Form **990**

Return of Organization Exempt From Income Tax

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

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning

Total assets (Part Coppen, UT

Net assets or fund balances Subtract line 21 from line 20

Total liabilities (Part X: line 26)

Part II Signature Block

SCANNED

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.

and ending

C Name of organization Check if applicable D Employer identification number COUNCIL FOR A LIVABLE WORLD Name change Doing Business As 52-0746112 Initial Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 322 4TH STREET, N.E. (202)543-4100Amended City or town, state or province, country, and ZIP or foreign postal code 436,789. G Gross receipts \$ Applica-WASHINGTON, DC 20002 H(a) Is this a group return pending F Name and address of principal officer JOHN ISAACS Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status 501(c)(3) X 501(c) (4947(a)(1) or) ◀ (insert no.) If "No," attach a list (see instructions) J Website: ► WWW.LIVABLEWORLD.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Year of formation: 1962 M State of legal domicile DC Association Other > Part I Summary Briefly describe the organization's mission or most significant activities SEE PART III. LINE Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 24 4 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 10 5 Total number of volunteers (estimate if necessary) 6 24 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 435,694 394,716. Program service revenue (Part VIII, line 2q) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 38. 8. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <8,841 10,625. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>426,891</u> 405,349. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 36,000. 35,000. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 213,813 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 261,648. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 59,856. b Total fundraising expenses (Partity column (D), line 25) 17 Other expenses (Part IX, column (A), lines 1 a-11d, 11f-24e) 243,416. 152,383. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 493,229 449,031. 19 Revenue less experses Builtraciline 18 from line 12 <66,338. <43,682.> œ Beginning of Current Year End of Year

Under penalties of perjury, declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it
de la constant de la
rue, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.
$\frac{1}{2}$

Sign Here		Signature of officer JOHN SEACS, Type or print name and title	ANGE EXECUTI	VE DIRECTO	MIEEBY OR	JRY Da	te 11/15	5/14
Paid	Prin	nt/Type preparer's name	PLING CPH	Preparer's sugma	F. Bul (PA 11-13-19	Check If sett-employed	PTINOSLLIA

Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's EIN 52-1392008

Use Only Firm's address 4550 MONTGOMERY AVE SUITE 650N

BETHESDA, MD 20814-2930 Phone no. (301) 951-9090

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

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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32,725.

20,223.

12,502.

102,076.

45,892

56,184

222002	Form 990 (2013)
4e	Total program service expenses 196,926.
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
A d	Other program services (Describe in Schedule O.)
	
4c	(Code) (Expenses \$
4b	(Code) (Expenses \$
	ELIMINATE THE THREAT OF WAR.
	EDUCATION AND ADVOCACY ON A VARIETY OF ARMS CONTROL ISSUES IN ORDER TO
	ACCOMPLISHMENTS INVOLVE ACTIVITIES IN LOBBYING, RESEARCH, PUBLIC
	THE COUNCIL FOR A LIVABLE WORLD'S PRIMARY PROGRAM SERVICE
4a	(Code) (Expenses \$196,926. including grants of \$35,000.) (Revenue \$)
	revenue, if any, for each program service reported
~	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
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O
_	If "Yes," describe these new services on Schedule O
	the prior Form 990 or 990-EZ?
2	Did the organization undertake any significant program services during the year which were not listed on
	POLICIES.
	SECURITY WHILE HELPING ELECT CONGRESSIONAL CANDIDATES WHO SUPPORT SUCH
	REDUCING THE DANGER OF NUCLEAR WEAPONS AND INCREASING NATIONAL
1	Briefly describe the organization's mission NON-PROFIT, NON-PARTISAN ADVOCACY ORGANIZATION THAT IS DEDICATED TO
<u>`</u>	Check if Schedule O contains a response or note to any line in this Part III
Par	t III Statement of Program Service Accomplishments
	990 (2013) COUNCIL FOR A LIVABLE WORLD 52-0746112 Page 2

COUNCIL FOR A LIVABLE WORLD Form 990 (2013) 52-0746112 Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? 2 X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect N/Aduring the tax year? If "Yes," complete Schedule C, Part II 4 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? X If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X 11 as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Х 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Х 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Х 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X <u>1</u>7 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

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18

19

20a

20b

Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes,"

