

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

## 2015

**Open to Public Inspection**

Form **990**

Department of the Treasury  
Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2015 calendar year, or tax year beginning** 10/01, 2015, and ending 09/30, 2016

|   |  |   |
|---|--|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization <u>WOODROW WILSON INTERNATIONAL CENTER FOR SCHOLARS</u><br>Doing Business As _____<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><u>1300 PENNSYLVANIA AVENUE, NW</u><br>City or town, state or province, country, and ZIP or foreign postal code<br><u>WASHINGTON, DC 20004-3027</u> | <b>D</b> Employer identification number<br><u>52-1067541</u>  |
|   | <b>F</b> Name and address of principal officer: <u>JANE HARMAN</u><br><u>1300 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20004</u>   | <b>E</b> Telephone number<br><u>(202) 691-4000</u>  |
|   | <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   | <b>G</b> Gross receipts \$ <u>69,196,349.</u>   |
|   | <b>J</b> Website: ▶ <u>WWW.WILSONCENTER.ORG</u>  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶ _____ |

**K** Form of organization:  Corporation  Trust  Association  Other ▶ US GOVT INST **L** Year of formation: 1968 **M** State of legal domicile: DC

**Part I Summary**

|  |  |                           |              |
|--|--|---------------------------|--------------|
|  | <b>1</b> Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>                                       |                           |              |
| Activities & Governance  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |                           |              |
|  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                  | 17.          |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                  | 17.          |
|  | <b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)  | <b>5</b>                  | 182.         |
|  | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>                  | 17.          |
|  | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                 | 0.           |
|  | <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34   | <b>7b</b>                 | 0.           |
| Revenue  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | Prior Year                | Current Year |
|  | <b>9</b> Program service revenue (Part VIII, line 2g)  | 13,259,522.               | 23,647,358.  |
|  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 18,549.                   | 5,269.       |
|  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 808,894.                  | 812,708.     |
|  | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 14,425,189.               | 24,865,473.  |
| Expenses   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 1,105,677.                | 2,467,000.   |
|  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  | 0.                        | 0.           |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 9,320,613.                | 15,009,266.  |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   | 210,180.                  | 485,991.     |
|  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)   | 1,840,372.                |              |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 4,711,978.                | 6,621,998.   |
|  | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 15,348,448.               | 24,584,255.  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 | -923,259.  | 281,218.                  |              |
| Net Assets or Fund Balances                                    | <b>20</b> Total assets (Part X, line 16)   | Beginning of Current Year | End of Year  |
|  | <b>21</b> Total liabilities (Part X, line 26)  | 91,183,848.               | 95,343,941.  |
|  | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20.  | 2,674,202.                | 6,444,694.   |
|  |  | 88,509,646.               | 88,899,247.  |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                               |   |                                |                          |   |                          |
|-------------------------------|---|--------------------------------|--------------------------|---|--------------------------|
| <b>Sign Here</b>              | Signature of officer<br><u>MICHAEL FORSTER</u> CFO                | Date<br><u>08/14/2017</u>      |                          |   |                          |
|                               | Type or print name and title                                      |                                |                          |   |                          |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><u>KAY THIES</u>                    | Preparer's signature<br>       | Date<br><u>8-15-2017</u> | Check <input type="checkbox"/> if self-employed | PTIN<br><u>P01404047</u> |
|                               | Firm's name ▶ <u>KPMG LLP</u>                                     | Firm's EIN ▶ <u>13-5565207</u> |                          |   |                          |
|                               | Firm's address ▶ <u>1676 INTERNATIONAL DRIVE MCLEAN, VA 22102</u> | Phone no. <u>703-286-8000</u>  |                          |   |                          |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**For Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2015)

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

► **File a separate application for each return.**  
► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (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

|  |   |   |
|--|---|---|
| <b>Type or print</b><br><br>File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions.<br>WOODROW WILSON INTERNATIONAL CENTER FOR SCHOLARS     | Employer identification number (EIN) or<br><br>52-1067541 |
|  | Number, street, and room or suite no. If a P.O. box, see instructions.<br>1300 PENNSYLVANIA AVENUE, NW                | Social security number (SSN)                              |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>WASHINGTON, DC 20004-3027 |   |
|  |   |   |

Enter the Return code for the return that this application is for (file a separate application for each return)

| Application Is For                       | Return Code | Application Is For                | Return 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          |

JOHN DYSLAND, CFO

- The books are in the care of ► 1300 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20004-3027

Telephone No. ► 202 691-4036 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 four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 20    or

►  tax year beginning 10/01, 2015, and ending 09/30, 2016.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|   |       |    |
|---|-------|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | 3a \$ | 0. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b \$ | 0. |
| c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.      | 3c \$ | 0. |

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) 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.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box . . . . .  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

|  |   |   |
|--|---|---|
| <b>Type or print</b><br><br>File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions.<br>WOODROW WILSON INTERNATIONAL CENTER FOR SCHOLARS     | Employer identification number (EIN) or<br>52-1067541 |
|  | Number, street, and room or suite no. If a P.O. box, see instructions.<br>1300 PENNSYLVANIA AVENUE, NW                | Social security number (SSN)                          |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>WASHINGTON, DC 20004-3027 |   |

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . .  0  1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          |                                   |             |
| 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          |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of ▶ Michael Forster, CFO, 1300 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20004-3027  
 Telephone No. ▶ 202 691-4000 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 four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box . . . . .  . If it is for part of the group, check this box . . . . .  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 08/15, 20 17 .

5 For calendar year \_\_\_\_\_, or other tax year beginning 10/01, 20 15, and ending 09/30, 20 16 .

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

|   |              |    |
|---|--------------|----|
| <b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>8a</b> \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | <b>8b</b> \$ | 0. |
| <b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  | <b>8c</b> \$ | 0. |

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Margaret A. Beckhaus Title ▶ PAID PREPARER Date ▶ 5/02/17

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,703,670. including grants of \$ 362,425. ) (Revenue \$ )
KENNAN INSTITUTE - BRINGS SCHOLARS AND GOVERNMENTAL SPECIALISTS TOGETHER TO DISCUSS POLITICAL, SOCIAL, AND ECONOMIC ISSUES AFFECTING RUSSIA AND OTHER SUCCESSOR STATES TO THE SOVIET UNION.

4b (Code: ) (Expenses \$ 1,186,050. including grants of \$ 15,000. ) (Revenue \$ )
MEXICO INSTITUTE - SEEKS TO IMPROVE UNDERSTANDING, COMMUNICATION AND COOPERATION BETWEEN MEXICO AND THE UNITED STATES BY PROMOTING ORIGINAL RESEARCH, ENCOURAGING PUBLIC DISCUSSION AND PROPOSING POLICY OPTIONS FOR ENHANCING THE BILATERAL RELATIONSHIP.

4c (Code: ) (Expenses \$ 998,871. including grants of \$ 60,000. ) (Revenue \$ )
GLOBAL WOMENS LEADERSHIP INITIATIVE - CONNECTING CURRENT AND EMERGING LEADERS, RAISING THE PROFILE OF CRITICAL ISSUES, ADVANCING INCLUSIVE POLICIES, AND BRINGING NEW RESEARCH TO THE FOREFRONT THROUGH BUILDING NETWORKS, ENCOURAGING DIALOGUE AND TARGETED TRAINING WHICH BUILD ON RESEARCH AND CONNECT WOMEN LEADERS IN ALL SECTORS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 10,817,494. including grants of \$ 2,029,575. ) (Revenue \$ 5,269. )

4e Total program service expenses 14,706,085.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows 1-19 with various questions about organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 20a through 38 regarding hospital facilities, financial statements, grants, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, and Form 990 filings.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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:

MICHAEL FORSTER 1300 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20004-3027 202-691-4036



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

Check if Schedule O contains a response or note to any line in this Part VII. . . . .  X

