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** PUBLIC DISCLOSURE COPY **

OMB No. 1545-0047

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service ► Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at <u>www.irs.gov/form990</u>.

Open tr Public Insr tion

Α	For the	2014 calendar year, or tax year beginning and endin	ig	-	
В	Check if applicable	C Name of organization		D Employer identifie	cation numb
Г	Addres	COUNCIL FOR A LIVABLE WORLD			
Γ	Name change			52-0	746112
Γ	Initial return	•	/suite	E Telephone numbe	
	Final return/	322 4TH STREET, NE) 543-4100
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	556,098.
Г	Ameno return		Ē	H(a) Is this 2	
	Applica tion	F Name and address of principal officer: JOHN ISAACS		for s pordin	
	pendin				uded? Yes No
Т	Tax-exe	empt status: 501(c)(3) X 501(c) (4) ◀ (insert no.) 4947(a)(1) or	527		ist. (see instructions)
		e: WWW.LIVABLEWORLD.ORG			n number 🕨
κ	Form of	organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨 🛛 L	. Year o		State of legal domicile: DC
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: $\begin{tabular}{ccc} {\tt SEE} & {\tt SCH} \end{tabular}$	EDUI	LE O	
nce D					
Activities & Governance	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of	mo.	an 5% of its net ass	ets.
eve	3	Number of voting members of the governing body (Part VI, line 1a)			18
Č	4	Number of independent voting members of the governing body (Part VI, line 1b)			18
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	11
vitis	6	Total number of volunteers (estimate if necessary)		6	18
,to ti	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	` <u>b</u>	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	0.
				Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)		394,716.	544,090.
enu	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8.	10.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and N		10,625.	-5,339.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column , , line 12)		405,349.	538,761.
		Grants and similar amounts paid (Part IX, column (/s 1-3)		35,000.	0.
		Benefits paid to or for members (Part IX, column (line 4)		0.	0.
S S	15	Salaries, other compensation, employee benefits (+ IX, co' nn (A), lines 5-10)		261,648.	200,138.
Exnenses	16a	Professional fundraising fees (Part IX, columi line		0.	0.
ŝ		Total fundraising expenses (Part IX, column (D), 11 5) 38,591.		152,383.	167,825.
	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 1, 24e)		449,031.	367,963.
		Total expenses. Add lines 13-17 (must Carl Part 1' column (A), line 25)		-43,682.	170,798.
	19 2	Revenue less expenses. Subtract ' 18 frc. 12	Bog		
Net Assets or	200	Total assets (Part X, line 16)	Dey	inning of Current Year 32 , 725 •	End of Year 188,371.
Asse	면 20 1 21	Total liabilities (Part X, line		20,223.	5,768.
Vet /	22	Net assets or fund balances. C 'act in e 21 from line 20		12,502.	182,603.
Ē	art II	Signature Bloc		12/5021	102/0031
		Ities of perjury, I declare that we evaluate this return, including accompanying schedules and st	tatemer	nts. and to the best of my	knowledge and belief, it is
	•	t, and complete. Drana of proparer (other than officer) is based on all information of which pre			
	,				
Sig	ın	Signature o.		Date	
He		JOHN ISAACS, ACTING EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN
Pai	d	DOUGLAS BOEDEKER		if self-employ	ed P00366180
Pre	parer	Firm's name 🕨 TATE AND TRYON		Firm's EIN 🕨	52-1855942
	e Only	Firm's address 2021 L STREET, NW SUITE 400			
		WASHINGTON, DC 20036		Phone no. (2	02) 293-2200

No

X Yes

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service For calendar year 2014, or fiscal year beginning ______, 2014, and ending ______

Do not send to the IRS. Keep for your records. Information about Form 8879-EO and its instructions is at www.irs.cov/form8879eo

