow SFAS 117 (ASC 958), check here and	· ·		
o.		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ťÀ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	88,651,603.	33	88,892,754.
	34	Total liabilities and net assets/fund balances	97,446,010.	34	99,249,546.
					Form 990 (2018)

WOODROW WILSON INTERNATIONAL CENTER

Form 9	90 (2018)			Page	12
Part					_
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		73,77	
2	Total expenses (must equal Part IX, column (A), line 25)	2		88,65	
3	Revenue less expenses. Subtract line 2 from line 1	3		85,11	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		51,60	
5	Net unrealized gains (losses) on investments	5		03,96	
6	Donated services and use of facilities	6	-3,4	40,00	
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	<u>33,</u> column (B))	10	88,8	92,75	4.
Part				_	
	Check if Schedule O contains a response or note to any line in this Part XII		• • • • • •		
				Yes N	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	xplain ir	ו ו		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.				X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled o	r 🛛		
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted on a	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	oversigh	t		
	of the audit, review, or compilation of its financial statements and selection of an independent act	countant	? 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	explain in	n		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth in	n		
	the Single Audit Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		e		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	0	3b	Х	

 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.

OMB No. 1545-0047 6

• • • • • • • • • • • • • • • • • • •								Inspection	
Nam	e of ti	ne organization	WOODROW W	VILSON INTERN	ATIONAL CENTER			Employer identif	
_		CHOLARS						52-10675	
	rt I			•	v			art.) See instructions	i
	orga		•		is: (For lines 1 through		•	,	
1					tion of churches desc				
2					. (Attach Schedule E				
3					rganization described				(iii) Entor the
4		hospital's nan	-	-	conjunction with a no:	spital de	scribed ir	n section 170(b)(1)(A)	(III). Enter the
5			· •		a college or universit		d or one	prated by a governme	ental unit described in
3		-	-	Complete Part II.)	a conege of universit	y owned		alled by a governme	
6					rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X		-	-			-		om the general public
		-		(1)(A)(vi). (Compl	-		5		5 1
8					b)(1)(A)(vi). (Complete	Part II.)			
9		An agricultura	I research or	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university of	or a non-land-	grant college of a	griculture (see instruct	ions). Ei	nter the	name, city, and state o	f the college or
		university:							
10		receipts from support from	activities rela aross investm	ited to its exempt f rent income and u	unctions - subject to	certain e able inco	exception	ntributions, membersl is, and (2) no more tha s section 511 tax) from e Part III.)	n 331/3 %of its
11		An organizatio	on organized	and operated excl	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
12		-	-	-		-			carry out the purposes
									See section 509(a)(3).
	_	Check the box	t in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete li	nes 12e, 12f, and 12g.
а		••				-		orted organization(s),	
			-				ajority of	f the directors or truste	es of the
		_ ·· •	•		e Part IV, Sections A				
b								supported organizati	
			-		-	the sam	e persor	ns that control or mar	age the supported
	Г		. ,	•	, Sections A and C.	4			1
С		••						n with, and functiona	lly integrated with,
d	Г		-		is). You must comple				tod organization(a)
u			-			-		ection with its suppor oution requirement and	
					omplete Part IV, Sect	-			a an allentiveness
е			•	,	•			hat it is a Type I, Type I	I Type III
U			•		ionally integrated sup			•••••••	n, type m
f	En						, gamza		
g					orted organization(s).				
	(i) N	ame of supported o	organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 8E1210 1.000 KA9062 2502

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

52-1067541

Page 2

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,259,522.	23,647,358.	23,496,856.	24,621,229.	27,746,634.	112,771,599.
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	3,419,805.	5,530,033.	5,839,171.	5,484,592.	5,391,255.	25,664,856.
4	Total. Add lines 1 through 3	16,679,327.	29,177,391.	29,336,027.	30,105,821.	33,137,889.	138,436,455.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						5,927,132.
6	Public support. Subtract line 5 from line 4						132,509,323.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	16,679,327. 750,642.	29,177,391. 705,693.	29,336,027.	30,105,821. 814,700.	33,137,889. 925,686.	138,436,455. 3,918,253.
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.) <u>ATCH 1</u>	221,115.	284,752.	182,532.	74,796.	130,486.	893,681.
11	Total support. Add lines 7 through 10						143,248,389.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	32,453.
13	First five years. If the Form 990 is for organization, check this box and stop here.	<u> </u>	<u></u>				
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2018 (lin					14	92.50 %
15	Public support percentage from 2017						92.99 %
16a	331/3% support test - 2018. If the org	anization did n	ot check the box	k on line 13, an	d line 14 is 33	1/3 % or more, c	
	box and stop here. The organization qu			-			
b	331/3% support test - 2017. If the org						
	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 to organization						▶∟
b	10%-facts-and-circumstances test - 2	017. If the org	anization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the orga						
	Explain in Part VI how the organization						▶∟
18	Private foundation. If the organization	did not check a	a box on line 13,	16a, 16b, 17a,	or 17b, check	this box and see	,
	instructions						<u></u> ►∟