**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)<br>Name and Title                 | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                       |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) WILLIAM D. ADAMS<br>TRUSTEE       | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (2) PETER BESHAR<br>TRUSTEE           | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (3) SYLVIA MATHEWS BURWELL<br>TRUSTEE | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (4) JOHN T. CASTEEN III<br>TRUSTEE    | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) THELMA DUGGIN<br>TRUSTEE          | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) DAVID FERRIERO<br>TRUSTEE         | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) CARLA HAYDEN<br>TRUSTEE           | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) LT. GEN. SUSAN HELMS<br>TRUSTEE   | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) FRED HOCHBERG<br>TRUSTEE          | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) BARRY JACKSON<br>VICE CHAIRMAN   | 1.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (11) JOHN KERRY<br>TRUSTEE            | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) JOHN B. KING JR<br>TRUSTEE       | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) THOMAS NIDES<br>CHAIRMAN         | 1.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (14) NATHALIE RAYES<br>TRUSTEE        | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |            | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former     |  |   |   |
| ( 15) DAVID SKORTON<br>-----<br>TRUSTEE                                  | 1.00<br>-----<br>0.  | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| ( 16) EARL W. STAFFORD<br>-----<br>TRUSTEE                               | 1.00<br>-----<br>0.  | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| ( 17) JANE WATSON STETSON<br>-----<br>TRUSTEE                            | 1.00<br>-----<br>0.  | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| ( 18) JOHN DYSLAND<br>-----<br>CFO (THRU 12/11/2015)                     | 40.00<br>-----<br>0.   |   |                       | X       |              |                              | 167,980.   | 0.   | 29,119.   |   |
| ( 19) CHRISTINE EMERY<br>-----<br>VP DEVELOPMENT                         | 40.00<br>-----<br>0.   |   |                       | X       |              |                              | 142,150.   | 0.   | 15,414.   |   |
| ( 20) MICHAEL FORSTER<br>-----<br>CFO                                    | 40.00<br>-----<br>0.   |   |                       | X       |              |                              | 139,170.   | 0.   | 27,521.   |   |
| ( 21) JANE HARMAN<br>-----<br>PRESIDENT                                  | 40.00<br>-----<br>0.   |   |                       | X       |              |                              | 513,293.   | 0.   | 43,224.   |   |
| ( 22) ROBERT LITWAK<br>-----<br>VP SCHOLARS                              | 40.00<br>-----<br>0.   |   |                       | X       |              |                              | 160,026.   | 0.   | 40,871.   |   |
| ( 23) AARON MILLER<br>-----<br>VP NEW INITIATIVES                        | 40.00<br>-----<br>0.   |   |                       | X       |              |                              | 160,167.   | 0.   | 35,385.   |   |
| ( 24) BLAIR RUBLE<br>-----<br>VP PROGRAMS                                | 40.00<br>-----<br>0.   |   |                       | X       |              |                              | 160,026.   | 0.   | 28,916.   |   |
| ( 25) CAROLINE SCULLIN<br>-----<br>VP EX RELATIONS                       | 40.00<br>-----<br>0.   |   |                       | X       |              |                              | 203,690.   | 0.   | 6,583.  |   |
| <b>1b Sub-total</b> . . . . .  |  |   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              | 2,780,455. | 0.   | 477,354.  |   |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              | 2,780,455. | 0.   | 477,354.  |   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **27**

|   | Yes | No |
|---|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       | 3 X |    |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | 4 X |    |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       | 5   | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 2                     |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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 **3**

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| ( 26) ANDREW SELEE<br>EXECUTIVE VICE PRESIDENT                             | 40.00<br>0.  |   |                       | X       |              |                              |        | 216,960.   | 0.  | 38,012.   |
| ( 27) BRUCE GRIFFITH<br>PROJECT DIRECTOR                                   | 40.00<br>0.  |   |                       |         |              | X                            |        | 155,070.   | 0.  | 40,014.   |
| ( 28) LESLIE JOHNSON<br>SPECIAL PROJECTS                                   | 40.00<br>0.  |   |                       |         |              | X                            |        | 176,665.   | 0.  | 44,483.   |
| ( 29) MONDE MUYANGWA<br>PROJECT DIRECTOR                                   | 40.00<br>0.  |   |                       |         |              | X                            |        | 157,016.   | 0.  | 28,681.   |
| ( 30) DAVE REJESKI<br>PROJECT DIRECTOR                                     | 40.00<br>0.  |   |                       |         |              | X                            |        | 152,597.   | 0.  | 38,445.   |
| ( 31) MATTHEW ROJANSKY<br>PROJECT DIRECTOR                                 | 40.00<br>0.  |   |                       |         |              | X                            |        | 153,372.   | 0.  | 36,590.   |
| ( 32) GARY OFFICER<br>FORMER VP DEV. (THRU 7/31/2015)                      | 40.00<br>0.  |   |                       |         |              |                              | X      | 122,273.   | 0.  | 24,096.   |
| <b>1b Sub-total</b> . . . . . ▶  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . ▶ |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> . . . . . ▶                           |  |   |                       |         |              |                              |        |  |   |   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 27

|   | Yes | No |
|---|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       | 3 X |    |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | 4 X |    |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       | 5   | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

**Part VIII Statement of Revenue**

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

|   |  |                      |               | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |
|---|--|----------------------|---------------|----------------------|--|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>             | <b>1a</b> Federated campaigns . . . . .  | <b>1a</b>            |               |                      |  |   |  |
|   | <b>b</b> Membership dues . . . . .   | <b>1b</b>            |               |                      |  |   |  |
|   | <b>c</b> Fundraising events . . . . .  | <b>1c</b>            | 2,655,817.    |                      |  |   |  |
|   | <b>d</b> Related organizations . . . . .   | <b>1d</b>            |               |                      |  |   |  |
|   | <b>e</b> Government grants (contributions) . . . . .   | <b>1e</b>            | 10,932,464.   |                      |  |   |  |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above . . . . .   | <b>1f</b>            | 10,059,077.   |                      |  |   |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .   |                      | 143,869.      |                      |  |   |  |
|   | <b>h Total.</b> Add lines 1a-1f . . . . .  |                      |               | 23,647,358.          |  |   |  |
| <b>Program Service Revenue</b>  | <b>2a</b> WILSON QUARTERLY   | <b>Business Code</b> | 541800        | 5,269.               | 5,269.   |   |  |
|   | <b>b</b> _____   |                      |               |                      |  |   |  |
|   | <b>c</b> _____   |                      |               |                      |  |   |  |
|   | <b>d</b> _____   |                      |               |                      |  |   |  |
|   | <b>e</b> _____   |                      |               |                      |  |   |  |
|   | <b>f</b> All other program service revenue . . . . .   |                      |               |                      |  |   |  |
|   | <b>g Total.</b> Add lines 2a-2f . . . . .  |                      |               | 5,269.               |  |   |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest,<br>and other similar amounts). . . . .  |                      |               | 590,307.             |  |   | 590,307.   |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .  |                      |               | 0.                   |  |   |  |
|   | <b>5</b> Royalties . . . . .   |                      |               | 115,386.             |  |   | 115,386.   |
|   | <b>6a</b> Gross rents . . . . .  | (i) Real             | (ii) Personal |                      |  |   |  |
|   | <b>b</b> Less: rental expenses . . . . .   |                      |               |                      |  |   |  |
|   | <b>c</b> Rental income or (loss) . . . . .   |                      |               |                      |  |   |  |
|   | <b>d</b> Net rental income or (loss). . . . .  |                      |               |                      | 0.   |   |  |
|   | <b>7a</b> Gross amount from sales of<br>assets other than inventory  | (i) Securities       | (ii) Other    |                      |  |   |  |
|   | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . .   |                      |               | 43,912,912.          |  |   |  |
|   | <b>c</b> Gain or (loss) . . . . .  |                      |               | 43,690,511.          |  |   |  |
|   | <b>d</b> Net gain or (loss) . . . . .  |                      |               | 222,401.             | 222,401.   |   | 222,401.   |
|   | <b>8a</b> Gross income from fundraising<br>events (not including \$ 2,655,817.<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . |                      |               |                      |  |   |  |
|   | <b>b</b> Less: direct expenses . . . . .   | <b>a</b>             |               | 925,117.             |  |   |  |
|   | <b>c</b> Net income or (loss) from fundraising events . . . . .  | <b>b</b>             |               | 640,365.             | 284,752.   |   | 284,752.   |
|   | <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . .   | <b>a</b>             |               |                      |  |   |  |
| <b>b</b> Less: direct expenses . . . . .                                      | <b>b</b>   |                      |               |                      |  |   |  |
| <b>c</b> Net income or (loss) from gaming activities . . . . .                |  |                      |               | 0.                   |  |   |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . . | <b>a</b>   |                      |               |                      |  |   |  |
| <b>b</b> Less: cost of goods sold . . . . .                                   | <b>b</b>   |                      |               |                      |  |   |  |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .               |  |                      |               | 0.                   |  |   |  |
| <b>Miscellaneous Revenue</b>  |  | <b>Business Code</b> |               |                      |  |   |  |
| <b>11a</b> _____  |  |                      |               |                      |  |   |  |
| <b>b</b> _____  |  |                      |               |                      |  |   |  |
| <b>c</b> _____  |  |                      |               |                      |  |   |  |
| <b>d</b> All other revenue . . . . .  |  |                      |               |                      |  |   |  |
| <b>e Total.</b> Add lines 11a-11d . . . . .                                   |  |                      |               | 0.                   |  |   |  |
| <b>12 Total revenue.</b> See instructions. . . . .                            |  |                      |               | 24,865,473.          | 5,269.   |   | 1,212,846.   |