9eo. Employer identification number

Name of exempt organization

52-0746112

COUNCIL FOR A LIVABLE WORLD

Name and title of officer JOHN ISAACS

ACTING EXECUTIVE DIRECTOR

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here FX b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	538,761.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	·····
3a	Form 1120-POL check here 🕨 🛄 b Total tax (Form 1120-POL, line 22)	Зb	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)		
5a	Form 8868 check here F b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any return. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I also authorize the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize TATE AND TRYON	to enter my PIN 20002
ERO firm name	Enter five numbers, but do not enter all zeros
	iled return. If I have indicated within this return that a copy of the return the IRS Fed/State program, I also authorize the aforementioned ERO to
	e on the organization's tax year 2014 electronically filed return. If I have with a state agency(ies) regulating charities as part of the IRS Fed/State elem. Date $\blacktriangleright 1/13/15$
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	52472820036 do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the confirm that I am submitting this return in accordance with the requirements <i>e-file</i> Providers for Business Returns.	
ERO's signature Dom Tut 1 Sulli	Date 11/12/15
U ERO Must Retain This F	
Do Not Submit This Form To the	RS Unless Requested To Do So
LHA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO (2014)

Product: Exempt

Category:

IRS Center: Ogden e-Postmark: 11/13/2015 10:40:02 AM Notification: eSigned:

Name: COUNCIL FOR A LIVABLE WORLD FEIN: *****6112

Fiscal Year Begin Date: 1/1/2014 Fiscal Year End Date: 12/31/2014

Date Submission ID Refund/(Due) Type Of Activity Updated By eSign Date 11/12/2015 Upload Started Boedeker, Douglas 11/12/2015 Ready to Release by Customer 11/13/2015 Released for dboedeker Transmission - Validation in Progress 11/13/2015 Ready to transmit -Validation Complete 11/13/2015 Transmitted to FD 52472820153170347e01 11/13/2015 Accepted by FD on 11/13/2015

Page 2

F0111 0000 (nev. 1-2014)		2
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box	X	l
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.		

 If yo 	u are filing for an Automatic 3-Month Extension, complete Additional (Not Automatic) 3-Month Extension, complete II	te only Pa	rt I (on page 1).	10.002		odod)	
Part	Additional (Not Automatic) 3-Month Ex	lension				r, see instructions	
Type of print		ctions.	Enter hier's		identifica	tion number (EIN) or	
File by th due date			ione	52-0746112			
	filing your 122.2 A mu competent we						
instructio		reign addr	ress, see instructions.				
Enter t	he Return code for the return that this application is for (file	a separat	e application for each return)		••••••	01	
Applic	ation	Return	Application			Return	
ls For		Code	Is For			Code	
Form §	990 or Form 990-EZ	01		- 0 I KO	1.		
Form 9	990-BL	02	Form 1041-A			08	
Form 4	1720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	990-PF	04	Form 5227			10	
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	990-T (trust other than above) Do not complete Part II if you were not already granted	06	Form 8870	0		12	
 If the lift the lift	request an additional 3-month extension of time until	Group Exe and atta NOVEMI neck reaso	mption Number (GEN) In the names and EINs of SER 15, 2015. BER 15, 2015. , and ending the number of the	If this is for all member g Final r	r the whol ers the ex eturn	e group, check this	
b	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, tax payments made. Include any prior year overpayment allo	, enter any	refundable credits and estimated	8a	\$	0.	
C	previously with Form 8868. Balance due. Subtract line 8b from line 8a. Include your pay		n this form, if required, by using	8b	\$	0.	
	EFTPS (Electronic Federal Tax Payment System). See instru Signature and Verificati	ictions.	t be completed for Part II o		\$	0.	
Under p it is tru <u>Signatu</u>	benalties of perjury, I declare that I have examined this form, includi e, correct, and complete, and that I am authorized to prepare this fo	ing accomp rm.			▶ 8	edge and belief, ////////////////////////////////////	