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (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		1						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e)2018	(f) Total	
1	Gifts, grants, contributions, and membership fees								
	received. (Do not include any "unusual grants.")								
2	Gross receipts from admissions, merchandise								
	sold or services performed, or facilities								
	furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that are not an								
	unrelated trade or business under section 513 .								
4	Tax revenues levied for the								
	organization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the								
	organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3								
	received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disgualified								
	persons that exceed the greater of \$5,000								
	or 1% of the amount on line 13 for the year								
с	Add lines 7a and 7b.								
8	Public support. (Subtract line 7c from								
	line 6.)								
Sec	tion B. Total Support								
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e)2018	(f) Total	
9	Amounts from line 6								
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar								
b	Unrelated business taxable income (less								
	section 511 taxes) from businesses								
	acquired after June 30, 1975								
	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	Carried on Other income. Do not include gain or								
12	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 f	or the organiza	tion's first. seco	nd. third. fourth	. or fifth tax ve	earas	a section	501(c)(3)	
	organization, check this box and stop here	0	,		, j			<u>с</u> с с	
Sec	tion C. Computation of Public Sup							<u>_</u>	_
15	Public support percentage for 2018 (line 8		•	mn (f))		. 15			%
16	Public support percentage from 2017 Sche			(//		16			%
Sec	tion D. Computation of Investmen								<u> </u>
17	Investment income percentage for 2018 (lin			13. column (f))		17			%
18	Investment income percentage from 2017					18			%
	331/3% support tests - 2018. If the org						331/3% (and line	
u	17 is not more than 331/3%, check th								
h	331/3% support tests - 2017. If the orga					• •	-	-	
U	line 18 is not more than 331/3%, check							. Г	
20	Private foundation. If the organization		•	•		••	0	F	
				,,	,				

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

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

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer

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

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

Was any supported organization not organized in the United States ("foreign supported organization")? If

purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

class or purpose, describe the designation. If historic and continuing relationship, explain.

1

2

3a

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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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).
- Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? 8 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.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which b 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

JSA

V 18-8.6F

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV **Supporting Organizations**

Schedule A (Form 990 or 990-EZ) 2018

(b) and (c) below.

(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

organization made the determination.

organization was described in section 509(a)(1) or (2).

	WOODROW WILSON INTERNATIONAL CENTER 52-106	541		
	le A (Form 990 or 990-EZ) 2018		F	Page 5
Part	V Supporting Organizations (continued)		Vaa	Na
11	Has the organization accepted a gift or contribution from any of the following persons?		res	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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		
	on B. Type I Supporting Organizations			·
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>	2		
Secti	on 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)? <i>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).</i>	1		
Secti	on 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 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	Yes	No
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
Secti	on 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).	
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		,	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instrue		
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify <i>those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. Answer (a) and (b) below. 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		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	6	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organi	zations n	nust complete Sectio	
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		
7 Other expenses (see instructions)8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
o Adjusted Net income (subtract lines 5, 6, and 7 from line 4)	0		(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

435434

Part		Supporting Organizat	tions (continued)	Page
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	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 Part VI). See instructions.			
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c. Breakdown of line 7:			
8				
	Excess from 2014			
	Excess from 2015			
<u>م</u>	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018		Schedule	

Schedule A (Form 990 or 990-EZ) 2018

Page 8

Schedule A (Form 990 or 990-EZ) 2018

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

SCHEDULE A, PART II -	OTHER INCOME				ATTACHMENT 1	
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
SPECIAL EVENT	221,115.	284,752.	182,532.	74,796.	130,486.	893,681.
TOTALS	221,115.	284,752.	182,532.	74,796.	130,486.	893,681.