**Part IX Statement of Functional Expenses**

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

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   | 0.                    |                                 |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  | 1,871,454.            | 1,871,454.                      |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .   | 595,546.              | 595,546.                        |  |                             |
| 4 Benefits paid to or for members . . . . .  | 0.                    |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .   | 3,443,359.            | 1,142,089.                      | 1,997,337.                             | 303,933.                    |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 0.                    |                                 |  |                             |
| 7 Other salaries and wages . . . . .   | 8,810,933.            | 5,339,388.                      | 3,099,402.                             | 372,143.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 1,038,630.            | 578,261.                        | 428,110.                               | 32,259.                     |
| 9 Other employee benefits . . . . .  | 953,861.              | 496,025.                        | 428,886.                               | 28,950.                     |
| 10 Payroll taxes . . . . .   | 762,483.              | 423,089.                        | 296,503.                               | 42,891.                     |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management . . . . .   | 0.                    |                                 |  |                             |
| b Legal . . . . .  | 0.                    |                                 |  |                             |
| c Accounting . . . . .   | 270,948.              |                                 | 270,948.                               |                             |
| d Lobbying . . . . .   | 0.                    |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17.   | 485,991.              |                                 |  | 485,991.                    |
| f Investment management fees . . . . .   | 108,000.              |                                 | 108,000.                               |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .   | 708,370.              | 124,608.                        | 583,762.                               |                             |
| 12 Advertising and promotion . . . . .   | 13,828.               | 11,813.                         | 1,391.                                 | 624.                        |
| 13 Office expenses . . . . .   | 1,325,131.            | 454,096.                        | 747,275.                               | 123,760.                    |
| 14 Information technology . . . . .  | 662,498.              | 13,793.                         | 648,705.                               |                             |
| 15 Royalties . . . . .   | 5,644.                | 5,541.                          |  | 103.                        |
| 16 Occupancy . . . . .   | 0.                    |                                 |  |                             |
| 17 Travel . . . . .  | 1,129,538.            | 846,400.                        | 240,026.                               | 43,112.                     |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  | 0.                    |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .  | 1,998,844.            | 1,359,245.                      | 245,078.                               | 394,521.                    |
| 20 Interest . . . . .  | 0.                    |                                 |  |                             |
| 21 Payments to affiliates . . . . .  | 0.                    |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .   | 266,725.              |                                 | 266,725.                               |                             |
| 23 Insurance . . . . .   | 59,813.               |                                 | 59,813.                                |                             |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a <u>INDIRECT EXPENSES</u> -----   | 38,966.               | 1,443,824.                      | -1,409,968.                            | 5,110.                      |
| b <u>OTHER EXPENSES</u> -----  | 20,859.               | 495.                            | 20,164.                                | 200.                        |
| c <u>EQUIPMENT/RENOVATIONS</u> -----   | 12,834.               | 418.                            | 5,641.                                 | 6,775.                      |
| d -----  |                       |                                 |  |                             |
| e All other expenses -----   |                       |                                 |  |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | 24,584,255.           | 14,706,085.                     | 8,037,798.                             | 1,840,372.                  |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . | 0.                    |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year |
|---|--|--------------------------|-------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing   | 307,922.                 | <b>1</b>    | 4,860,541.         |
|   | <b>2</b> Savings and temporary cash investments  | 8,153,777.               | <b>2</b>    | 8,357,223.         |
|   | <b>3</b> Pledges and grants receivable, net  | 1,516,086.               | <b>3</b>    | 1,904,528.         |
|   | <b>4</b> Accounts receivable, net  | 45,248,215.              | <b>4</b>    | 41,157,130.        |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   | 0.                       | <b>5</b>    | 0.                 |
|   | <b>6</b> 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 organizations (see instructions). Complete Part II of Schedule L | 0.                       | <b>6</b>    | 0.                 |
|   | <b>7</b> Notes and loans receivable, net   | 0.                       | <b>7</b>    | 0.                 |
|   | <b>8</b> Inventories for sale or use   | 0.                       | <b>8</b>    | 0.                 |
|   | <b>9</b> Prepaid expenses and deferred charges   | 81,383.                  | <b>9</b>    | 103,601.           |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 6,299,332.               | <b>10a</b>  |                    |
|   | <b>b</b> Less: accumulated depreciation.   | 4,769,583.               | <b>10b</b>  |                    |
|   |  | 32,421.                  | <b>10c</b>  | 1,529,749.         |
|   | <b>11</b> Investments - publicly traded securities   | 25,741,462.              | <b>11</b>   | 26,375,394.        |
|   | <b>12</b> Investments - other securities. See Part IV, line 11   | 9,877,582.               | <b>12</b>   | 10,830,775.        |
|   | <b>13</b> Investments - program-related. See Part IV, line 11  | 0.                       | <b>13</b>   | 0.                 |
|   | <b>14</b> Intangible assets  | 0.                       | <b>14</b>   | 0.                 |
| <b>15</b> Other assets. See Part IV, line 11                        | 225,000.   | <b>15</b>                | 225,000.    |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) | 91,183,848.  | <b>16</b>                | 95,343,941. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses  | 1,590,748.               | <b>17</b>   | 2,405,170.         |
|   | <b>18</b> Grants payable   | 377,974.                 | <b>18</b>   | 1,614,737.         |
|   | <b>19</b> Deferred revenue   | 705,480.                 | <b>19</b>   | 2,424,787.         |
|   | <b>20</b> Tax-exempt bond liabilities  | 0.                       | <b>20</b>   | 0.                 |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  | 0.                       | <b>21</b>   | 0.                 |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   | 0.                       | <b>22</b>   | 0.                 |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties   | 0.                       | <b>23</b>   | 0.                 |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties   | 0.                       | <b>24</b>   | 0.                 |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  | 0.                       | <b>25</b>   | 0.                 |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25   | 2,674,202.               | <b>26</b>   | 6,444,694.         |
| <b>Net Assets or Fund Balances</b>                                  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |             |                    |
|   | <b>27</b> Unrestricted net assets  | 15,123,246.              | <b>27</b>   | 17,557,225.        |
|   | <b>28</b> Temporarily restricted net assets  | 57,190,023.              | <b>28</b>   | 55,091,180.        |
|   | <b>29</b> Permanently restricted net assets  | 16,196,377.              | <b>29</b>   | 16,250,842.        |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |             |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds   |                          | <b>30</b>   |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund   |                          | <b>31</b>   |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>32</b>   |                    |
| <b>33</b> Total net assets or fund balances                         | 88,509,646.  | <b>33</b>                | 88,899,247. |                    |
| <b>34</b> Total liabilities and net assets/fund balances            | 91,183,848.  | <b>34</b>                | 95,343,941. |                    |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 24,865,473. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 24,584,255. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 281,218.    |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 88,509,646. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 1,815,529.  |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  | -3,440,000. |
| <b>7</b>  | Investment expenses  | <b>7</b>  | 0.          |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | 0.          |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 1,732,854.  |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 88,899,247. |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | X  |
| <b>2b</b> | X   |    |
| <b>2c</b> | X   |    |
| <b>3a</b> | X   |    |
| <b>3b</b> | X   |    |