	990 (2014) COUNCIL FOR A LIVABLE WORLD 52-0746112 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	NON-PROFIT, NON-PARTISAN ADVOCACY ORGANIZATION THAT IS DEDICATED TO
	REDUCING THE DANGER OF NUCLEAR WEAPONS AND INCREASING NATIONAL
	SECURITY WHILE HELPING ELECT CONGRESSIONAL CANDIDATES WHO SUPPORT SUCH
	POLICIES.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services s meaning by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the the the temperature of temperature
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$150,900. including grants of \$) v ue \$)
	THE COUNCIL FOR A LIVABLE WORLD'S PRIMARY PROGRAM SERVICE
	ACCOMPLISHMENTS INVOLVE ACTIVITIES IN LOBBYING, RESEARCH, PUBLIC
	EDUCATION AND ADVOCACY ON A VARIETY OF ARMS CONTROL ISSUES IN ORDER TO
	ELIMINATE THE THREAT OF WAR.
4b	(Code:) (Expenses \$ including gran) (Revenue \$)
	(
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 150,900.
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гош	990	(2014)	

 Form 990 (2014)
 COUNCIL
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 Part IV
 Checklist of Required Schedules
 Checklist
 Ch

			۷es	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes." complete Schedule A			X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	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	\mathbb{D}	X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effective			
	during the tax year? If "Yes," complete Schedule C, Part II		N/	A
5	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 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the righ.	1		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete ,nedu' Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? "Yes, mplete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serves a cub dian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiement services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restrice on wments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete chedule Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Proving time to any "Yes," complete Schedule D,		х	
L	Part VI	<u>11a</u>	Λ	
b	Did the organization report an amount for investments - other securities in Paramine 1° nat is 5% or more of its total	11b		х
~	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program releter in Pa. Vine 13 that is 5% or more of its total			- 23
U	assets reported in Part X, line 16? If "Yes," complete Schedule D art VIII	11c		х
Ь	Did the organization report an amount for other assets in Part $X_{i} > 15$ that 5% or more of its total assets reported in			
u		11d		х
е	Did the organization report an amount for other liabilities in Part X, line 2. If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financia ements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions user FIN 4 ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent auc 1 finance statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, indep. Int audited financial statements for the tax year?			
	If "Yes," and if the organization answered "10" to line 12a,en completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in se 170(h) (A)(ii)? If "Yes, " complete Schedule E	13		X
14a	Did the organization maintain an office poloy. agents outside of the United States?	14a		X
b	Did the organization have aggregate expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service a. '+i , oute e the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Sc 'ule r, and IV	14b		<u> </u>
15	Did the organization report on Par. column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		v
40	foreign organization? If "! " complex Schedule F, Parts II and IV	15		_X_
16	Did the organization report o. + IX olumn (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		х
17	or for foreign individe set. Yes, complete Schedule F, Parts III and IV	10		
.,	column (A), lines 6 ar \Rightarrow ? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report ore 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	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			<u> </u>
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2014)

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 Form 990 (2014)
 COUNCIL
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 Part IV
 Checklist of Required Schedules (continued)

			⊻e <u>s</u>	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	2	C.	<u>x</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	Þ		X
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 comple.			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year duse			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the yea	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an exc s benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pro- year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 52? If "," complete	0.51		x
~	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees in disqual of persons? If "Yes,"	06		x
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, directoree, ke,ouyee, substantial	26		
21	contributor or employee thereof, a grant selection committee member, or to 35% 'led entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the forming provide Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exception			
а	A current or former officer, director, trustee, or key employee? If "s," co, 'ete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, 'ey employe? If "Yes," complete Schedule L, Part IV	28b		x
	An entity of which a current or former officer, director, trustee, or ke, be de for a family member thereof) was an officer,			
-	director, trustee, or direct or indirect owner? If "Yes," complete Schedule _, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, histo al treas. 3, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or disso no perations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transference or than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an e disc. d as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-' If " omplete Schedule R, Part I	33		X
34	Was the organization related to an, emp r taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a contro. Antity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the "ganizatic eceive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section. ?/b)/- ,? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) or , inc ons. and the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete '>edi R, Part V, line 2	36	N/	A
37	Did the organization concerning than 5% of its activities through an entity that is not a related organization			
	and that is treated as a pa. Irship for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2014)