Schedule B

(FOIII 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

52-1067541

WOODROW WILSON INTERNATIONAL CENTER

FOR SCHOLARS

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of org	Form 990, 990-EZ, or 990-PF) (2018) anization WOODROW WILSON INTERNATIONAL CENTER FOR SCHOLARS	2	Page Employer identification number 52-1067541
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$10,800,241.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		- _ \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$1,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of or	(Form 990, 990-EZ, or 990-PF) (2018) ganization WOODROW WILSON INTERNATIONAL CENTER	Employer i	Page dentification number
	FOR SCHOLARS	52-1	067541
Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(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
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

	(Form 990, 990-EZ, or 990-PF) (2018)			Page 4			
Name of or	rganization WOODROW WILSON INTERNA	TIONAL CENTER		Employer identification number			
	FOR SCHOLARS			52-1067541			
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	t <mark>he year from any</mark> ons completing Par e year. (Enter this ir	one contributor. (t III, enter the total formation once. S	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,			
(a) No. from							
Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
		(e) Transi	fer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship 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	Relatio	nship 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	Relatio	nship 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, and ZIP + 4		Relatio	nship of transferor to transferee			
JSA				Schedule B (Form 990, 990-EZ, or 990-PF) (2018)			

SCHEE	DULE D
(Form	990)

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

► Attach to Form 990.

20 8 **Open to Public**

OMB No. 1545-0047

	tment of the Treasury		Attach to Form 99				n to Public
_	al Revenue Service	ţ	/Form990 for instructions	s and the latest inf		identification num	ection
	of the organization SCHOLARS	WOODROW WILSON INTERNA	TIONAL CENTER			1067541	Dei
Par		tions Maintaining Donor Adv	ised Funds or Other	Similar Funds			
Fai		e if the organization answered			of Accounts		
	Complete		(a) Donor advis		(b) Eu	nds and other ac	
1	Total number at a	and of year	(4) 2 61161 4411		(,		
1 2		end of year of contributions to (during year)					
2		of grants from (during year)					
4		at end of year					
5		tion inform all donors and donor	r advisors in writing th	at the assets he	ld in donor a	dvised	
Ũ	-	anization's property, subject to the	-				es No
6	-	ion inform all grantees, donors, a	-	-			
-		e purposes and not for the bene					
		nissible private benefit?					es 🗌 No
Pa		ation Easements.					
	Complete	e if the organization answered	"Yes" on Form 990,	Part IV, line 7.			
1	Purpose(s) of con	nservation easements held by the	e organization (check all	that apply).			
	Preservatio	on of land for public use (e.g., rec	reation or education)	Preservatio	on of a histori	cally important	land area
	Protection of	of natural habitat		Preservation	on of a certifie	ed historic struc	ture
		on of open space					
2		a through 2d if the organization h	eld a qualified conserva	ation contribution			
		last day of the tax year.			Hel	d at the End of	the Tax Year
а		onservation easements			2a		
b	-	tricted by conservation easement					
С		rvation easements on a certified			2c		
d		ervation easements included in (d					
_		listed in the National Register			2d		
3		rvation easements modified, trai	nsterred, released, extir	nguished, or terr	ninated by the	e organization	during the
	tax year ►		mustion accoment is las	atad N			
4 5		where property subject to conse zation have a written policy reg			oction bandli		
5		forcement of the conservation ea					es 🗌 No
6		hours devoted to monitoring, inspec					
0		nours devoted to monitoring, inspec	sting, nariting of violation	is, and emotioning c	conservation ea	sements during	the year
7	Amount of expens	 ses incurred in monitoring, inspec	ting, handling of violatio	ns, and enforcing	conservation	n easements du	ring the year
-	► \$,			,		
8	Does each conser	vation easement reported on line	2(d) above satisfy the re	auirements of se	ction 170(h)(4	I)(B)(i)	
		n)(4)(B)(ii)?	•	•			es 🗌 No
9		ibe how the organization reports					
	balance sheet, an	nd include, if applicable, the text of	of the footnote to the or	ganization's fina	ncial statemer	nts that describe	es the
		counting for conservation easeme					
Pa		tions Maintaining Collections			her Similar A	Assets.	
	•	e if the organization answered					
1a	If the organization	n elected, as permitted under Si torical treasures, or other simila	FAS 116 (ASC 958), n	ot to report in it	ts revenue sta	atement and b	alance sheet
	public service, pro	ovide, in Part XIII, the text of the features	ootnote to its financial s	statements that d	lescribes thes	e items.	infinerance of
b		on elected, as permitted under					alance sheet
	works of art, hist	torical treasures, or other simila	ar assets held for pub				
		ovide the following amounts relat	•			•	
		ided on Form 990, Part VIII, line 1					
_		ed in Form 990, Part X					
2	•	on received or held works of a				tinancial gain,	provide the
_		s required to be reported under S					
a b		l on Form 990, Part VIII, line 1 n Form 990, Part X					225,000
	, soore molared ll					• • Ψ	