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2015**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **WOODROW WILSON INTERNATIONAL CENTER FOR SCHOLARS**

Employer identification number  
**52-1067541**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
|                                    |          |  | Yes   | No |   |   |
| (A)                                |          |  |   |    |   |   |
| (B)                                |          |  |   |    |   |   |
| (C)                                |          |  |   |    |   |   |
| (D)                                |          |  |   |    |   |   |
| (E)                                |          |  |   |    |   |   |
| <b>Total</b>                       |          |  |   |    |   |   |

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

Schedule A (Form 990 or 990-EZ) 2015



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.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2015 (91.82%); 15 Public support percentage from 2014 Schedule A, Part II, line 14 (89.24%); 16a 33 1/3% support test - 2015 (checked); 16b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; 17b 10%-facts-and-circumstances test - 2014; 18 Private foundation.

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. [ ]

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2014 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2014 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization [ ]
19b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization [ ]
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions [ ]

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  |     |    |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>  |     |    |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| 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)? <i>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.</i>   |     |    |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> |     |    |
| b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>   |     |    |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| 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))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 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)? <i>If "Yes," answer 10b below.</i>   |     |    |
| 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.)  |     |    |

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3, 3a, 3b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income  |   | (A) Prior Year | (B) Current Year (optional) |
|--|---|----------------|-----------------------------|
| 1 Net short-term capital gain  | 1 |                |                             |
| 2 Recoveries of prior-year distributions   | 2 |                |                             |
| 3 Other gross income (see instructions)  | 3 |                |                             |
| 4 Add lines 1 through 3  | 4 |                |                             |
| 5 Depreciation and depletion   | 5 |                |                             |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 |                |                             |
| 7 Other expenses (see instructions)  | 7 |                |                             |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  | 8 |                |                             |

| Section B - Minimum Asset Amount  |    | (A) Prior Year | (B) Current Year (optional) |
|---|----|----------------|-----------------------------|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |    |                |                             |
| a Average monthly value of securities   | 1a |                |                             |
| b 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).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

| Section D - Distributions  | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 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 <b>Total annual distributions.</b> Add lines 1 through 6.  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. |              |
| 9 Distributable amount for 2015 from Section C, line 6   |              |
| 10 Line 8 amount divided by Line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2015 | (iii)<br>Distributable<br>Amount for 2015 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2015 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)  |                             |  |   |
| 3 Excess distributions carryover, if any, to 2015:  |                             |  |   |
| a   |                             |  |   |
| b   |                             |  |   |
| c   |                             |  |   |
| d From 2013 . . . . .   |                             |  |   |
| e From 2014 . . . . .   |                             |  |   |
| f <b>Total</b> of lines 3a through e  |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2015 distributable amount  |                             |  |   |
| i Carryover from 2010 not applied (see instructions)  |                             |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| 4 Distributions for 2015 from Section D, line 7: \$   |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2015 distributable amount  |                             |  |   |
| c Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| 5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). |                             |  |   |
| 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).                        |                             |  |   |
| 7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.   |                             |  |   |
| 8 Breakdown of line 7:  |                             |  |   |
| a   |                             |  |   |
| b   |                             |  |   |
| c Excess from 2013 . . . . .  |                             |  |   |
| d Excess from 2014 . . . . .  |                             |  |   |
| e Excess from 2015 . . . . .  |                             |  |   |

Schedule A (Form 990 or 990-EZ) 2015

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION   | 2011            | 2012            | 2013            | 2014            | 2015            | TOTAL           |
|---------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| SPECIAL EVENT | 103,180.        | 153,998.        | 212,593.        | 221,115.        | 284,752.        | 975,638.        |
| <b>TOTALS</b> | <u>103,180.</u> | <u>153,998.</u> | <u>212,593.</u> | <u>221,115.</u> | <u>284,752.</u> | <u>975,638.</u> |

**Schedule of Contributors**

**2015**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

|  |   |
|--|---|
| <b>Name of the organization</b><br>WOODROW WILSON INTERNATIONAL CENTER<br>FOR SCHOLARS | <b>Employer identification number</b><br>52-1067541 |
|--|---|

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(<sup>3</sup> ) (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

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, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



|   |   |
|---|---|
| <b>Name of organization</b> WOODROW WILSON INTERNATIONAL CENTER<br>FOR SCHOLARS | <b>Employer identification number</b><br>52-1067541 |
|---|---|

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | _____                             | \$ 9,998,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | _____                             | \$ 1,551,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | _____                             | \$ 500,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| _____      | _____                             | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____                             | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____                             | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____                             | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Name of organization **WOODROW WILSON INTERNATIONAL CENTER  
FOR SCHOLARS**

Employer identification number  
**52-1067541**

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

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
| _____                     | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____                                       | _____                |

Name of organization **WOODROW WILSON INTERNATIONAL CENTER FOR SCHOLARS**

Employer identification number  
52-1067541

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (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 | Relationship of transferor to transferee |
| _____                                   | _____                                    |
| _____                                   | _____                                    |
| _____                                   | _____                                    |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     | _____               | _____           | _____                               |
|                     | _____               | _____           | _____                               |
|                     | _____               | _____           | _____                               |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____                                   | _____                                    |
| _____                                   | _____                                    |
| _____                                   | _____                                    |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     | _____               | _____           | _____                               |
|                     | _____               | _____           | _____                               |
|                     | _____               | _____           | _____                               |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____                                   | _____                                    |
| _____                                   | _____                                    |
| _____                                   | _____                                    |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     | _____               | _____           | _____                               |
|                     | _____               | _____           | _____                               |
|                     | _____               | _____           | _____                               |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____                                   | _____                                    |
| _____                                   | _____                                    |
| _____                                   | _____                                    |

Supplemental Financial Statements

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions, and questions about donor informed consent.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements, including questions about purpose, monitoring, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting and amounts.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a [X] Public exhibition
b [ ] Scholarly research
c [ ] Preservation for future generations
d [ ] Loan or exchange programs
e [ ] Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? [ ] Yes [X] No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? [ ] Yes [ ] No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? [ ] Yes [ ] No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII [ ]

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 39.0000 %
b Permanent endowment 45.0000 %
c Temporarily restricted endowment 16.0000 %
The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**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<br>(including name of security)   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives   |                |  |
| (2) Closely-held equity interests   |                |  |
| (3) Other   |                |  |
| (A) ALTERNATIVE INVESTMENTS   | 10,830,775.    | FMV  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) | 10,830,775.    |  |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (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)   |                |
| <b>Total.</b> (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) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) |                |

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



**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART III, LINE 4

DESCRIPTION OF THE ORGANIZATION'S COLLECTION

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

SCHEDULE D, PART V, LINE 4

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

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

PART X, LINE 2

FIN 48 FOOTNOTE

THE CENTER HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS EXEMPT FROM INCOME TAXES UNDER PROVISIONS OF SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE AND IS CLASSIFIED AS AN ORGANIZATION THAT IS A PUBLIC CHARITY. HOWEVER, THE CENTER REMAINS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON AND NOT IN FURTHERANCE OF THE PURPOSE FOR WHICH IT WAS GRANTED EXEMPTION. NO INCOME TAX PROVISION HAS BEEN RECORDED AS THE NET INCOME, IF ANY, FROM ANY UNRELATED TRADE OR BUSINESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL TO THE FINANCIAL STATEMENTS TAKEN AS A WHOLE.