	990 (2014) COUNCIL FOR A LIVABLE WORLD 52-0746	112	Р	_{age} 5
Par	t 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	<u></u>		
		'	<u>.es</u>	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 11			1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0] ,		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1		
	filed for the calendar year ending with or within the year covered by this return 2a11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	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 authori			
	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 FinCEN Form 114, Report of Foreign Bank and Financial counts (AR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000 and the ganization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement the such con putions or gifts			
	were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 17 , N/A			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution d part pods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or ser, provid?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible pers. 'pror or which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to premium on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or induce of a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual propert, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boat, anes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advise funds. 1 a donor advised fund maintained by the N/A			
	sponsoring organization have excess business holding the any time during the year?	8		
9	Sponsoring organizations maintaining donor a red .			
а	Did the sponsoring organization make any taxable disutions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a conor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions judec int VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 9 ^r , Pa line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. 'c			
а	Gross income from members c baren, m N/A 11a	-		
b	Gross income from other sources , ot not amounts due or paid to other sources against			
	amounts due or received (m them.)			
-	Section 4947(a)(1) non-exe. The able trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the an une tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29 valify a nonprofit health insurance issuers.			<u> </u>
а	Is the organization lice of to issue qualified health plans in more than one state? N/A	13a		
	Note. See the instructions additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(0014)
		⊢orm	330	(2014)

Form 990	(2014)
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COUNCIL FOR A LIVABLE WORLD

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. _

			s	Ľ.
1a	Enter the number of voting members of the governing body at the end of the tax year 1a18	} _1		
	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	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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 direct supervisic.	1		
	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 wa	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 a point one			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stochingers, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during and the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, when print key reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in sudule of the names and addresses in sudule of the name of th	9		X
Sec	tion B. Policies (This Section B requests information about policies not review of the Internal Revenue Code.)	1		
			Yes	No
10-	Did the organization have local chapters, branches, or affiliates?	10a	165	X
		10a		- 11
D	If "Yes," did the organization have written policies and procedures governing the organization have written policies and p			
	and branches to ensure their operations are consistent with the or inization exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 99 all mem s of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization why this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go 5 line 13	12a		X
b	Were officers, directors, or trustees, and key employees requirusclose annually interests that could give rise to conflicts?	12b		
с	Did the organization regularly and consistently monito and enfore compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblowe, "cy'r	13		X
14	Did the organization have a written document retentic and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
15				
	persons, comparability data, and contemport yous subtraction of the deliberation and decision?	45	v	
	The organization's CEO, Executive Dir , or , lagement official	15a	Х	77
b	Other officers or key employees of t' oro 'on	15b		X
	If "Yes" to line 15a or 15b, describ, oces n Schedule O (see instructions).			
16a	Did the organization invest in, tribut			
	taxable entity during the year?	16a		X
b	If "Yes," did the organizat follow a viten policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements ter a plicable federal tax law, and take steps to safeguard the organization's			
	exempt status with r vec o such arrangements?	16b		
Sect	tion C. Disclos a			•
	List the states with w. a copy of this Form 990 is required to be filed NONE			
 18	Section 6104 requires an anization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	wailabl	<u> </u>	
10		avanabi	5	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	t financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	CAIN FARMER - (202) 543-4100			
	322 4TH STREET, NE, WASHINGTON, DC 20002			
	JZZ HII DIKEEI, NE, WADHINGION, DC 2000Z			