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

Schedule D (Form 990) 2018

WOODROW WILSON INTERNATIONAL CENTER

52-1067541

Scher	dule D (Form 990) 2018	DROW WILLSON II		CENTER		52 100754		Page 2
-	rt III Organizations Maintaini	ng Collections of	Art Historical Tr	easures or	Other Similar	Assets (conti		aye 🗖
3	Using the organization's acquisition					•	,	of its
•	collection items (check all that app			on any or and	reneting that t	are a eignnea		
а	X Public exhibition	· J /·	d 🗌 Loan	or exchange	programs			
b	Scholarly research		e Othe	•	p 9			
c	Preservation for future gene	rations						
4	Provide a description of the organ		and explain how	they further	the organization	's exempt pur	pose in	Part
-	XIII.			,				
5	During the year, did the organization	on solicit or receive o	lonations of art. his	torical treasu	res. or other simi	lar		
-	assets to be sold to raise funds rath						es X	No
Pa	rt IV Escrow and Custodial A		•	0				
	Complete if the organiza		s" on Form 990,	Part IV, line	9, or reported a	an amount on	Form	
	990, Part X, line 21.				•			
1a	Is the organization an agent, truste	e, custodian or othe	er intermediary for	contributions	or other assets no	ot		
	included on Form 990, Part X?						es	No
b	If "Yes," explain the arrangement i							_
			-			Amount		
с	Beginning balance			1c				
	Additions during the year							
	Distributions during the year							
f	Ending balance							
2a	Did the organization include an am				stodial account lia	ability? 🔄 Y	es	No
b	If "Yes," explain the arrangement i	n Part XIII. Check he	ere if the explanatio	n has been pi	rovided on Part XI			
Ра	rt V Endowment Funds.							
	Complete if the organiza	ation answered "Ye	es" on Form 990,	Part IV, line				
		(a) Current year	(b) Prior year	(c) Two year	• • •		our years	
1a	Beginning of year balance	39,131,237.	38,550,176.				5,115	
	Contributions		201,993.	256	,236. 5	4,465.	2,094	,299
с	Net investment earnings, gains,							
	and losses	265,365.	1,812,848.	3,859	,959. 2,55	2,829:	1,886	,982
d	Grants or scholarships	2,224.						
е	Other expenditures for facilities							
	and programs	1,477,554.	1,433,780.	1,412	,562. 1,41	3,723.	1,669	,425
f	Administrative expenses							
g	End of year balance	37,916,824.	39,131,237.	38,550	,176. 35,84	6,543. 34	4,652	,972
2	Provide the estimated percentage	of the current year of	end balance (line 1g	, column (a))	held as:			
а	Board designated or quasi-endown	nent ▶ <u>39.6000</u>	_%					
b	Permanent endowment 44.1							
С	Temporarily restricted endowment							
	The percentages on lines 2a, 2b, a							
3a	Are there endowment funds not in	the possession of the	ie organization tha	are neid an	d administered for	the	Yes	No
	organization by:					20		X
	(i) unrelated organizations						.,	X
L	(ii) related organizations If "Yes" on line 3a(ii), are the relate							
		0	•				5	
4 	Describe in Part XIII the intended unter the intended unter the second s	<u> </u>	tion's endowment it	inas.				
Гd	Complete if the organize	ation answered "Ye	es" on Form 990,	Part IV, line	e 11a. See Form	ι 990, Part X,	line 10).
	Description of property	(a) Cost or		or other basis	(c) Accumulated	(d) Boo	k value	
10	Land	(inves		other)	depreciation			
1a b	Land							
u			2	660,715.	1,807,634.	<u> </u>	853,	081
d	Leasehold improvements			536,590.	3,103,323.		,433,2	
e e	Other				_,_00,020		, ,	
	I. Add lines 1a through 1e. (Column		n 990, Part X, colum	n (B) line 10)c.)	2	,286,	348.
				(2), 1110 10		Schedule D		

Schedule D (Form 990) 2018

WOODROW WILSON INTERNATIONAL CENTER 52-1067541 Schedule D (Form 990) 2018 Page 3 Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) COMINGLED FUNDS 1,777,723. FMV (B) ABSOLUTE RETURN FUNDS 6,019,519. FMV (C) (D) (E) (F) (G) (H) 7,797,242. Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: (b) Book value (a) Description of investment Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Fede	eral income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colui	mn (b) must equal Form 990, Part X, col. (B) line 2	5.) 🕨

