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Department of the Treasury

Short Form 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 publica-

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

OMB No. 1545-1150

Open to Public Inspection

111101		2013 calendar year, or tax year beginning		30,2014
				entification number
	Check If app Address of	policible: Warld Affairs Conneil of Hilton Head 5	7- <i>0</i>	942426
Ħ	Name char		phone no	
	initial retur	P.O. Box 22523	3 - 4	181-5985
	Terminated		up Exer	
님	Amended I		nber ▶	•
Ĺ	Application			f the organization is not
	Account Nebsite :	<u> </u>		ach Schedule B
		· · · · · · · · · · · · · · · · · · ·)-EZ, or 990-PF).
		organization: Corporation Trust Association Other		
I A	Add lines	5 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	3	· · · · · · · · · · · · · · · · · · ·
		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	` ▶	
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions	for Part I)
	arti	Check if the organization used Schedule O to respond to any question in this Part I		
	1	Contributions, gifts, grants, and similar amounts received	11	14.495
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	97.520
	4	Investment income	4	44
	5a	Gross amount from sale of assets other than inventory		
	Ь	Less: cost or other basis and sales expenses	1	
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
		Gross income from gaming (attach Schedule G if greater than	1 1	
201€ Revenue	-	\$15,000)		
ē	ь	Gross income from fundraising events (not including \$ of contributions	1	
2		from fundraising events reported on line 1) (attach Schedule G if the	1 1	
20		sum of such gross income and contributions exceeds \$15,000) 6b]]	
3	C	Less: direct expenses from gaming and fundraising events 6c]	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		
ÀON		line 6c)	6d	
Z	7a	Gross sales of inventory, less returns and allowances]	
	b	Less: cost of goods sold	1 1	
2	¢	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	262
	8	Other revenue (describe in Schedule O)	8	4675
SCANNED	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	116 996
Ś	10	Grants and similar amounts paid (list in Schedule O)	10	· <u>o</u>
	11	Benefits paid to or for members	111	0
8	12	Salaries, other compensation, and employee benefits	3 12	0
Expenses	13	Salaries, other compensation, and employee benefits	13	33,952
Ž	. 14	Occupancy, rong, dilitios, and municonarios	- 	13,712
Ш		Printing, publications, postage, and shipping	15	763
	16	Other expenses (describe in Schedule O)	16	35,632
	17	Total expenses. Add lines 10 through 16	17	84,219
Ş	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	36,111
S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	40	62,383
Ž	000		19	V 70 V
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	21	95.160
	21	work Reduction Act Notice, see the separate instructions. Cat. No. 10842	141	Form 990-EZ (2013)

Cat. No. 10642i

For Paperwork Reduction Act Notice, see the separate instructions.

000 E7

	Balance Sheets (see the instructions							
	 Check if the organization used Schedule 	O to respond to a			· ·	<u> L</u>		
			ļ	(A) Beginning of year		(B) End of year		
22	Cash, savings, and investments			62,383	22	95 160		
23	Land and buildings			0	23	D		
24	Other assets (describe in Schedule O)			0	24	0		
25	Total assets			62383	25	95 160		
26	Total liabilities (describe in Schedule O)			6	26	6		
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	62.383	27	95 160		
Par	Statement of Program Service Accom	plishments (see th	e instructions for P	art III)		F		
	Check if the organization used Schedule	O to respond to a	nv auestion in this I	Part IÍÍ □	/Dog	Expenses uired for section		
Wha	t is the organization's primary exempt purpose?					c)(3) and 501(c)(4)		
						nizations and section		
	cribe the organization's program service accompli- neasured by expenses. In a clear and concise m					(a)(1) trusts; optional		
as II	ons benefited, and other relevant information for ea	idiller, describe un a ch propram till e	e services provided	, the number of	for of	thers.)		
	See Attached Statemen					1		
28	See Hitaches Statemen					i		
						}		
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u>▶ ⊔</u>	28a			
29	***************************************					1		
						ł		
	***************************************		*****			ŀ		
	(Grants \$) If this amount	includes foreign gra	nts, check here	<u> ▶ □</u>	29a			
30						ĺ		
						ŀ		
					-			
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	30a			
31	Other program services (describe in Schedule O)							
	(Grants \$) If this amount	_ 1						
~~		miologo iologii git	into, check here .		v i u			
32	Total program service expenses (add lines 28a t	through 31a)			31a 32			
Par	Total program service expenses (add lines 28a t	through 31a)		🕨	32	tions for Part IV)		
	Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key	through 31a) FEMPloyees (list each	n one even if not comp	ensated—see the ir	32 struc	•		
	Total program service expenses (add lines 28a t	through 31a)	n one even if not comp ny question in this I (c) Reportable	ensated—see the ir	32 struc	•		
	Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key	through 31a) FEMPloyees (list each	n one even if not comp ny question in this f (c) Reportable compensation	pensated—see the inertify (d) Health benefits, contributions to employe	32 ee (e)	Estimated amount of		
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
^^	Did the same in the significant activity and provide the same in 1900 if West 2 and idea		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	133	 	-
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		V
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		-
÷C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b m-	Did the organization file Form 1120-POL for this year?	37b		~
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		٢
	If "Yes," complete Schedule L, Part II and enter the total amount involved	4 .		
39 a⊤	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			<u>.</u>
b	Gross receipts, included on line 9, for public use of club facilities	1 .		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶]		
þ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I'	40b		
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	-		-
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			-
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
ь	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	Na
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	No
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			-
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ 🛘
	and enter the amount of tax-exempt interest received or accrued during the tax year		()	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
_	completed instead of Form 990-EZ	44a	\sqcup	-
b	completed instead of Form 990-EZ	44b		V
C	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	-
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 45a		
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		[]	
	Form 990-EZ (see instructions)	45b	<u> </u>	