Form 990 (2014) COUNCIL									52-0746	112 Page 7
Part VII Compensation of Officers, I				s, K	(ey	/ En	npl	oyees, Highest Co	mpensated	
Employees, and Independer										
Check if Schedule O contains a resp										
Section A. Officers, Directors, Trustees, Key										
1a Complete this table for all persons required to	•							, ,		
 List all of the organization's current officer Enter -0- in columns (D), (E), and (F) if no compens List all of the organization's current key en 	sation was paid	d.								J. ensau
 List the organization's five current highest of 	ompensated e	mplo	oyee	s (ot	the	r tha	n an	officer, director, trustee	e, or key emploree) v	eceived report-
able compensation (Box 5 of Form W-2 and/or Bo				'						
 List all of the organization's former officers reportable compensation from the organization a 				•		com	pen	sated employees who re	eceived more than	1,000 of
• List all of the organization's former director	ors or trustees	tha	t rec	eive	ed, i				tor or truste ⁻ the c	anization,
more than \$10,000 of reportable compensation fi	-				-			-		
List persons in the following order: individual trus and former such persons.		,								l employees;
Check this box if neither the organization n		orga I	niza			mpei	nsat			(7)
(A)	(B)			رد Pos	C) itio	n		(D)		(F)
Name and Title	Average hours per		not c	heck	more	e than		Reportable compensatio	eportable enpensation	Estimated amount of
	week	offi	cer an	id a d	lirect	or/trus	stee)	from	(rom related	other
	(list any	ector						'he	organizations	compensation
	hours for	or dir	ee.			ated		orga. "ion	(W-2/1099-MISC)	from the
	related organizations	rustee	trust		ee	upens		(\\/ ^ '1)99-,		organization and related
	below	Individual trustee or director	Institutional trustee	-	Key employee	st cor	ar a			organizations
	line)	Indivi	Institu	Officer	Key el	Highest compensated employee	Former			5
(1) TERRY LIERMAN	1.00									
BOARD MEMBER		Х				L		0.	0.	0.
(2) JULES ZACHER	1.00					$\overline{1}$	Ē	1		
BOARD MEMBER		Х				+		0.	0.	0.
(3) DANIEL WIRLS	1.00									_
BOARD MEMBER		Х		' _		+		0.	0.	0.
(4) JIM WALSH	1.00									•
BOARD MEMBER	1 0 0	Х				۲ -	_	0.	0.	0.
(5) LORIN WALKER BOARD MEMBER	1.00	X				1		0.	0.	0.
(6) MARK STERNMAN	1.00	<u>^</u>		<u> </u>		+	-	0.	0.	0.
BOARD MEMBER		x						0.	0.	0.
(7) GENE POKORNY	1.00	<u> </u>	F	<u> </u>		+			0.	
BOARD MEMBER	<u> </u>	x						0.	0.	0.
(8) SCOTT ALLEN	1.00	5								
BOARD MEMBER		x						0.	0.	0.
(9) KATHERINE MAGRAW	1.00					\top				
BOARD MEMBER		х						0.	0.	0.
(10) ALICE DAY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) DAVID COHEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) PAUL CASTLEMAN	1.00									•
BOARD MEMBER	1 0 0	Х				-	_	0.	0.	0.
(13) TIMOTHY BRENNAN	1.00								0	0
BOARD MEMBER (14) ARON BERNSTEIN	1 00	Х				-	_	0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(15) MATTHEW HOH	1.00	^				-		0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(16) ANGELA CANTERBURY	20.00	- 23				+	+			U •
EXECUTIVE DIRECTOR		x		x				31,771.	0.	1,317.
(17) JOHN D. ISAACS	20.00	1				\top	1			
FORMER EXECUTIVE DIRECTOR		х		x				21,970.	0.	0.
432007 11-07-14		•				-	•			Form 990 (2014)