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

Schedu	le D (Form 990) 2018		Page 4
Part		n.	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements	1	34,220,587.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	<u> </u>
a			
b			
C			
d		0.	5,346,817.
е	Add lines 2a through 2d	2e	28,873,770.
3	Subtract line 2e from line 1	3	20,073,770.
4	Amounts included on Form 990, Part VIII, line 12, 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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	28,873,770.
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	33,979,436.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)	1	
e	Add lines 2a through 2d	2e	9,190,783.
3	Subtract line 2e from line 1	3	24,788,653.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
-	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a L			
b		4c	
	Add lines 4a and 4b	5	24,788,653.
5 Dart	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). XIII Supplemental Information.	J	21,,00,000.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V li	ne 4 [.] Part X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
•			

SEE PAGE 5

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, 2019, 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 \$249,463.

Schedule D (Form 990) 2018

SCHEDULE F	Staten	nent of A	ctivities	Outside the Unit	ed St	ates I o	MB No. 1545-0047	
(Form 990)	 Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. 						20 18 Open to Public	
Internal Revenue Service				nstructions and the latest inf	ormation.		nspection	
•	SON INTERNATIONAL CENTER				Employer identification number			
FOR SCHOLARS			<u> </u>			52-10675		
	Part IV, line 14t		Outside the	United States. Comple	ete if the	e organization a	answered "Yes" on	
2 For grantmakers. outside the United	Describe in F States.	Part V the org	anization's pro	cedures for monitoring t duplicated if additional sp (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients	he use of ace is ne (e) If act a pr describ	-	X Yes No d other assistance	
			contractors in the region	located in the region)	001110			
(1) CENTRAL AMERICA/C	ARIBBEAN	0.	0.	PROGRAM SERVICES	CONFERE	NCES	25,353.	
(2) EAST ASIA AND THE	PACIFIC	0.	0.	GRANTMAKING			91,190.	
(3) EAST ASIA AND THE	PACIFIC	0.	0.	PROGRAM SERVICES	CONFERE	NCES	19,403.	
(4) EUROPE		0.	0.	GRANTMAKING			246,967.	
(5) EUROPE		0.	0.	PROGRAM SERVICES	CONFERE	NCES	356,479.	

For Paperwork Reduction Act Notice, see	the Instructions for	Form 990.		Sche	dule F (Form 990) 20 [°]
sheets to Part I c Totals (add lines 3a and 3b)					4,994,253.
b Total from continuation					
3a Subtotal					4,994,253.
(17) SOUTH ASIA	0.	0.	GRANTMAKING		18,000.
16) RUSSIA/INDEPENDENT STATES	0.	0.	GRANTMAKING		63,181.
15) EUROPE	0.	0.	INVESTMENTS		1,112,208.
14) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		2,185,011.
13) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	CONFERENCES	73,471.
12) SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING		83,924.
11) SOUTH AMERICA	0.	0.	PROGRAM SERVICES	CONFERENCES	6,548.
10) SOUTH AMERICA	0.	0.	GRANTMAKING		125,605.
(9) RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	CONFERENCES	81,985.
(8) NORTH AMERICA	0.	0.	PROGRAM SERVICES	CONFERENCES	337,887.
(7) NORTH AMERICA	0.	0.	FUNDRAISING		163,580.
(6) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	CONFERENCES	3,461.

Schedule F (Form 990) 2018

Page 2

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) 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)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

ent organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt Enter total number of recip

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2018

►

Page **3**

Schedule F (Form 990) 2018

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) 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	4.	91,190.	CHECK			
(2) STIPEND	EUROPE/ICELAND/GREENLAND	7.	246,967.	CHECK			
(3) STIPEND	RUSSIA/NEWLY IND. STATES	8.	63,181.	CHECK			
(4) STIPEND	SOUTH AMERICA	3.	125,605.	CHECK			
(5) STIPEND	SOUTH ASIA	1.	18,000.	CHECK			
(6) STIPEND	SUB-SAHARAN AFRICA	6.	83,924.	CHECK			
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
15)							
16)							
17)							
18)							

Schedule F (Form 990) 2018

Schedu	ıle F (Form 990) 2018		Page 4
Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X 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) 2018

Page 5

Schedule F (Form 990) 2018

 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); 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 III