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



**Part XIII** Supplemental Information (continued)

SERVICE. THE CENTER HAS ANALYZED THE TAX POSITIONS TAKEN AND HAS CONCLUDED THAT AS OF SEPTEMBER 30, 2016, 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.

SCHEDULE D, PART XI, LINE 2D

RECLASSIFICATION OF SPECIAL EVENT EXPENSES                   \$640,365

SCHEDULE D, PART XII, LINE 2D

RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS

RECLASSIFICATION OF SPECIAL EVENT EXPENSES                   \$640,365

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **WOODROW WILSON INTERNATIONAL CENTER  
FOR SCHOLARS**

Employer identification number  
**52-1067541**

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| (1) CENTRAL AMERICA/CARIBBEAN                     |                                     |  | PROGRAM SERVICES  | CONFERENCES  | 295.   |
| (2) EAST ASIA AND THE PACIFIC                     |                                     |  | GRANTMAKING   |  | 51,081.  |
| (3) EAST ASIA AND THE PACIFIC                     |                                     |  | PROGRAM SERVICES  | CONFERENCES  | 61,381.  |
| (4) EUROPE  |                                     |  | GRANTMAKING   |  | 98,385.  |
| (5) EUROPE  |                                     |  | PROGRAM SERVICES  | CONFERENCES  | 221,662.   |
| (6) MIDDLE EAST AND NORTH AFRICA                  |                                     |  | PROGRAM SERVICES  | CONFERENCES  | 5,184.   |
| (7) NORTH AMERICA                                 |                                     |  | FUNDRAISING   |  | 384,037.   |
| (8) NORTH AMERICA                                 |                                     |  | PROGRAM SERVICES  | CONFERENCES  | 215,616.   |
| (9) RUSSIA/INDEPENDENT STATES                     |                                     |  | PROGRAM SERVICES  | CONFERENCES  | 226,254.   |
| (10) SOUTH AMERICA                                |                                     |  | GRANTMAKING   |  | 22,970.  |
| (11) SOUTH AMERICA                                |                                     |  | PROGRAM SERVICES  | CONFERENCES  | 131,183.   |
| (12) SOUTH ASIA                                   |                                     |  | PROGRAM SERVICES  | CONFERENCES  | 3,012.   |
| (13) SUB-SAHARAN AFRICA                           |                                     |  | GRANTMAKING   |  | 72,961.  |
| (14) SUB-SAHARAN AFRICA                           |                                     |  | PROGRAM SERVICES  | CONFERENCES  | 65,207.  |
| (15) CENTRAL AMERICA/CARIBBEAN                    |                                     |  | INVESTMENTS   |  | 3,957,963.   |
| (16) EUROPE                                       |                                     |  | INVESTMENTS   |  | 2,556,388.   |
| (17) NORTH AMERICA                                |                                     |  | INVESTMENTS   |  | 1,531,318.   |
| <b>3a Sub-total</b>                               |                                     |  |   |  | 9,604,897.   |
| <b>b Total from continuation sheets to Part I</b> |                                     |  |   |  | 350,148.   |
| <b>c Totals (add lines 3a and 3b)</b>             |                                     |  |   |  | 9,955,045.   |

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

Schedule F (Form 990) 2015

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization **WOODROW WILSON INTERNATIONAL CENTER  
FOR SCHOLARS**

Employer identification number  
**52-1067541**

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| (1) MIDDLE EAST AND NORTH AFRICA                            |                                     |  | GRANTMAKING   |  | 14,577.  |
| (2) NORTH AMERICA   |                                     |  | GRANTMAKING   |  | 27,416.  |
| (3) RUSSIA/INDEPENDENT STATES                               |                                     |  | GRANTMAKING   |  | 271,929.   |
| (4) SOUTH ASIA  |                                     |  | GRANTMAKING   |  | 36,226.  |
| (5)   |                                     |  |   |  |  |
| (6)   |                                     |  |   |  |  |
| (7)   |                                     |  |   |  |  |
| (8)   |                                     |  |   |  |  |
| (9)   |                                     |  |   |  |  |
| (10)  |                                     |  |   |  |  |
| (11)  |                                     |  |   |  |  |
| (12)  |                                     |  |   |  |  |
| (13)  |                                     |  |   |  |  |
| (14)  |                                     |  |   |  |  |
| (15)  |                                     |  |   |  |  |
| (16)  |                                     |  |   |  |  |
| (17)  |                                     |  |   |  |  |
| <b>3a</b> Sub-total, . . . . .                              |                                     |  |   |  |  |
| <b>b</b> Total from continuation sheets to Part I . . . . . |                                     |  |   |  |  |
| <b>c Totals</b> (add lines 3a and 3b)                       |                                     |  |   |  |  |

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

Schedule F (Form 990) 2015

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 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 non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|--------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1)  |                          |  | EUROPE/ICELAND/GREENLAND | CONFERENCE           | 75,000.                  | WIRE                            |                                   |  |   |
| (2)  |                          |  | SOUTH AMERICA            | CONFERENCE           | 19,370.                  | WIRE                            |                                   |  |   |
| (3)  |                          |  | SUB-SAHARAN AFRICA       | CONFERENCE           | 15,050.                  | WIRE                            |                                   |  |   |
| (4)  |                          |  | EUROPE/ICELAND/GREENLAND | CONFERENCE           | 25,000.                  | WIRE                            |                                   |  |   |
| (5)  |                          |  | RUSSIA/NEWLY IND. STATES | CONFERENCE           | 16,000.                  | WIRE                            |                                   |  |   |
| (6)  |                          |  |                          |                      |                          |                                 |                                   |  |   |
| (7)  |                          |  |                          |                      |                          |                                 |                                   |  |   |
| (8)  |                          |  |                          |                      |                          |                                 |                                   |  |   |
| (9)  |                          |  |                          |                      |                          |                                 |                                   |  |   |
| (10) |                          |  |                          |                      |                          |                                 |                                   |  |   |
| (11) |                          |  |                          |                      |                          |                                 |                                   |  |   |
| (12) |                          |  |                          |                      |                          |                                 |                                   |  |   |
| (13) |                          |  |                          |                      |                          |                                 |                                   |  |   |
| (14) |                          |  |                          |                      |                          |                                 |                                   |  |   |
| (15) |                          |  |                          |                      |                          |                                 |                                   |  |   |
| (16) |                          |  |                          |                      |                          |                                 |                                   |  |   |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . 5.

3 Enter total number of other organizations or entities. . . . .

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

| (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 non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) STIPEND                     | EAST ASIA/PACIFIC        | 4.                       | 51,081.                  | CHECK                           |                                   |  |   |
| (2) STIPEND                     | EUROPE/ICELAND/GREENLAND | 5.                       | 3,200.                   | CHECK                           |                                   |  |   |
| (3) STIPEND                     | MIDDLE EAST/NORTH AFRICA | 2.                       | 14,577.                  | CHECK                           |                                   |  |   |
| (4) STIPEND                     | NORTH AMERICA            | 4.                       | 27,416.                  | CHECK                           |                                   |  |   |
| (5) STIPEND                     | RUSSIA/NEWLY IND. STATES | 18.                      | 255,929.                 | CHECK                           |                                   |  |   |
| (6) STIPEND                     | SOUTH AMERICA            | 2.                       | 3,600.                   | CHECK                           |                                   |  |   |
| (7) STIPEND                     | SOUTH ASIA               | 1.                       | 36,226.                  | CHECK                           |                                   |  |   |
| (8) STIPEND                     | SUB-SAHARAN AFRICA       | 7.                       | 57,911.                  | CHECK                           |                                   |  |   |
| (9)                             |                          |                          |                          |                                 |                                   |  |   |
| (10)                            |                          |                          |                          |                                 |                                   |  |   |
| (11)                            |                          |                          |                          |                                 |                                   |  |   |
| (12)                            |                          |                          |                          |                                 |                                   |  |   |
| (13)                            |                          |                          |                          |                                 |                                   |  |   |
| (14)                            |                          |                          |                          |                                 |                                   |  |   |
| (15)                            |                          |                          |                          |                                 |                                   |  |   |
| (16)                            |                          |                          |                          |                                 |                                   |  |   |
| (17)                            |                          |                          |                          |                                 |                                   |  |   |
| (18)                            |                          |                          |                          |                                 |                                   |  |   |