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Form 990 (2014) COUNCIL B	OR A LI	:VA	BL	E	WO	RL	D		52-074	6112	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)			(C				(D)	(E)		۲)
Name and title	Average			Posi				Reportable	Reportable	E	nat≏d
Nume and the	hours per					than c s both		compensation	compensation		nou' of
	week					r/trust		from	from related		er er
	(list any	tor						the	organizations	om	
	hours for	direc				-		organization	(W-2/1099-MISC)		rom th
	related	e or	stee			Isate		(W-2/1099-MISC)	(tion
	organizations	ruste	l tru:		ee,	mper					d related
	below	dual t	Ition		(old n	st col	-				anizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(18) GARY H. COLLINS	2.00			-	×	e					
INTERIM CHAIR, PRESIDENT		x		x				0.	0) • (0.
(19) ROBERT MUSIL	1.00	- 23									
	1.00										0
SECRETARY/TREASURER		Х		х				0.).	0.
(20) PHILIP SCHRAG	1.00										_
BOARD MEMBER		Х						0.).	0.
										-	
										_	
						H	-			-	
						• '	-	53,741.			1 217
1b Sub-total							•				1,317.
c Total from continuation sheets to Part VI	, Section A							0.).	0.
d Total (add lines 1b and 1c)						<u></u>)	►	53,741.	0).	1,317.
2 Total number of individuals (including but n	ot limited to th	ose	liste	a.	'e'	У .a	o re	eceived more than \$100,	000 of reportable		
compensation from the organization											0
			2								Yes No
3 Did the organization list any former officer,	director c r	ictor		om	nlo	VOO	or	highest compensated er	nnlovee on		
			· .	en	ipio	yee,	01	nighest compensated ei	npioyee on	2	X
line 1a? If "Yes," complete Schedule J for s				/						. 3	
4 For any individual listed on line 1a, is the su								ner compensation from t			
and related organizations greater than \$150								for such individual		. 4	X
5 Did any person listed on line 1a receive or a	ccrue comper	, atio	on fr	om a	any	unre	elate	ed organization or individ	dual for services		
rendered to the organization? If "Yes." com	Sche J	Jfo	or su	ch c	berso	on .				. 5	X
Section B. Independent Contractors											
1 Complete this table for your five hic' st c	sated inc	lepe	nder	nt co	ontra	actor	s th	nat received more than §	100.000 of comper	sation fro	om
		•						the organization's tax y	•		
(A)			- TGIIII	<u>g</u>				(B)			C)
	Jdress	M	ONE	7				Description of s	ervices	Compe	
		110		-			_				
							_				
							_				
2 Total number of independent contractors (ir	ncluding but n	ot lin	nited	l to t	hos	e lis	ted	above) who received me	ore than		
\$100,000 of compensation from the organiz	ation				0)					
										Form	990 (2014)

	990 (2		A LIVABLE	WORLD		52-0746	112 Page 9
Par	t VIII	Statement of Revenue					
		Check if Schedule O contains a response	se or note to any line	in this Part VIII	(B)		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Rev i excinded f i tax ider 514
s ti	1 a	Federated campaigns 1a					
no	b	Membership dues 1b					
Å,	с	Fundraising events 1c	33,909.				
ar	d	Related organizations 1d					
γ.	е	Government grants (contributions) 1e					
contributions, Girts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and					
the		similar amounts not included above	510,181.				
0 P	g	Noncash contributions included in lines 1a-1f: \$					
an	h	Total. Add lines 1a-1f	>	544,090.			
			Business Code				
<u>p</u>	2 a		_				
9	b		_				
Program Service Revenue	с		_				
eve	d		_				
Бо	е		_				
วิ	f	All other program service revenue					
	g	Total. Add lines 2a-2f	►		<u> </u>		
	3	Investment income (including dividends, int	· ·				
		other similar amounts)	►	<u> 10</u> .			10.
	4	Income from investment of tax-exempt bone	· · · -				
	5	Royalties	🕨	3,857.			3,857.
		(i) Real	(ii) Personal		(
		Gross rents					
	b	Less: rental expenses	'				
	С	Rental income or (loss)	4				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securitie	s (ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
		Gain or (loss)					
Ð		Net gain or (loss) Gross income from fundraising events (not					
Other Revenue		including \$ <u>33,909</u> . of					
eve		contributions reported on line 1c). Se					
r R		Part IV, line 18	2,141.				
Ę		Less: direct expenses	b 17,337.				
0		Net income or (loss) from fur.	s ►	-15,196.			-15,196.
	9 a	Gross income from gami activity 5					
		Part IV, line 19	a				
	b	Less: direct expens	b				
		Net income or (loss) fro. amir activities					
	10 a	Gross sales of ver. y, less returns					
		and allowar					
		Less: cost of gu sold					
	с	Net income or (loss, In sales of inventory	▶				
L		Miscellaneous Revenue	Business Code				
	11 a	MISCELLANEOUS	900099	6,000.			6,000.
	b		_				
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		6,000.		-	
	12	Total revenue. See instructions.		538,761.	0.	0.	-5,329.
32009 1-07-1	14						Form 990 (2014)