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

complete Schedule G, Part III

52-0746112 Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, 22 X column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K If "No", go to line 25a 24a b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Х Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or 26 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, Х complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 If "Yes," complete Schedule N, Part I Х 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 X 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 N/A 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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Note. All Form 990 filers are required to complete Schedule O

Form 990, (2013) COUNCIL FOR A LIVABLE WORLD 52-0746112 Page 5 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 Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return 10 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? Х 3a If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5с Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? X 6b N/A Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х <u>7</u>e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A8 organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? N/A 9a Did the organization make a distribution to a donor, donor advisor, or related person? N/A 9b 10 Section 501(c)(7) organizations. Enter N/A Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter Gross income from members or shareholders N/A 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11h 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the

14311112 745960 08579

organization is licensed to issue qualified health plans

Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

c Enter the amount of reserves on hand

13b

13c

14a

14b

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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				\mathbf{x}
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	25	5		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent 1b	24	Ŀ		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	n any other			
	officer, director, trustee, or key employee?		2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the dire	ect supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	t one or			
	more members of the governing body?		7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockly	nolders, or			
	persons other than the governing body?		7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	the following			
а	The governing body?		8a_	_X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	at the		}	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		_X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	ie Code.)		,—-	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		<u> X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapte	ers, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to co	nflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," of	describe	ľ		
	ın Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		_ <u>X</u> _
14	Did the organization have a written document retention and destruction policy?		14		<u>X</u>
15	Did the process for determining compensation of the following persons include a review and approval by	ındependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official		15a		<u>X</u>
b	Other officers or key employees of the organization		15b		_X_
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	with a		:	77
	taxable entity during the year?		16a		<u> X</u>
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the state	on's	ا		
500	exempt status with respect to such arrangements?	- 11 /	16b	<u>'</u>	
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE				
17 10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sec	stion 501(a)(2)a aata	availah		
18	for public inspection. Indicate how you made these available. Check all that apply	alon oo riojojs only)	avdiidO	ii C	
		chadula (1)			
10			d fina-	ocio)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict statements available to the public during the tax year	o interest policy, ar	u iilidl	icidi	
20	State the name, physical address, and telephone number of the person who possesses the books and re	cords of the organize	tion 🟲		
20	ALICIA FELDER - (202) 543 - 4100	cords of the organiza	don 🏴	_	
	322 4TH STREET, N.E., WASHINGTON, DC 20002				
	322 411 SINEBI, M.E., MADITINGION, DC 20002			000	

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

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 report able 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

(A)	(B)			(C Pos	C)		(D)		(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per		, unle cer an					compensation	compensation	amount of
) week (list any	⊢				1	 	from the	from related organizations	other compensation
	hours for	director				l.		organization	(W·2/1099·MISC)	from the
	related	1 5	stee			usate		(W-2/1099-MISC)	(** 2. *********************************	organization
	organizations	Individual trustee	Institutional trustee		oyee	Highest compensated employee		`		and related
	below	wdua	tutio	Je:	Key employee	lest	 =			organizations
	line)	亨	Inst	Officer	Key	물병	Former			
(1) JOHN ISAACS	40.00	ļ								
EXECUTIVE DIRECTOR		X		X		<u> </u>		53,500.	0.	2,143
(2) IRA LECHNER	2.00]								
CHAIRMAN		X		Х				0.	0.	0
(3) GARY H. COLLINS	2.00]								
PRESIDENT		X		X				0.	0.	0
(4) IVO SPALATIN	1.00							•		
TREASURER		X		X				0.	0.	0
(5) JEROME GROSSMAN	1.00]								
CHAIRMAN EMERITUS		X						0.	0.	0
(6) ARON BERNSTEIN	1.00									
BOARD MEMBER		X						0.	0.	0
(7) TIMOTHY BRENNAN	1.00	_							1	
BOARD MEMBER		Х						0.	0.	0 .
(8) PAUL CASTLEMAN	1.00									
BOARD MEMBER		X						0.	0.	0
(9) DAVID COHEN	1.00									
BOARD MEMBER		X						0.	0.	0
(10) ALICE DAY	1.00									
BOARD MEMBER		X						0.	0.	0
(11) DOUGLAS DUNHAM	1.00									
BOARD MEMBER		X						0.	_ 0.	_
(12) GARY HART	1.00									
BOARD MEMBER		X						0.	_ 0.	_ 0.
(13) MATTHEW HOH	1.00									
BOARD MEMBER		x						0.	0.	0
(14) RICHARD KLASS	1.00									
BOARD MEMBER		X						0.	0.	0
(15) TERRY LIERMAN	1.00									
BOARD MEMBER		Х						0.	0.	0
(16) PRISCILLA MCMILLAN	1.00	Γ								
BOARD MEMBER		X						0.	0.	0
(17) MATTHEW MESELSON	1.00	<u> </u>								
BOARD MEMBER		\mathbf{x}						0.	0.	0.
332007 10-29-13						-				Form 990 (2013

