Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
> Do not enter social security numbers on this form as it may be made public.
> Go to www.irs.gov/Form990 for instructions and the latest information.

For the 2017 calendar year, or tax year beginning 2017, and ending _

Name and address of principal officer:
WORLD INSTITUTE ON DISABILITY
3075 ADELINE STREET #155
BERKELEY, CA 94703

Employer identification number
94-2911623

Telephone number
510-225-6400

Gross receipts
$ 2,533,919

Is this a group return for subordinates?
Yes _ No _

Are all subordinates included?
Yes _ No _

Group exemption number

Website: WWW.WID.ORG

Form of organization:
X Corporation

Year of formation
1983

State of legal domicile: CA

Part I

Summary

1. Briefly describe the organization's mission or most significant activities: THE MISSION OF THE WORLD INSTITUTE ON DISABILITY (WID) IN COMMUNITIES AND NATIONS WORLDWIDE IS TO ELIMINATE BARRIERS TO FULL SOCIAL INTEGRATION & INCREASE EMPLOYMENT, ECONOMIC SECURITY & HEALTH CARE FOR PERSONS WITH DISABILITIES.

2. Number of unrelated business income from Part VIII, column (c), line 12

3. Number of volunteers (estimate if necessary)

4. Number of independent voting members of the governing body

5. Total number of individuals employed in calendar year 2017

6. Other.

7a. Total unrelated business income from Part VIII, column (c), line 12

7b. Net unrelated business taxable income from Form 990-T, line 34

Revenue

8. Contributions and grants (Part VIII, line 1)

9. Program service revenue (Part VIII, line 2)

10. Investment income (Part VIII, column (A), lines 3, 4, and 7)

11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12. Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13. Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14. Benefits paid to or for members (Part IX, column (A), line 4)

15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a. Professional fundraising fees (Part IX, column (A), line 11)

17. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19. Revenue less expenses. Subtract line 18 from line 12

20. Total assets (Part X, line 16)

21. Total liabilities (Part X, line 26)

22. Net assets or fund balances. Subtract line 21 from line 20

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.

Signature of officer
ANITA AARON
Date: 7/31/17

Type or print name and title
Executive Director

Paid Preparer Use Only

Preparer's signature
James G. Nicholas

Preparer's name
James G. Nicholas

Date
7-17-17

Check if self-employed
PTIN
P00323736

Firm's name
NICHOLAS & ROBINSON CPAs

Firm's EIN
65-1244609

Firm's address
4900 HOPYARD RD, STE 100
PLEASANTON, CA 94588

Phone no. (888) 672-7201

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

BAA For Paperwork Reduction Act Notice, see the separate instructions.