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

SCHEDULE G	Supplemental	Information Re	gar	ding	Fundra	ising or Gamin	g Activities	OMB No. 1545-0047		
(Form 990 or 990-EZ)	Complete if t	the organization answer organization entered n	red "Y nore t	es" on han \$1	Form 990, P 5.000 on For	art IV, line 17, 18, or 1 m 990-EZ, line 6a.	9, or if the	2018		
Department of the Treesury		-			or Form 990			Open to Public		
Department of the Treasury Internal Revenue Service	►G	to to www.irs.gov/Form	990 fo	r instr	uctions and	the latest instructions.		Inspection		
Name of the organization	WOODROW WILSO	N INTERNATION	IAL	CENI	ER		Employer identification	on number		
FOR SCHOLARS	ing Activities. Cor	naloto if the orga	nizo	tion	neworod	"Vos" on Form (52-1067541	17		
	0-EZ filers are not						990, Part IV, line	17.		
	the organization rai			•		activities. Check a	all that apply.			
a 🛛 Mail solicita	tions	e	X	Solic	itation of i	non-government g	rants			
	email solicitations	f								
c X Phone solici		g	Х	Spec	cial fundra	ising events				
* <u> </u>		r oral agroomont u	ith a	nvina	hividual (in	oluding officers d	iraatara truataaa			
2a Did the organiza or key employee	es listed in Form 990							X Yes No		
	10 highest paid indi		(func	Iraise	rs) pursua	nt to agreements	under which the	fundraiser is to be		
compensated at	least \$5,000 by the	organization.								
							(v) Amount paid to			
(i) Name and addr		(ii) Activity			draiser have r control of	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)		
or entity (fu	ndraiser)		contributions? from activity		fundraiser listed in col. (i)	organization				
			Y	es	No					
1		GENERAL			37	COO 021	00 740	F 4 0 0 0 0		
EPIPHANY PROD	DUCTIONS	FUNDRAISING FUNDRAISING			Х	629,031.	80,743.	548,288.		
MARTHA JENSEN	T	DINNER			x	448,928.	35,936.	412,992.		
3										
4										
Ū										
6										
7										
8										
-										
9										
10										
Total	<u></u>				►	1,077,959.	116,679.	961,280.		
3 List all states in	which the organization	tion is registered o	or lice	ensec	l to solicit	contributions or	has been notified	it is exempt from		
registration or lic	ensing.									
CA, DC, NY,										
	ct Notice, see the Instruc	tions for Form 990 or 9	90-E7				Schedule G (Fo	m 990 or 990-EZ) 2018		

Schedule G (Form 990 or 990-EZ) 2018

52-1067541

-		2
Paq	e	4

Pa	rt l	Fundraising Events. Complete more than \$15,000 of fundrate events with gross receipts gree	aising event contribut			
			(a) Event #1 DINNER	(b) Event #2 DINNER	(c) Other events 1.	(d) Total events (add col. (a) through
Ð			(event type)	(event type)	(total number)	` col. (c))
Revenue	1	Gross receipts	546,977.	448,928.	135,207.	1,131,112.
R	2	Less: Contributions	424,804.	308,343.	18,016.	751,163.
	3	Gross income (line 1 minus line 2)		140,585.	117,191.	379,949.
	4	Cash prizes				
(0	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ct Exp	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses	83,866.	86,075.	79,522.	249,463.
	10 11	Direct expense summary. Add lin Net income summary. Subtract lii	es 4 through 9 in colu	mn (d)	.	249,463. 130,486.
Ра			anization answered "			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes% No	Yes%	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)		
9 a k	1	Enter the state(s) in which the organization licensed to con	anization conducts ga	ming activities: in each of these state	es?	Yes No
10 <i>a</i> k		Were any of the organization's gaming If "Yes," explain:	g licenses revoked, sus			Yes No

Schedule G (Form 990 or 990-EZ) 2018

WOODROW	WILSON	INTERNATIONAL	CENTER

	WOODROW WILDON INTERNATIONAL CENTER	52 100)/J41	
Sched	lule G (Form 990 or 990-EZ) 2018			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 enti			
	formed to administer charitable gaming?	•	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
		12-		0/
a	The organization's facility			<u>%</u>
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events bool	ks and		
	records:			
	Name			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives	aamina		
IJa			Yes	No
	revenue?		Tes	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$	and the		
	amount of gaming revenue retained by the third party \blacktriangleright			
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 pr	oceeds to	o	
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt org			
	or spent in the organization's own exempt activities during the tax year > \$			
Par		(iii) and	(v) and	
- T al	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition			
	(see instructions).		maton	