(A)	(B)	Pio	/CC3		C)	gne	<u> </u>	(D)	(E)		(F)	
Name and title	Average	(do	Position (do not check more than one				оле	Reportable	Reportable	-	Estimat	ed
	hours per week	box	oox, unless personated and a direction of the contraction of the contr			ıs bot	h an	compensation	compensation		amount	
	(list any	 						from the	from related organizations	C	other mpensa	
	hours for	trustee or director		}	<u> </u>	8	ł	organization	(W-2/1099 MISC)	``	from th	
	related	stee 0	rustee			pensal		(W 2/1099-MISC)		- 1	rganıza	
	organizations below	ea F	onal		ployer	S an					and relat	
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			"	rganızat	UIIS
(18) ROBERT MUSIL	1.00								_			
BOARD MEMBER		X	_		_	┞	<u> </u>	0.	0	•		0.
(19) GENE POKORNY	1.00	۱										_
BOARD MEMBER	1 00	X	\vdash		\vdash	 —	├	0.	0	+		0.
(20) MARK STERNMAN	1.00	X		İ	İ			0.	o	1		^
BOARD MEMBER	1.00	^	1		┢		-	- 0.		+		0.
(21) LORIN WALKER	1.00	X						0.	o			0.
BOARD MEMBER (22) JIM WALSH	1.00	 ^	\vdash				├-		<u> </u>	+		
BOARD MEMBER	1100	\mathbf{x}			l			0.	o			0.
(23) GERALD WARBURG	1.00											
BOARD MEMBER		X						0.	0			0.
(24) DANIEL WIRLS	1.00											
BOARD MEMBER		X	<u> </u>		<u> </u>		L.	0.	0	•		0.
(25) JULES ZACHER	1.00	┨										_
BOARD MEMBER		X	-	_	┝	▙	-	0.	0	•		0.
		-										
1b Sub-total			Т	<u> </u>	1		▶	53,500.	0		2,1	43.
c Total from continuation sheets to Par	t VII, Section A						>	0.	0			0.
d Total (add lines 1b and 1c)								53,500.	0		2,1	43.
2 Total number of individuals (including but	ut not limited to th	nose	liste	ed al	bov	e) wl	ho re	eceived more than \$100	,000 of reportable			
compensation from the organization						-					1,,	0
3 Did the organization list any former office	or director or tr	ueta	0 ka	w or	mole		٥r	highest compensated o	malayaa an		Yes	No
line 1a? If "Yes," complete Schedule J for			e, re	зу ет	ripic	уее	, or	riighest compensated e	imployee on	3		x
4 For any individual listed on line 1a, is the			amo	ensa	atior	ano	d oth	her compensation from	the organization		+-	
and related organizations greater than \$	•		•					•	urgamzanon	4		x
5 Did any person listed on line 1a receive									idual for services			
rendered to the organization? If "Yes," or	omplete Schedu	le J f	for s	uch	pers	son				5		X
Section B. Independent Contractors	·					_						
1 Complete this table for your five highest	•									nsatio	n from	
the organization Report compensation	for the calendar y	/ear	endi	ng v	vith	or w	<u>ıthır</u> T		year			
(A) Name and busine	ess address	NI	ONI	F				(B) Description of s	services	Comi	(C) pensatio	'n
		147	OIVI									
							Ì		ľ			
						_						
			_				_					
			_		_		\dashv					
2 Total number of independent contractor	s (includina but r	not li	mıte	d to	tho	se li	sted	l above) who received in	nore than			
\$100,000 of compensation from the org	_					0				_		
										For	m 990 (2013)

Form 990 (2013) COUNCIL FOR A LIVABLE WORLD 52-0746112 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded
from tax under
sections
512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b 27,520 c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 367,196 g Noncash contributions included in lines 1a-1f \$ 394,716 h Total. Add lines 1a-1f Business Code Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 4,732. 4,732. 5 Royalties (i) Real (II) Personal 6 a Gross rents Less rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis 0. and sales expenses 3. c Gain or (loss) d Net gain or (loss) ▶ 3. 8 a Gross income from fundraising events (not Other Revenue contributions reported on line 1c) See 31,400 Part IV, line 18 31,440 b Less direct expenses c Net income or (loss) from fundraising events <40. <40.> 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS <u>9000</u>99 5,933 5,933.

