

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C WORLD INSTITUTE ON DISABILITY 3075 ADELINE STREET #155 BERKELEY, CA 94703	D Employer identification number 94-2911623
		E Telephone number 510-225-6400
		G Gross receipts \$ 2,533,919.
F Name and address of principal officer: Same As C Above		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
I 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	H(c) Group exemption number ▶	
J Website: ▶ WWW.WID.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1983	M State of legal domicile: CA

Part I Summary		Prior Year	Current Year
Activities & Governance	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 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	13
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,820,321.	2,377,375.
	9 Program service revenue (Part VIII, line 2g)	53,608.	38,124.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,486.	2,500.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	91,510.	71,974.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,966,925.	2,489,973.
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)	830,133.	840,634.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 22,004.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,117,424.	1,489,566.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,947,557.	2,330,200.	
19 Revenue less expenses. Subtract line 18 from line 12	19,368.	159,773.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,991,703.	End of Year 1,986,508.
	21 Total liabilities (Part X, line 26)	1,007,938.	842,970.
	22 Net assets or fund balances. Subtract line 21 from line 20	983,765.	1,143,538.

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.

Sign Here

Signature of officer: *Anita Aaron* Date: 7/31/18
 ANITA AARON Executive Director
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name James G. Nicholas	Preparer's signature <i>James G. Nicholas</i>	Date 7-12-18	Check <input type="checkbox"/> if self-employed	PTIN P00323736
Firm's name ▶ NICHOLAS & ROBISON CPAs	Firm's EIN ▶ 65-1244609		Phone no. (888) 672-7201	
Firm's address ▶ 4900 HOPYARD RD, STE 100 PLEASANTON, CA 94588				

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