	. 5	the state of the s	aline aller in a clisical a			•			Yes	No
46-	to ca	the organization engage, directly or in andidates for public office? If "Yes," o	omplete Schedule C	ampaign activities o , Part I	n behalt of o	r in opposit	tion	46		س، ا
Part		Section 501(c)(3) organizations								
		All section 501(c)(3) organization 50 and 51.	s must answer que	stions 47-49b and	52, and co	mplete th	e table	es fo	or line	es.
		Check if the organization used Sch	nedule O to respond	to any question in	this Part VI	<u> </u>	· · · ·	<u> </u>	· .	. 🗆
4									Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II									-
48		e organization a school as described in					_	48		V
49a		he organization make any transfers to		-			_	19a		
50		es," was the related organization a se plete this table for the organization's						19b		d ke
	emp	loyees) who each received more than	\$100,000 of comper	sation from the orga	anization. If t	here is non	e, ente	r-"Ni	one."	u ko
) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health	benefits, to employee and deferred	(e) Estir	mated		unt of
					_					
				-						
							 			
	-		· · · · · · · · · · · · · · · · · · ·	-	1	- 1				
			-	Ť	¢.		. .			
- 1 51	Com	I number of other employees paid over plete this table for the organization's 0,000 of compensation from the organ	s five highest compe	ensated independen	t contractors	who each	ı receiv	ved ≀	mare	thar
		Name and business address of each independ		(b) Type of sei	vice	(c)	Comper	nsatio	'n	
			· · · · · · · · · · · · · · · · · · ·			<u> </u>				

						- -				
				-		<i>=</i>				
					, i					
						<u> </u>				
<u>d</u>	Total	I number of other independent contra	ctors each receiving	over \$100,000	. •					
52		he organization complete Schedule A	•		s and 4947(a	a)(1)				
	none	exempt charitable trusts must attach a	completed Schedul	e À Î. Î	· · · · ·	<u>``.</u> ‡	▶ □ ₹	/es	□ †	40
Under p	enalties rrect, ar	s of perjury, I declare that I have examined this rand complete. Declaration of preparer (other than	eturn, including accompan officer) is based on all info	ying schedules and statem ormation of which preparer	nents, and to the has any knowle	best of my kndge.	rowledge	and	belief,	it ıs
		Machine &	my			Oct	15,	20	14	
Sign Here		Signature of officer Michael Finne	erty	Secretary/Tr	Dat EASUCE	-			·	
	1	Type or print name and title	I Drangue de grande	y					*	
Paid Prep		Print/Type preparer's name	Preparer's signature		ate	Check Self-emplo	if	ΠN.		
Use			· · · · · · · · · · · · · · · · · · ·		Firm's EIN ▶					
May +	- 100	Firm's address >	oboum obour 2 Com	instructions	Pho	one no.				
ividy li	ie (UQ	discuss this return with the preparer	SHOWIL SDOVE (266)	mstructions			- !	Yes		No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public inspection