SCHEDULE I (Form 990)				Assistance t ndividuals in				OMB №. 1545-0047 എ ി 1 О	
			•	wered "Yes" on F				2018	
Department of the Treasury			-	ttach to Form 990		,		Open to Public	
Internal Revenue Service		► Go t	to www.irs.gov	/Form990 for the I	atest information).		Inspection	
Name of the organization	WOODROW WILSON IN	TERNATION	AL CENTER					fication number	
FOR SCHOLARS									
	nformation on Grants and								
	zation maintain records to su								
	teria used to award the grant							X Yes No	
	IV the organization's proced								
Part II Grants ar	nd Other Assistance to D	omestic Org	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered	1 "Yes" on Form 990,	
Part IV, li	ne 21, for any recipient th	nat received	more than \$5	,000. Part II can I	be duplicated if a	additional space is i	needed.		
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistan		
_(1)		_							
(2)									
(3)		_							
(4)		-							
(5)		-							
(6)		-							
(7)		-							
(8)		-							
(9)		-							
(10)		_							
(11)		-							
(12)									
3 Enter total numb	per of section 501(c)(3) and goer of other organizations list	ed in the line	1 table					•	
For Paperwork Reduction	on Act Notice, see the Instructi	ons for Form 9	90.					Schedule I (Form 990) (2018	

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 STIPEND	94.	2,109,720.			
2					
3					
4					
τ					
6					
7 Part IV Supplemental Information. Provid	e the information re	equired in Part I.	line 2. Part III. d	column (b): and any o	ther 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.

52-1067541

SCH	EDULE J	Compen	sation Information		OMB No.	1545-0	047
(For	m 990)	For certain Officers, Dire	ctors, Trustees, Key Employees, and Highest		എ	10	
			mpensated Employees on answered "Yes" on Form 990, Part IV, line 2	23.	ZU	10	
Departr	nent of the Treasury	· · · · ▶	Attach to Form 990.		Open t		
	Revenue Service	, , , , , , , , , , , , , , , , , , ,	990 for instructions and the latest information.			ectio	n
	of the organization	WOODROW WILSON INTERNAT	TONAL CENTER	Employer identification		r	
_	SCHOLARS	s Regarding Compensation		52-106754	1		
Part	Question	is Regarding Compensation				Yes	No
1a	Check the an	propriate box(es) if the organization pro	ovided any of the following to or for a pers	on listed on Form	n 🗌	Tes	NO
iu			provide any relevant information regarding				
		ss or charter travel	Housing allowance or residence for				
		or companions	Payments for business use of perso	•			
		emnification and gross-up payments	Health or social club dues or initiation				
		onary spending account	Personal services (such as maid, ch	auffeur, chef)			
b	or reimburse	poxes on line 1a are checked, did the example of provision of all of the example.	ne organization follow a written policy re penses described above? If "No," com	egarding paymen			
	explain				1b		
2	•		to reimbursing or allowing expenses	•			
			D/Executive Director, regarding the items	checked on line	e		
	1a?				2		
3			nization used to establish the compensation				
			at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P				
				art III.			
		nsation committee dent compensation consultant	Written employment contract X Compensation survey or study				
		00 of other organizations	X Approval by the board or compensation	tion committee			
		· ·					
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а	•		ayment?		4a		X
b			ntal nonqualified retirement plan?		4b		Х
с	Participate in	, or receive payment from, an equity-ba	ased compensation arrangement?		4c		Х
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each it	em in Part III.			
	-		rganizations must complete lines 5-9.				
5			, line 1a, did the organization pay or accrue	any			
		n contingent on the revenues of:			5.		X
					5a		X
b		e 5a or 5b, describe in Part III.			5b		21
6			, line 1a, did the organization pay or accrue	anv			
Ŭ		n contingent on the net earnings of:		any			
а					6a		X
b	•				6b		X
	-	e 6a or 6b, describe in Part III.					
7	For persons	listed on Form 990, Part VII, Sectio	n A, line 1a, did the organization prov	ide any nonfixed	4		
	payments not	described on lines 5 and 6? If "Yes," d	escribe in Part III.				X
8	•	•	paid or accrued pursuant to a contract the	-			
		-	Regulations section 53.4958-4(a)(3)? If				
-					8		X
9			low the rebuttable presumption proced				
	Regulations s	ecuon 53.4958-6(C)?			9		

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

Schedule J (Form 990) 2018

Page 2

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.