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANTS

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; PART II, LINE 1; PART III

THE ACCOUNTING METHOD IS THE ACCRUAL METHOD OF ACCOUNTING.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization **WOODROW WILSON INTERNATIONAL CENTER**  
**FOR SCHOLARS**

Employer identification number  
**52-1067541**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> a Mail solicitations               | <input type="checkbox"/> e Solicitation of non-government grants |
| <input type="checkbox"/> b Internet and email solicitations | <input type="checkbox"/> f Solicitation of government grants     |
| <input type="checkbox"/> c Phone solicitations              | <input checked="" type="checkbox"/> g Special fundraising events |
| <input type="checkbox"/> d In-person solicitations          |  |

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| <b>1</b><br>ATTACHMENT 1                                  |               |  |    |                                   |   |   |
| <b>2</b>  |               |  |    |                                   |   |   |
| <b>3</b>  |               |  |    |                                   |   |   |
| <b>4</b>  |               |  |    |                                   |   |   |
| <b>5</b>  |               |  |    |                                   |   |   |
| <b>6</b>  |               |  |    |                                   |   |   |
| <b>7</b>  |               |  |    |                                   |   |   |
| <b>8</b>  |               |  |    |                                   |   |   |
| <b>9</b>  |               |  |    |                                   |   |   |
| <b>10</b>   |               |  |    |                                   |   |   |
| <b>Total</b>  |               |  |    | 3,580,934.                        | 485,992.  | 3,095,242.  |

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CA, DC, NY,



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |    | (a) Event #1   | (b) Event #2           | (c) Other events     | (d) Total events                |            |
|-----------------|----|--|------------------------|----------------------|---------------------------------|------------|
|                 |    | DINNER<br>(event type)   | DINNER<br>(event type) | 6.<br>(total number) | (add col. (a) through col. (c)) |            |
| Revenue         | 1  | Gross receipts . . . . .   | 883,000.               | 575,490.             | 2,122,444.                      | 3,580,934. |
|                 | 2  | Less: Contributions . . . . .  | 737,837.               | 383,601.             | 1,534,379.                      | 2,655,817. |
|                 | 3  | Gross income (line 1 minus line 2). . . . .                            | 145,163.               | 191,889.             | 588,065.                        | 925,117.   |
| Direct Expenses | 4  | Cash prizes . . . . .  |                        |                      |                                 |            |
|                 | 5  | Noncash prizes . . . . .   |                        |                      |                                 |            |
|                 | 6  | Rent/facility costs . . . . .  |                        |                      |                                 |            |
|                 | 7  | Food and beverages . . . . .   |                        |                      |                                 |            |
|                 | 8  | Entertainment . . . . .  |                        |                      |                                 |            |
|                 | 9  | Other direct expenses . . . . .  | 106,663.               | 134,341.             | 399,361.                        | 640,365.   |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d) . . . . .  |                        |                      |                                 | 640,365.   |
|                 | 11 | Net income summary. Subtract line 10 from line 3, column (d) . . . . . |                        |                      |                                 | 284,752.   |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |  | (a) Bingo                       | (b) Pull tabs/instant bingo/progressive bingo                      | (c) Other gaming   | (d) Total gaming (add col. (a) through col. (c))                   |
|-----------------|--|---------------------------------|--|--|--|
|                 |  | 1                               | Gross revenue . . . . .  |  |  |
| Direct Expenses | 2  | Cash prizes . . . . .           |  |  |  |
|                 | 3  | Noncash prizes . . . . .        |  |  |  |
|                 | 4  | Rent/facility costs . . . . .   |  |  |  |
|                 | 5  | Other direct expenses . . . . . |  |  |  |
|                 | 6  | Volunteer labor . . . . .       | <input type="checkbox"/> Yes _____%<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____%<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____%<br><input type="checkbox"/> No |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d) . . . . .        |                                 |  |  |  |
| 8               | Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . |                                 |  |  |  |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

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

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

|                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c 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:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: FULL HOUSE EVENTS

(I) ADDRESS OF FUNDRAISER: C/O LAURA HERRERA

370 W PLEASANTVIEW AVE., #230

HACKENSACK, NJ 07601

(I) NAME OF FUNDRAISER: INSPIRA CORP

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

|   |                             |     |   |
|---|-----------------------------|-----|---|
| a | The organization's facility | 13a | % |
| b | An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c 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:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

(I) ADDRESS OF FUNDRAISER: 6208 REDWING CT BETHESDA, MD 20817

(I) NAME OF FUNDRAISER: ROSE GADSDEN

(I) ADDRESS OF FUNDRAISER: PESTALOZZI NO 917 COLONIA DEL VALLE MEXICO, DF

(I) NAME OF FUNDRAISER: CABELL PEACHY & ASSOCIATES

(I) ADDRESS OF FUNDRAISER: 111 QUINCY PLACE, NE WASHINGTON, DC 20002

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

|   |                             |            |   |
|---|-----------------------------|------------|---|
| a | The organization's facility | <b>13a</b> | % |
| b | An outside facility         | <b>13b</b> | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c 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:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

(I) NAME OF FUNDRAISER: E=MC2 EVENT MANAGEMENT

(I) ADDRESS OF FUNDRAISER: 1207 11TH AVENUE SW, 620 CALGARY, AB

T3C 0M5

(I) NAME OF FUNDRAISER: SULLIVAN ALVARADO

(I) ADDRESS OF FUNDRAISER: PO BOX 340069 AUSTIN, TX 78734

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

|                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c 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:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

(I) NAME OF FUNDRAISER: ELIZABETH CONASTER

(I) ADDRESS OF FUNDRAISER: 1525 KEARNEY ST., NE WASHINGTON, DC 20017

ATTACHMENT 1

## 990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

| NAME AND ADDRESS OF FUNDRAISER  | ACTIVITY              | DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?<br>YES NO | GROSS RECEIPTS FROM ACTIVITY | AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER | AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION |
|---|-----------------------|--|------------------------------|--|--|
| FULL HOUSE EVENTS<br>C/O LAURA HERRERA<br>370 W PLEASANTVIEW AVE., #230<br>HACKENSACK<br>NJ 07601 | FUNDRAISING<br>DINNER | X  | 883,000.                     | 62,039.                                    | 821,261.                                     |
| INSPIRA CORP<br>6208 REDWING CT<br>BETHESDA<br>MD 20817   | FUNDRAISING<br>DINNER | X  | 575,490.                     | 30,825.                                    | 544,665.                                     |
| ROSE GADSDEN<br>PESTALOZZI NO 917<br>COLONIA DEL VALLE<br>MX                                      | FUNDRAISING<br>DINNER | X  | 565,988.                     | 36,225.                                    | 529,763.                                     |
| CAMBELL PEACHY & ASSOCIAT<br>111 QUINCY PLACE, NE<br>WASHINGTON<br>DC 20002                       | FUNDRAISING<br>DINNER | X  | 488,000.                     | 4,046.                                     | 483,954.                                     |
| E-MC2 EVENT MANAGEMENT<br>1207 11TH AVENUE SW, 620<br>CALGARY<br>CA AB T3C 0M5                    | FUNDRAISING<br>DINNER | X  | 366,626.                     | 293,835.                                   | 72,791.                                      |

ATTACHMENT 1 (CONT'D)

|   |                       |   |          |         |          |
|---|-----------------------|---|----------|---------|----------|
| SULLIVAN ALVARADO<br>PO BOX 340069<br>AUSTIN<br>TX 78734            | FUNDRAISING<br>DINNER | X | 359,500. | 32,022. | 327,478. |
| ELIZABETH CONASTER<br>1525 KEARNEY ST. NE<br>WASHINGTON<br>DC 20017 | FUNDRAISING<br>DINNER | X | 342,330. | 27,000. | 315,330. |

**SCHEDULE I  
(Form 990)**

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
 Attach to Form 990.