> 10,633. Ō. Form 990 (2013)

<u>5,933</u>.

405,349

d All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions.

Form 990 (2013) COUNCIL FOR A LIVABLE WORLD Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	ier organiza <u>tion</u> s must co	mplete column (A)	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				· .
	organizations in the United States. See Part IV, line 21	35,000.	35,000.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	55,643.	21,400.	12,843.	21,400
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	169,448.	63,002.	67,990.	38,456
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	18,111.		18,111.	
10	Payroll taxes	18,446.		18,446.	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	37,355.	30,244.	7,111.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	10 150	10 150		
	column (A) amount, list line 11g expenses on Sch 0)	12,150.	12,150.		
12	Advertising and promotion	27 260	20 025	7 524	
13	Office expenses	37,369.	<u>29,835.</u>	7,534.	· · · · · · · · · · · · · · · · · · ·
14	Information technology	19,355.	5,295.	14,060.	
15	Royalties	20 277		20 277	
16	Occupancy Laboratory L	30,377. 2,340.		30,377.	
17		2,340.	-	2,340.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	769.		769.	
20	Interest	7000		703.	
21	Payments to affiliates				· -
22	Depreciation, depletion, and amortization			-	-
23	Insurance	1,105.		1,105.	
24	Other expenses. Itemize expenses not covered	1,100.	·	4,100.	
	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 ()				
а	CREDIT CARD FEES	4,389.		4,389.	
b	DUES AND SUBSCRIPTIONS	3,451.	- · —	3,451.	
c	PAYROLL SERVICE	2,586.	· · · · · · · · · · · · · · · · · · ·	2,586.	
d	LICENSING AND FEES	955.		955.	
	All other expenses	182.	· · · · · · · · · · · · · · · · · · ·	182.	
25	Total functional expenses Add lines 1 through 24e	449,031.	196,926.	192,249.	59,856.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined	ļ			
	educational campaign and fundraising solicitation.		ļ		
	Check here if following SOP 98-2 (ASC 958-720)				

332010 10-29-13

Form **990** (2013)

Pa	rt X	Balance Sheet				
•		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	3,746.	1	19,051.	
	2	Savings and temporary cash investments		72,920.	2	1,927.
	3	Pledges and grants receivable, net	Ī		3	
	4	Accounts receivable, net		20,544.	4	10,458.
	5	Loans and other receivables from current and fo	ormer officers, directors,			
	ĺ	trustees, key employees, and highest compensations				
		Part II of Schedule L		5		
	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section	1 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sections				
ş		employees' beneficiary organizations (see instr)	Complete Part II of Sch L	<u></u>	6	
Assets	7	Notes and loans receivable, net			7	
ď	8	Inventories for sale or use	·	8		
	9	Prepaid expenses and deferred charges		4,866.	9	1,289.
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a 51,166.	i		
	ь	Less accumulated depreciation	10b 51,166.	0.	10c	0.
	11	Investments - publicly traded securities	}		11	
	12	Investments - other securities See Part IV, line	The state of the s		12	
	13	Investments program related See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		100 055	15	30.505
	16_	Total assets. Add lines 1 through 15 (must equ	102,076.	_16	32,725.	
	17	Accounts payable and accrued expenses	-	36,860.	17	8,912.
	18	Grants payable			18	
	19	Deferred revenue	•		19	
	20	Tax exempt bond liabilities	Don't IV of Cobodists D		20	
	21	Escrow or custodial account liability Complete Loans and other payables to current and former	F		21	
Liabilities	22	key employees, highest compensated employee	· ·			
Ē		Complete Part II of Schedule L	es, and disquaimed persons		22	
Ľ.	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	F		24	
	25	Other liabilities (including federal income tax, pa				
	20	parties, and other liabilities not included on lines	1			
		Schedule D		9,032.	25	_ 11,311.
	26	Total liabilities. Add lines 17 through 25		45,892.	26	20,223.
_		Organizations that follow SFAS 117 (ASC 958), check here X and			
Ś		complete lines 27 through 29, and lines 33 ar				
ű	27	Unrestricted net assets		56,184.	27	12,502.
ala	28	Temporarily restricted net assets	[28	
E E	29	Permanently restricted net assets			29	
Ē		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🔲 🏻			
Net Assets or Fund Balances		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
1SS.	31	Paid in or capital surplus, or land, building, or ed	quipment fund		31	
et /	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
Ž	33	Total net assets or fund balances		56,184.	33	12,502.
	34_	Total liabilities and net assets/fund balances		102,076.	34	32,725.
						Form 990 (2013)