		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MICHAEL FORSTER	(i)	251,546.	0.	0.	36,343.	20,161.	308,050.	
1 ^{COO}	(ii)	0.	0.	0.				
ROBERT LITWAK	(i)	170,209.	0.	0.	32,521.	13,111.	215,841.	
2VP SCHOLARS	(ii)	0.	0.	0.				
JANE HARMAN	(i)	413,986.	0.	0.	40,330.	1,619.	455,935.	
3PRESIDENT	(ii)	0.	0.	0.				
SUE HOWARD	(i)	163,855.	0.	0.	29,308.	13,873.	207,036.	
4ACTING CFO	(ii)	0.	0.	0.				
LINDA ROTH	(i)	196,022.	0.	0.	26,904.	7,685.	230,611.	
5 VP EXTERNAL RELATIONS	(ii)	0.	0.	0.				
DUNCAN WOOD	(i)	162,486.	0.	0.	21,203.	8,308.	191,997.	
6PROGRAM DIRECTOR	(ii)	0.	0.	0.				
AARON MILLER	(i)	168,805.	0.	0.	22,277.	12,936.	204,018.	
7PROGRAM DIRECTOR	(ii)	0.	0.	0.				
VICKKI JOHNSON	(i)	168,615.	0.	0.	30,603.	0.	199,218.	
8HR DIRECTOR	(ii)	0.	0.	0.				
GWEN YOUNG	(i)	167,123.	0.	0.	21,991.	18,962.	208,076.	
9PROGRAM DIRECTOR	(ii)	0.	0.	0.				
MONDE MUYANGWA	(i)	160,193.	0.	0.	39,376.	323.	199,892.	
10PROGRAM DIRECTOR	(ii)	0.	0.	0.				
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
_16	(ii)							

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Page 3

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2018

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization FOR SCHOLARS

WOODROW WILSON INTERNATIONAL CENTER

Employer identification number 52-1067541

Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
Ū	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		б.	180,642.	SALE			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received							
	which the organization completed I	orm 8283,	Part IV, Donee Acknowledg	ement	29			
							Yes	No
30a	During the year, did the organizat				-			
	28, that it must hold for at least the	-						v
	to be used for exempt purposes for		olding period?			30a		X
	If "Yes," describe the arrangement i		Land a Real of the State	a that marks of				
31	Does the organization have a					24		Х
<u>-</u>	contributions?					31		
3∠a	Does the organization hire or use	-	-			220		Х
L.	contributions?	• • • • • •				32a		
	If "Yes," describe in Part II. If the organization didn't report an	amount in a	olumn (a) for a type of area	porty for which column (a)	is checked			
33	describe in Part II.	annount in C	orunnin (c) for a type of prop	perty for which column (a)	is checked,			
For P	or Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018) 2018

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

Part II 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.

Schedule M (Form 990) (2018)

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

EZ OMB No. 1545-0047 2018 Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization WOOI FOR SCHOLARS

WOODROW WILSON INTERNATIONAL CENTER

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 THEIR MAJOR AREA OF STUDY.

EXPENSES \$ 13,135,684. INCLUDING GRANTS OF \$ 2,416,228. 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: FORM 990 PART VI SECTION B LINE 12C 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

Schedule O (Form 990 or 990-EZ) 2018						
Name of the organization	WOODROW W	ILSON	INTERNATIONAL	CENTER	Employer identification number	
FOR SCHOLARS					52-1067541	

ATTRACT AND RETAIN THE APPROPRIATE CALIBER OF EMPLOYEES DEDICATED TO 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.

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 KPMG LLP AUDIT & TAX 195,500. 8350 BROAD STREET, STE 900 MCLEAN, VA 22102

435434

ATTACHMENT 1

Schedule O (Form 990 or 990-EZ) 2018

Schedule O (Form 990 or 990-EZ) 2018 Page 100 Page							
Name of the organization	WOODROW WILSON	INTERNATIONAL	CENTER	E	mployer identification number		
FOR SCHOLARS					52-1067541		
				AT	FACHMENT 2 (CONT'D)		
990, PART VII-	COMPENSATION OF	THE FIVE HIGHE	ST PAID IND.	CONTRACTORS			

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
LEVIN PROFESSIONAL SERVICES 11242 GRANDVIEW AVE. WHEATON, MD 20902	SEARCH FIRM	173,289.
CATHERINE ASHTON 4 BUCKLAND CRESCENT LONDON UNITED KINGDOM NW3 50X	SCHOLAR	170,500.
DAVID BALTON 1114 3RD ST SE WASHINGTON, DC 20003	SCHOLAR	144,969.
INTERACTIVE STRATEGIES 1140 CONNECTICUT AVE., NW #1008 WASHINGTON, DC 20036	MARKETING	129,570.