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization: **WOODROW WILSON INTERNATIONAL CENTER**  
 FOR SCHOLARS

Employer identification number:  
52-1067541

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or 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 non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  |         |                               |                          |                                   |   |  |                                    |
| (2)  |         |                               |                          |                                   |   |  |                                    |
| (3)  |         |                               |                          |                                   |   |  |                                    |
| (4)  |         |                               |                          |                                   |   |  |                                    |
| (5)  |         |                               |                          |                                   |   |  |                                    |
| (6)  |         |                               |                          |                                   |   |  |                                    |
| (7)  |         |                               |                          |                                   |   |  |                                    |
| (8)  |         |                               |                          |                                   |   |  |                                    |
| (9)  |         |                               |                          |                                   |   |  |                                    |
| (10)   |         |                               |                          |                                   |   |  |                                    |
| (11)   |         |                               |                          |                                   |   |  |                                    |
| (12)   |         |                               |                          |                                   |   |  |                                    |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

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

Schedule I (Form 990) (2015)



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

| 1 | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | STIPENDS                        | 110.                     | 1,871,454.               |                                   |   |  |
| 2 |                                 |                          |                          |                                   |   |  |
| 3 |                                 |                          |                          |                                   |   |  |
| 4 |                                 |                          |                          |                                   |   |  |
| 5 |                                 |                          |                          |                                   |   |  |
| 6 |                                 |                          |                          |                                   |   |  |
| 7 |                                 |                          |                          |                                   |   |  |

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization  
WOODROW WILSON INTERNATIONAL CENTER  
FOR SCHOLARS

Employer identification number  
52-1067541

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. . . . .

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  | X   |    |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2015

**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 are not listed on Form 990, Part VII.

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

| (A) Name and Title  | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| <b>1</b> JOHN DYSLAND<br>CFO (THRU 12/11/2015)            | 167,980.   | 0.                                  | 0.                                  | 28,166.  | 953.                    | 197,099.                        | 0.  |
| <b>2</b> CHRISTINE EMERY<br>VP DEVELOPMENT                | 142,150.   | 0.                                  | 0.                                  | 11,959.  | 3,455.                  | 157,564.                        | 0.  |
| <b>3</b> MICHAEL FORSTER<br>CFO                           | 139,170.   | 0.                                  | 0.                                  | 17,775.  | 9,746.                  | 166,691.                        | 0.  |
| <b>4</b> BRUCE GRIFFITH<br>PROJECT DIRECTOR               | 155,070.   | 0.                                  | 0.                                  | 28,373.  | 11,641.                 | 195,084.                        | 0.  |
| <b>5</b> JANE HARMAN<br>PRESIDENT                         | 393,293.   | 120,000.                            | 0.                                  | 41,458.  | 1,766.                  | 556,517.                        | 0.  |
| <b>6</b> LESLIE JOHNSON<br>SPECIAL PROJECTS               | 176,665.   | 0.                                  | 0.                                  | 32,349.  | 12,134.                 | 221,148.                        | 0.  |
| <b>7</b> ROBERT LITWAK<br>VP SCHOLARS                     | 160,026.   | 0.                                  | 0.                                  | 28,916.  | 11,955.                 | 200,897.                        | 0.  |
| <b>8</b> AARON MILLER<br>VP NEW INITIATIVES               | 160,167.   | 0.                                  | 0.                                  | 21,270.  | 14,115.                 | 195,552.                        | 0.  |
| <b>9</b> MONDE MUYANGWA<br>PROJECT DIRECTOR               | 157,016.   | 0.                                  | 0.                                  | 28,373.  | 308.                    | 185,697.                        | 0.  |
| <b>10</b> GARY OFFICER<br>FORMER VP DEV. (THRU 7/31/2015) | 122,273.   | 0.                                  | 0.                                  | 15,088.  | 9,008.                  | 146,369.                        | 0.  |
| <b>11</b> DAVE REJESKI<br>PROJECT DIRECTOR                | 152,597.   | 0.                                  | 0.                                  | 26,370.  | 12,075.                 | 191,042.                        | 0.  |
| <b>12</b> MATTHEW ROJANSKY<br>PROJECT DIRECTOR            | 153,372.   | 0.                                  | 0.                                  | 27,604.  | 8,986.                  | 189,962.                        | 0.  |
| <b>13</b> BLAIR RUBLE<br>VP PROGRAMS                      | 160,026.   | 0.                                  | 0.                                  | 28,916.  | 0.                      | 188,942.                        | 0.  |
| <b>14</b> CAROLINE SCULLIN<br>VP EX RELATIONS             | 203,690.   | 0.                                  | 0.                                  | 0.   | 6,583.                  | 210,273.                        | 0.  |
| <b>15</b> ANDREW SELEE<br>EXECUTIVE VICE PRESIDENT        | 216,960.   | 0.                                  | 0.                                  | 31,137.  | 6,875.                  | 254,972.                        | 0.  |
| <b>16</b>   |  |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

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

SCHEDULE J, PART I, LINE 7

THE PRESIDENT'S EMPLOYMENT CONTRACT PROVIDES FOR AN ANNUAL BONUS. THE SPECIFIC DOLLAR AMOUNT OF THE BONUS IS AT THE DISCRETION OF THE BOARD OF DIRECTORS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

**Open To Public  
Inspection**

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

**Part I Types of Property**

|  | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art - Works of art . . . . .   |                               |  |  |  |
| 2 Art - Historical treasures . . . . .                                       |                               |  |  |  |
| 3 Art - Fractional interests . . . . .                                       |                               |  |  |  |
| 4 Books and publications . . . . .   |                               |  |  |  |
| 5 Clothing and household<br>goods . . . . .                                  |                               |  |  |  |
| 6 Cars and other vehicles . . . . .  |                               |  |  |  |
| 7 Boats and planes . . . . .   |                               |  |  |  |
| 8 Intellectual property . . . . .  |                               |  |  |  |
| 9 Securities - Publicly traded . . . . .                                     | X                             | 9  | 143,869  | SALE   |
| 10 Securities - Closely held stock . . . . .                                 |                               |  |  |  |
| 11 Securities - Partnership, LLC,<br>or trust interests . . . . .            |                               |  |  |  |
| 12 Securities - Miscellaneous . . . . .                                      |                               |  |  |  |
| 13 Qualified conservation<br>contribution - Historic<br>structures . . . . . |                               |  |  |  |
| 14 Qualified conservation<br>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 by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29**

|  | Yes | No |
|--|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . |     | X  |
| b If "Yes," describe the arrangement in Part II.   |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .   |     | X  |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .   |     | X  |
| b If "Yes," describe in Part II.   |     |    |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)

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**Part II** **Supplemental Information.** Complete this part to 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, LINE 9, NONCASH CONTRIBUTIONS:

THE NONCASH CONTRIBUTION REPORTING IS BASED ON THE NUMBER OF  
CONTRIBUTIONS RECEIVED.

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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

FORM 990, ITEM K, OTHER FORM OF ORGANIZATION:

US GOVT INST

FORM 990

CHANGE IN TAX REPORTING

BEGINNING THIS YEAR, THE CENTER'S MANAGEMENT DECIDED TO INCORPORATE THE CENTER'S FEDERAL APPROPRIATION OF APPROXIMATELY \$10 MILLION IN THE RETURN TO MORE ACCURATELY REFLECT THE CENTER'S TRUE FINANCIAL POSITION. THIS INCLUSION SIGNIFICANTLY AFFECTS CONTRIBUTIONS, EXPENSES AND BALANCE SHEET NET ASSETS.

FORM 990, PART I, LINE 1

DESCRIPTION OF ORGANIZATION MISSION:

THE WOODROW WILSON INTERNATIONAL CENTER FOR SCHOLARS PROMOTES POLICY RELEVANT RESEARCH AND DIALOGUE TO INCREASE UNDERSTANDING AND ENHANCE THE CAPABILITIES AND KNOWLEDGE OF LEADERS, CITIZENS, AND INSTITUTIONS.