	990 (2013) COUNCIL FOR A LIVABLE WORLD	52	-0746	112	Pag	ge 12	
Par	t XI Reconciliation of Net Assets						
•	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>5,3</u>	<u>49.</u> 31.	
2	Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses Subtract line 2 from line 1	3				<u>82.</u> >	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u> 5 </u>	<u>6,1</u>	84.	
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6		_			
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10		1.	<u>2,5</u>	<u>02.</u>	
Pa	t 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 Cash Condition Accrual X Other MODIFIE If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		ASH		Yes	No	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?					X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		ļ			
h	separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?						
J	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	e basis	,	2b		X	
С	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?						
3а	If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?			За		х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired au	dıt [
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b			
				Form	990	(2013)	

10-29-13

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to 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.

OMB No 1545-0047

Open to Public Inspection

Nam	ne of the organization COUNCIL FOR A LIVA	BI.F WORLD	Employer identification number $52-0746112$
Pa	rt I Organizations Maintaining Donor Advise		
	organization answered "Yes" to Form 990, Part IV, line		Accounts. Complete if the
	organization answered Tes to Form 990, Part IV, IIII	(a) Donor advised funds	(b) Funds and other accounts
	Total combined to	(a) bonor advised idilids	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	_	C
_	are the organization's property, subject to the organization's		L Yes No
6	Did the organization inform all grantees, donors, and donor a		•
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose conf	
Da	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org		V, line 7
1	Purpose(s) of conservation easements held by the organizati	·	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an historic	ally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	` '	2c
ď	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the orga	anization during the tax
_	year >		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	-	• • — —
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)	
_	and section 170(h)(4)(B)(ıi)?		└ Yes
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization.	tion's financial statements that describes the c	rganization's accounting for
Da	conservation easements rt III Organizations Maintaining Collections o	f Art Historical Transuras or Other	Cimilar Assats
T a	Complete if the organization answered "Yes" to Form		Similar Assets.
			
ıa	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public exh		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items		.
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treations for the following and the second second second second second second second second second second second second second second second second second sec		ı, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items.	•
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
þ	Assets included in Form 990, Part X		▶ \$

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

Schedule D (Form 990) 2013

		FOR A LIV								2 Page 2
Pai										
. З	Using the organization's acquisition, accession	on, and other record	ds, checl	k any of the	following that	are a si	gnificant	use of its	collection	ı ıtems
	(check all that apply)									
а	Public exhibition	C	, <u> </u>	Loan or exc	hange prograr	ทร				
b	Scholarly research	•	• 📙	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and expla	ın how th	ney further t	he organizatio	n's exer	npt purpo	ose in Par	t XIII	
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or othe	r sımılar	assets			
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No									
Pai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	organizatio	n answered "\	res" to l	Form 990	, Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custodia	an or other interme	diary for	contribution	s or other ass	ets not	ıncluded			
	on Form 990, Part X?		•						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	ollowing t	table						
		·	_						Amount	t T
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	212						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanatio	n has been	provided in P	art XIII				
Pai	t V Endowment Funds. Complete if	the organization ai	nswered	"Yes" to Fo	rm 990, Part I	V, line 1	0			
		(a) Current year	(b) P	rior year	(c) Two years	back	(d) Three y	rears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions							_		
С	Net investment earnings, gains, and losses						_			
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment > _		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%								
За	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	nd administer	ed for th	ne organiz	ation	-	
	by									Yes No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(ıi)	
b	If "Yes" to 3a(II), are the related organizations	listed as required of	on Sched	dule R?					3b_	
4	Describe in Part XIII the intended uses of the		owment:	funds						
Pai	<u>t VI</u> Land, Buildings, and Equipm									
	Complete if the organization answered	I "Yes" to Form 990), Part IV	, line 11a S	ee Form 990,	Part X, I	ine 10			
	Description of property	(a) Cost or o		, ,	or other		cumulate	ed	(d) Book	k value
		basis (investi	ment)	basis	(other)	dep	reciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment					_				
е	Other .			5	1,166.		51,1	66.		0.
T - 4 - 1	Add lines 1a through 1e (Column (d) must en	aual Form OOA Part	V colum	nn (D) line 1	10/al l					Λ

Schedule D (Form 990) 2013

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

11,311.