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COUNCIL FOR A LIVABLE WORLD Part IX Statement of Functional Expenses

<u>Sect</u>	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		•	· · · · · · · · · · · · · · · · · · ·	X
	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	ノ) Full life J expul in
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22			Í	
3	Grants and other assistance to foreign			I	
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	r				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	55,980.	19,981.	23,803.	12,196.
•	trustees, and key employees	55,900.	19,901.	<u></u>	12,190.
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	116,305.	43,243.	46,667.	26 205
7	Other salaries and wages	110,303.	43,443.	40,00/.	26,395.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	10 100		10 100	
9	Other employee benefits	12,192.		12,192.	
10	Payroll taxes	15,661.		15,661.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	11 611		11 (14	
С	Accounting	11,614.		11,614.	
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,				
	column (A) amount, list line 11g expenses on Sch 0.)	47,329.	47,329.		
12	Advertising and promotion	2,580.		2,580.	
13	Office expenses	43,404.	34,655.	8,749.	
14	Information technology	<u> </u>	5,692.	15,113.	
15	Royalties				
16	Occupancy	30,439.		30,439.	
17	Travel	2,948.		2,948.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public official				
19	Conferences, conventions, and meetir	770.		770.	
20	Interest	2.		2.	
21	Payments to affiliates				
22	Depreciation, depletion, and ar +izatic				
23	Insurance				
24	Other expenses. Itemize $exp \in S$ not cove, above. (List miscellaneous exp in line i.e. If line 24e amount exceeds 10% ine zet (A) amount, list line 24e explicitly ister in Schedule 0.)				
а	DUES AND SUBSCRIPTIONS	4,354.		4,354.	
b	PAYROLL EXPENSES	2,540.		2,540.	
c	LICENSES AND FEES	945.		945.	
d	MEALS AND ENTERTAINMENT	95.		95.	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	367,963.	150,900.	178,472.	38,591.
26	Joint costs. Complete this line only if the organization	,,-			,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fight and following SOP 98-2 (ASC 958-720)				
4220.1) 11-07-14				Form 990 (2014)

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Form 990 (2014)

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Form 990 (2014)

				Log		
	1	Cash - non-interest-bearing		19,051.	1	51,365.
	2	Savings and temporary cash investments		1,927.	2	79,928.
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	10,458.	4	52,922.	
	5	Loans and other receivables from current and for		- · ·		<u> </u>
		trustees, key employees, and highest compensa				
	6	Loans and other receivables from other disqualif			۲ '	
	-	section 4958(f)(1)), persons described in section			1 1	
		employers and sponsoring organizations of section			I	
		employees' beneficiary organizations (see instr).			F	
Assets	7	Notes and loans receivable, net				
Ase	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1,289.		4,156.
		Land, buildings, and equipment: cost or other				_,
	iou	basis Complete Part VI of Schedule D	10a 51.166.			
	h	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10h 51,166	0.	10c	0.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line 1			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equa	32,725.	16	188,371.	
	17	Accounts payable and accrued expenses		8,912.	17	5,768.
	18	Grants payable and accrued expenses		0,511	18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
	22	Loans and other payables to current and former				
ties	LL	key employees, highest compensated employees				
Liabilities		Complete Part II of Schedule L			22	
Lia	23	Secured mortgages and notes payable to unrela.			23	
	24	Unsecured notes and loans payable to unit			24	
	25	Other liabilities (including federal income tax, p.			27	
	20	parties, and other liabilities not included on lines				
		Schedule D		11,311.	25	0.
	26	Total liabilities. Add lines 17 th ⁻ h 25		20,223.	26	5,768.
			, check here 🕨 🗴 and			
		complete lines 27 through line _3 and				
ces	27			12,502.	27	182,603.
alan	28	Temporarily restricted net as	,	28	· · ·	
ä	29	Permanently restric ' net asse		29		
un		Organizations that do foll SFAS 117 (AS				
г		and complete ies) through 34.	<i>"</i> <u> </u>			
Net Assets or Fund Balances	30			30		
sse	31	Paid-in or capite olus, or land, building, or eq			31	
μĂ	32	Retained earnings, Columnated inc			32	
ž	33	Total net assets or fund balances		12,502.	33	182,603.
	34	Total liabilities and net assets/fund balances		32,725.	34	188,371.
						000