FORM 990, PART III, LINE I

DESCRIPTION OF ORGANIZATION MISSION:

THE WOODROW WILSON INTERANTIONAL CENTER FOR SCHOLARS PROMOTES POLICY RELEVANT RESEARCH AND DIALOGUE UNITED STATES AND THE WORLD. THE CENTER PROMOTES POLICY RELEVANT RESEARCH AND DIALOGUE TO INCREASE UNDERSTANDING AND ENAHNCE THE CAPABILITIES AND KNOWLEDGE OF LEADERS, CITIZENS AND INSTITUTIONS WORLDWIDE.

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

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES

ASIA PROGRAM, CANADIAN INSTITUTE, EUROPEAN STUDIES, MIDDLE EAST PROGRAM,  
DIV OF INTERNATIONAL STUDIES, KISSINGER INSTITUTE, SCIENCE AND TECHNOLOGY  
PROGRAMS PROVIDED WORKSHOPS AND CONFERENCES IN THEIR MAJOR AREA OF  
STUDY.

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

DESCRIPTION OF FORM 990 REVIEW PROCESS

THE RETURN IS PREPARED BY THE CENTER'S INDEPENDENT ACCOUNTING FIRM KPMG,  
REVIEWED BY MANAGEMENT AND STAFF, AND PLACED UPON CENTER'S WEBSITE.

FORM 990, PART VI, LINE 12C

MONITOR AND ENFORCE COMPLIANCE WITH 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

PROCESS FOR DETERMINING COMPENSATION

THE CENTER SEEKS TO PAY REASONABLE COMPENSATION UNDER SECTION 4958 TO  
ATTRACT AND RETAIN THE APPROPRIATE CALIBER OF EMPLOYEES DEDICATED TO  
CARRYING OUT ITS TAX-EXEMPT MISSION. THE ORGANIZATION PERIODICALLY  
CONDUCTS A REVIEW TO DETERMINE THE GOING FAIR MARKET COMPENSATION RANGES  
FOR COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THE BOARD



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

APPROVES COMPENSATION OF THE ORGANIZATION'S PRESIDENT AND OTHER OFFICERS AND DOCUMENTS ITS DELIBERATION PROCESS.

FORM 990, PART VI, SECTION C LINE 19.

GOVERNING DOCUMENTS

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

FORM 990, PART VII - FUNDING

THE WOODROW WILSON INTERNATIONAL CENTER FOR SCHOLARS RECEIVES AN ANNUAL FEDERAL APPROPRIATION FOR A PORTION OF ITS ORGANIZATION SALARIES AND OTHER EXPENSES WHICH IS NOT OTHERWISE REFLECTED ON THIS RETURN. THE COMPENSATION AND BENEFITS RELATED TO THREE VICE PRESIDENTS (KEY EMPLOYEES) AT THE WILSON CENTER ARE PAID WITH THE FEDERAL APPROPRIATED FUNDING.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS

TO ALIGN NET ASSETS WITH INCLUSION OF FEDERAL APPROPRIATION 1,764,054.

ATTACHMENT 1

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

THE WOODROW WILSON INTERNATIONAL CENTER FOR SCHOLARS IS THE NATIONAL LIVING MEMORIAL HONORING PRESIDENT WOODROW WILSON. IN PROVIDING AN ESSENTIAL LINK BETWEEN THE WORLDS OF IDEAS AND PUBLIC POLICY, THE CENTER ADDRESSES CURRENT AND EMERGING CHALLENGES CONFRONTING THE UNITED STATES AND THE WORLD. THE CENTER PROMOTES POLICY-RELEVANT

Name of the organization **WOODROW WILSON INTERNATIONAL CENTER  
FOR SCHOLARS**

Employer identification number  
**52-1067541**

ATTACHMENT 1 (CONT'D)

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

RESEARCH AND DIALOGUE TO INCREASE UNDERSTANDING AND ENHANCE THE  
CAPABILITIES AND KNOWLEDGE OF LEADERS, CITIZENS, AND INSTITUTIONS  
WORLDWIDE. CREATED BY AN ACT OF CONGRESS IN 1968, THE CENTER IS A  
NONPARTISAN INSTITUTION HEADQUARTERED IN WASHINGTON, D.C. AND  
SUPPORTED BY BOTH PUBLIC AND PRIVATE FUNDS.

ATTACHMENT 2

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

| <u>NAME AND ADDRESS</u>   | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|---|--------------------------------|---------------------|
| JEFFERY GOLDBERG<br>600 NEW HAMPSHIRE AVE<br>WASHINGTON, DC 20037 | SCHOLAR                        | 250,000.            |
| RICHARD MCGREGOR<br>214 4TH STREET SE<br>WASHINGTON, DC 20003     | SCHOLAR                        | 146,177.            |
| CAPITAL DEVELOPMENT<br>4305 MISSION COURT<br>ALEXANDRIA, VA 22310 | DEVELOPMENT                    | 101,523.            |

Cumulative e-File History 2015

Federal

|                   |                    |
|-------------------|--------------------|
| <b>Tax Return</b> | <b>Return Type</b> |
| KA9062            | 990                |

**Taxpayer**  
Woodrow Wilson International Center

|                             |                      |
|-----------------------------|----------------------|
| <b>Submitted Date</b>       | 2017-08-15 09:47:43  |
| <b>Acknowledgement Date</b> | 2017-08-15 10:27:36  |
| <b>Status</b>               | Accepted             |
| <b>Submission ID</b>        | 54028020172275000003 |

# Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2015, or tax year beginning 10/01, 2015, and ending 09/30, 20 16

# 2015

Department of the Treasury  
Internal Revenue Service

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

Name of exempt organization

Employer identification number

WOODROW WILSON INTERNATIONAL CENTER

52-1067541

### 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.

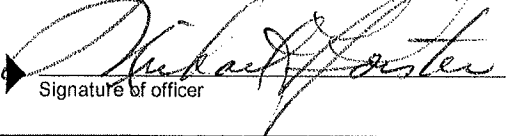
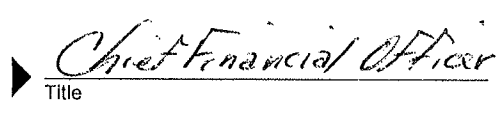
|    |                          |                                     |   |  |    |                  |
|----|--------------------------|-------------------------------------|---|--|----|------------------|
| 1a | Form 990 check here      | <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . | 1b | <u>24865473.</u> |
| 2a | Form 990-EZ check here   | <input type="checkbox"/>            | b | Total revenue, if any (Form 990-EZ, line 9) . . . . .                  | 2b |                  |
| 3a | Form 1120-POL check here | <input type="checkbox"/>            | b | Total tax (Form 1120-POL, line 22) . . . . .                           | 3b |                  |
| 4a | Form 990-PF check here   | <input type="checkbox"/>            | b | Tax based on investment income (Form 990-PF, Part VI, line 5)          | 4b |                  |
| 5a | Form 8868 check here     | <input type="checkbox"/>            | b | Balance due (Form 8868, Part I, line 3c or Part II, line 8c) . . . .   | 5b |                  |

### Part II Declaration of Officer

6  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

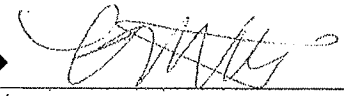
Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further 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  8/14/17 

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 Use Only | ERO's signature  | Date             | Check if also paid preparer         | Check if self-employed   | ERO's SSN or PTIN             |
|                | Firm's name (or yours if self-employed), address, and ZIP code                                      | <u>8-10-2017</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>P01404047</u>              |
|                | <u>KPMG LLP</u>   |                  |                                     |                          | <u>EIN 13-5565207</u>         |
|                | <u>1676 INTERNATIONAL DRIVE MCLEAN VA 22102</u>   |                  |                                     |                          | <u>Phone no. 703-286-8000</u> |

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 Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN       |
|                        | Firm's name                |                      |      |   | Firm's EIN |
|                        | Firm's address             |                      |      |   | Phone no.  |