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.

Schedule D (Form 990) 2013

(6) (7) (8) (9)

Schedule D (Form 990) 2013 Part XIII Supplemental Info	COUNCIL FOR A LIVABLE WORLD	52-0746112 Page 5
Part XIII Supplemental Info	rmation (continued)	
•		
		
		· · · · · · · · · · · · · · · · · · ·
_		
		
		
<u></u>		

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Department of the Treasury nternal Revenue Service			Attach to Form 990				/ 6	000	Inspection
Name of the organization	Information ab	out Schedule G	(Form 990 or 990-EZ)	and its	instru	ctions is at WWW.IFS.C			entification number
varie or the organization	COUNCIL	FOR A I	LIVABLE WOR	מיז				52 <u>-074</u>	
Part I Fundraisin	ng Activities.	Complete if th	e organization answe		es" to	Form 990, Part IV, I			
required to co	omplete this part					<u> </u>			
1 Indicate whether the c		ed funds throu		_					
- 	ns mail solicitations					overnment grants nment grants			
c Phone solicitat			g Special		_	_			
d In-person solic			g opecial	iuiiuie	iisii ig i	CVCING			
2 a Did the organization		r oral agreeme	nt with any individual	(includ	lina a	fficers directors true	stees c	or	
· · · · · · · · · · · · · · · · · · ·		_	in connection with p		-			Ye	s No
b If "Yes," list the ten h		-	•			-		ndraiser is to	be
compensated at leas									
							() A	mount poud	
(i) Name and address of or entity (fundra		(ii)	Activity	(Hi) fundr have cu or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (or fu	mount paid retained by) indraiser ed in col (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				 -
					ı				
	_		····						<u> </u>
					_	.			
									<u> </u>
			<u> </u>						
otal	the eventuation		or booms and the problems		>		4.4.00		
3 List all states in which or licensing	trie organization	r is registered	or licensed to solicit t	contrib	utions	or has been notified	ı it is e	xempt from	registration
									
		 -							
						<u> </u>			
			 						
		·							
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2013

Yes

Schedule G (Form 990 or 990-EZ) 2013

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain

332082 09-12-13

Schedule G (Form 990 or 990 EZ) 2013 COUNCIL FOR A LIVABLE WORLD	52-0746112 Page 3
11 Does the organization operate 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 operated 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 reco	·
Name >	
Address >	
15a 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 am	ount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party	
.	
Name	
Address	
Address	<u> </u>
16. Coming manager information	
16 Gaming manager information	
Name	
Name >	
Gaming manager compensation > \$	
Saming 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 speni	
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Provide the explanations 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 complete this part to provide any additional information (see instruc	tions)
	-
	
332083 09-12-13 Schedule	G (Form 990 or 990-EZ) 2013

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Part II

Part I

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

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

▶ Attach to Form 990.

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

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Inspection

Employer identification number 52-0746112 ☐ Yes 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States COUNCIL FOR A LIVABLE WORLD General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

ş X

Part II	til Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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	Governments and \$5,000 Part II can	d Organizations in the be duplicated if addition	United States. Connail space is need	omplete if the orga led	ınızatıon answered "\	'es" to Form 990, Part	IV, line 21, for any	
,	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
CENT NON-	CENTER FOR ARMS CONTROL & NON-PROLIFERATION - 322 4TH STREET, NE - WASHINGTON, DC 20002	04-2693322	501(C)(3)	35,000	0			SENERAL SUPPORT	
									}
				7.					i
				.,					
0 6	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	and government org s listed in the line 1	ganizations listed in the table	line 1 table				A A	• •
ΓΗΑ	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instructi	ons for Form 990.					Schedule (Form 990) (2013	Č.

Schedule I (Form 990) (2013)

Page 2

52-0746112

(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
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	uired in Part I, line	2, Part III, column	(b), and any other ad	ditional information	
PART I, LINE 2:					
THE GRANT ISSUED WAS PROVIDED FOR GENERAL SUPPORT, THEREFORE	GENERAL S	UPPORT, T	HEREFORE,		
NO MONITORING WAS NEEDED.					