Name	World A	Iffairs C	ouncil of	Hilto	n Hea	لم	-} '	Епіріоуег і 57-	0947		•	
Par			rity Status (All orga				this pa	rt.) See i	nstruction	ons.		
The o	•	•	ation because it is: (Fo		_		•	-				
1			hes, or association of			ed in se d	tion 170	(b)(1)(A)(ï).			
2			170(b)(1)(A)(ii). (Attac		•							
		•	spital service organiza						00-1/41/41	C'5 F-4-	. 41	
4		earcn organizati ne, city, and stat	on operated in conjun	ction witr	ı a nospιτ	aı descri	bea in se	cuon 1/	U(D)(1)(A)	(III). Ente	er the	
5	☐ An organization	=	the benefit of a colle	ge or uni	versity ov	wned or	operated	by a go	vernmen	tāl unit d	escribed	in
6 7	An organization	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 i	in section 170(b)(1)(A)(vi). (Cor	nplete Pa	ırt II.)						
9	receipts from support from	activities relate gross investme	receives: (1) more that d'to its exempt funct ent income and unre after June 30, 1975. Se	ions—sul lated bus	bject to d siness ta	certain e xable ind	xceptions come (les	s, and (2 ss sectio) no mor	e than 33	31/₃% of i	ts
10 1 1	An organization	on organized ar	d operated exclusively nd operated exclusive blicly supported organ describes the type of	ely for th	ne benefit described	t of, to d in sect	perform ion 509(a	the func a)(1) or s	tions of, ection 50	9(a)(2). S	•	
	a 🗌 Type I									-	tegrated	
e	other than for or section 509 If the organiz	ındation manage (a)(2).	that the organization ers and other than one a written determination	e or more	e publicly	support	ed organ	izations	described	in section	on 509(a)(
9		17, 2006, has t	the organization acce			ontributio	on from a	iny of the	• • •		[יר
	(i) A person	who directly or	indirectly controls, eit ody of the supported							nd 11g(i)	Yes No	
	(ii) A family m	ember of a pers	on described in (i) abo	ove?						11g(ii		_
			a person described in							11g(iii		_
h	Provide the fo	llowing informat	ion about the support	ed organi	ization(s).						· · · · · · · · · · · · · · · · · · ·	
(i)) Name of supported (ii) EIN organization		(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) listed in your the organi		nization in organi of your (i) org		(vi) Is the organization in col. (i) organized in the U.S.?		nt of moneta apport	ry	
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)												
(D)												
(E)												_
			1	[1		1	1			

Total

Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	i)	
•	(Complete only if you checked the						alify under	
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)		
	on A. Public Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		-					
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-	N,	A		-	-	
-3	The value of services or facilities furnished by a governmental unit to the organization without charge	-	/		-	-		
4	Total. Add lines 1 through 3	-						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6 Secti	Public support. Subtract line 5 from line 4. on B. Total Support							
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
7	Amounts from line 4	(4) 2000	(2) 2010	(6) 2011	(4) 20.2	(6) 2010	- (1) TOTAL	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	- :	N	A				
9	Net income from unrelated business activities, whether or not the business is regularly carried on		_			-		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		-			-		
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the			third fourth	or fifth tax v	12	n 501(c)(3)	
	organization, check this box and stop he							
Secti	on C. Computation of Public Suppor						=	
14	Public support percentage for 2013 (line 6	3, column (f) di	vided by line 1	1, column (f))		14	%	
15	Public support percentage from 2012 Sch					15	%	
16a	331/3% support test—2013. If the organiz							
L	box and stop here. The organization qua	· ·		•		45 5 001 04	. •	
D	331/2% support test—2012. If the organ- check this box and stop-here. The organ					15 IS 331/3%	or more, ▶ □	
17a	7a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.							
b	10%-facts-and-circumstances test—26 15 is 10% or more, and if the organization m Explain in Part IV how the organization m supported organization	tion meets the leets the "facts	facts-and-card-card-card-card-card-card-card-car	ircumstances" tances" test. T	test, check th	nis box and st	op here.	
18	Private foundation. If the organization di	d not check a				k this boy and	📙	
	instructions						. ▶ □	