332102 10-29-13

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. ► Information about Schedule Q (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Name of the organization COUNCIL FOR A LIVABLE WORLD Employer identification number <u>52-0746112</u>

FORM 990, PART VI, SECTION B, LINE 11:
THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND
REVIEWED BY SENIOR MANAGEMENT.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL
STATEMENTS AVAILABLE UPON REQUEST.
PORM 900 DARM VII IINE 1.
FORM 990, PART XII, LINE 1:
CLW'S POLICY IS TO PREPARE ITS FINANCIAL STATEMENTS ON THE
MODIFIED CASH BASIS OF ACCOUNTING. CONSEQUENTLY, CERTAIN SUPPORT AND
REVENUES ARE RECOGNIZED WHEN RECEIVED RATHER THAN WHEN EARNED AND
CERTAIN EXPENSES AND PURCHASES OF ASSETS ARE RECOGNIZED WHEN CASH IS
DISBURSED RATHER THAN WHEN THE OBLIGATION IS INCURRED. ACCORDINGLY, THE
FINANCIAL STATEMENTS ARE NOT INTENDED TO BE PRESENTED IN CONFORMITY
WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF
AMERICA.
FORM 990, PART VI. SECITON B, LINE 14:
THE ORGANIZATION DOES NOT CURRENTLY HAVE A WRITTEN
DOCUMENT RETENTION OR CONFLICT OF INTEREST POLICY. HOWEVER, THEY PLAN
TO IMPLEMENT THESE IN THE FUTURE.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

COUNCIL FOR A LIVABLE WORLD

Name of the organization Department of the Treasury Internal Revenue Service

Part I

►Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990 ▶ See separate instructions.

2013

Employer identification number , Open to Public Inspection 52-0746112

Direct controlling

entity

End-of-year assets Total income ₤ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax exempt Part II

organizations during the tax year						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section \$12(b)(13) controlled entity?
COUNCIL FOR A LIVABLE WORLD CANDIDATE FUND - 16-1669931, 322 4TH STREET, NE, WASHINGTON, DC. 20002	POLITICAL ACTION COMMITTEE DISTRICT OF COLUMBIA 527	DISTRICT OF COLUMBIA	5.2.7	N/A	COUNCIL FOR A	<u> </u>

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

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Schedule R (Form 990) 2013

Page 2 52-0746112

Schedule R (Form 990) 2013 COUNCIL FOR A LIVABLE WORLD

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

Ŷ Yes

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A LIE	Iransactions with Related Organizations Complete in the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36
Note: Comp	mplete ine i ii any entity is listed in Parts II, III, or IV of this schedule

related organizations listed in Parts II:IV?
nsactions with one or more related
of the following tra
ation engage in any of tl
did the organiz
During the tax year,
_

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
 - c Gift, grant, or capital contribution from related organization(s) **b** Gift, grant, or capital contribution to related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- I Performance of services or membership or fundraising solicitations for related organization(s)
 - m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

Sharing of paid employees with related organization(s)

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- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- 2 If the answer to any of the above is "Yes." see the instructions for info s Other transfer of cash or property from related organization(s)

In the answer to any or the above is '7'es, 'See the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	ns line, including covered	relationships and transaction thresholds
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) COUNCIL FOR A LIVABLE WORLD CANDIDATE FUND	0	8,035.	8,035.FLAT RATE
(2)			
(3)			
(4)			
(5)			
(9)			

Schedule R (Form 990) 2013

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) (b) (c) (d) (d)	(b)	(c)	(d) (e	(c)	(6)	£	3	3	(£)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income parties sec (related, unrelated, 501(i)(3) excluded from tax orgs or 12-514)	Share of total total	Share of end-of-year assets	Dispropor tonate allocations?	-UBI box 20 ile K-1	General or managing partner?	Percentage ownership
						Sp.		A GEN	

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Schedule R (Form 990) 2013

Schedule R	(Form 990) 2013	COUNCIL FOR A	A LIVABLE WORLD		52-0746112	Page 5
Part VII	(Form 990) 2013 Supplemental Info	rmation				
		-1 (ata a a a Cabada la Difa a a a a a a a a	\		
	Provide additional inform	ation for responses to ques	stions on Schedule R (see instruction	ns)		
	 					
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