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	57.50	62,193	69,4/8	57,910	112,015	358,686
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2342	1872	2031	3506	4937	14688
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add ilnes 1 through 5	59492	64 065	71 449	61 416	116 952	373 374
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b						
Secti	on B. Total Support	<u> </u>		·····			
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	59,492	64 065	71449	61416	116 952	373,374
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	26	51	92	32	yy	245
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	26	51	92.	32	44	245
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		į				
13	Total support. (Add lines 9, 10c, 11, and 12.)	59,518	64,116	71.541	61,448	116,996	373,619
14	First five years. If the Form 990 is for the		's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
C	organization, check this box and stop he		· · · · ·	<u> </u>			· · • []
500 15	on C. Computation of Public Support Public support percentage for 2013 (line)			3 column (f)		15	9/
16	Public support percentage from 2012 Sci		-	o, column (i)		16	<u> </u>
	on D. Computation of Investment In				<u> </u>	1.101	
17	Investment income percentage for 2013 (y line 13, colur	nn (f))	17	%
18	Investment income percentage from 2012					18	%
19a	331/a% support tests-2013. If the organ						-
ь	17 is not more than 331x%, check this box 331x% support tests—2012. If the organization	-	•			•	
Q.	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di						_

Schedule A (F	orm 990 or 990-EZ) 2013	age 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; a Part III, line 12. Also complete this part for any additional information. (See instructions).	nd
		***-

Attachment to Form 990ez 2013 World Affairs Council of Hilton Head Fiscal Year July 1,2013 - June 30, 2014

Part 1 - Line 8 Other Income: \$4675 from Guest Fees

Line 16 Other Expenses \$35,632

Administration: Bank Fees - 363, Member Support - 1894, Storage - 636

National Association, Dues and National Conference - 5562

Communication, equipment, software, website: 3681

Community Outreach Programs: 7339

Speaker Programs: 16,157

Part II - As we account on a cash basis, have no capital, no liabilities and no assets other than cash, we do not prepare a balance sheet. Many members pay their dues for the coming program year in the late spring, resulting in typically high cash balances at the end of the June 30 Fiscal Year.

Part III - Affiliated with the World Affairs Council of America, the purpose of the 800 member WACHH is to inform and educate its members and the broader community about foreign policy issues.

To accomplish these objectives, WACHH has two core programs. A Lecture Series for the membership, and community members who pay a guest fee, and an Outreach program for the general community and the Public School System.

The lectures are held roughly twice a month from October thhrough may and offer WACHH members and their guests an extensive program on foreign affairs, economic and national security issues through presentations by distinguished practitioners, academics and government, business and military leaders. This year we had 14 such events with an average attendance greater than 400.

The Outreach program has two components. The first is focused in our public high schools and includes The Academic World Quest, a national competition for students in world affairs sponsered by the World Affairs Council of America; A model UN Program in a local High School and presentations and discussion groups in the schools led by our members. The second is a series of lectures and discussion groups, led by our members and open to the general public.

Part III, Lines 28 -32. We received no grants this fiscal year.

Part IV See the list of Directors on the following pages.

World Affairs Council of Hilton Head

Board of Directors June 2014

www.wachh.org wachhi@gmall.com

PO Box 22523 Hilton Head Island, SC 29925 843-384-6758

Officers

President

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Secretary/Treasurer

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(C) 347-675-2326
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Vice President

e de la companya de la co

Lee Wilwerding (Ruth)
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jdpc@hargray.com
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rjfinch.finch@gmail.com
Term expires 6/30/2016, first ter

Mike Fritz-(Sue)

1 Black Duck Road

Hilton Head Island, SC 29928

(H) 843-671-9105

(C) 843-298-1776

Term expires 6/30/2015, second term

Claudia Kennedy (Harold Hadley) 4 Magazine Płace Hilton Head Island, SC 29928 843-422-5819 cken213242@aol.com Term expires 6/30/15, first term

Margaret McManus
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(C) 943-422-7811
margaretmcm@roadrunner.com
Term expires 12/05/16, first term

Art Smith (June) 45 Wexford Club Drive Hilton Head Island, SC 29928 (H) 843-686-3241 (C) 832-443-3008 aksmith@uh.edu Term expires 6/30/2016, first term

Claire Sullivan
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husch1@aol.com
Term expires 6/30/15, first term