COUNCIL FOR A LIVABLE WORLD

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

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(A) Beginning of year (F End yea[,]

Form 990 (2014)
Part X Balance Sheet

Form	1990 (2014) COUNCIL FOR A LIVABLE WORLD	52-07461	12	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			· .	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	538	3,70	61.
2	Total expenses (must equal Part IX, column (A), line 25)	2	367	ī, 9ī	63.
3	Revenue less expenses. Subtract line 2 from line 1	3	170	, 7	98.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12	2,50	02.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7	\sim		
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)	-9		-69	97.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	T -			
	column (B))	.J	182	2,60	03.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual X Other MODIFIEI	CASH [
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Science of				
2a	Were the organization's financial statements compiled or reviewed by an independent acccont?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compared or viewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated an separate sis				
h	Were the organization's financial statements audited by an independent accountant?		2b	х	
2	If "Yes," check a box below to indicate whether the financial statements for the statement of a separate	basis			
	consolidated basis, or both:	Sucio,			
	Separate basis X Consolidated basis Both consolidated basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that ass. Sree polity for oversight of the	audit			
Ū	review, or compilation of its financial statements and selection of an in the nucleocountant?		2c		Х
	If the organization changed either its oversight process or selectic proce. 'uring the tax year, explain in Scher				
3a	As a result of a federal award, was the organization required to corrego an a lit or audits as set forth in the Sing				
0a			3a		х
h	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the ganization did not undergo the require	ed audit	Ju		
D D	or audits, explain why in Schedule O and describe any care to undergo such audits		3b		
				990	2014)
		•	onn	(2014)

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

*	PUBLIC	DISCLOSURE	COPY	* :
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Schedule of Contributors

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

Employer identific on r inber

OMB No 1545-0047

COUNCIL	FOR	Α	LIVABLE	WORLD
Organization type (check one):				

52-0746112

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(4) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the seral Hulles and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received during vear, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Seculation of determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filition m 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked chedule (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contribution is of the eater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I ar.
- For an organization described in section 501(c)(7), (8), (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1, exclu ely for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children nime. niplete Parts I, II, and III.
- For an organization described h. + 1,50)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusiv* for re. + charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total + ribultions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not comp⁺ any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., + stotaling \$5,000 or more during the year for an *exclusively* set to the set of the s

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the strugger gradient of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2014)				Page 2
Name of or	ganization		Employe	er identification n	umber
COUNC	IL FOR A LIVABLE WORLD		52	<u>-074611</u> 2	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	') <u>T</u> v <u>≠ of</u> c	''tion
<u> 1</u>		\$5,0	00.	Parson F. II Non sh Toricash contri	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total co ^r געע.		(d) Type of con	
2		\$105,0	<u>00.</u>	Person Payroll Noncash (Complete Part noncash contri	X I I I for
(a) No.	(b) Name, address, and ZIP + 4	(c)		(d) Type of con	
3		\$5,0	00.	Person Payroll Noncash (Complete Part noncash contri	
(a) No.	(b) Name, address, and ZIP	(c) Total contribution	ne	(d) Type of con	
<u>4</u>		\$20,0		Person Payroll Noncash (Complete Part noncash contri	X I I I I for
(a) No.	Nan. rd ess, id ZIP + 4	(c) Total contribution	ns	(d) Type of con	
5		\$5,0	<u>00.</u>	Person Payroll Noncash (Complete Part noncash contri	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of con	
6		\$5,0		Person Payroll Noncash (Complete Part noncash contri	butions.)
423452 11-05	5-14	Schedule	B (Form 9	90, 990-EZ, or 99	90-PF) (2014)

13241112 790809 52-0746112 2014.05000 COUNCI

423452 11-05-14

Name of or	ganization		Employer identification number
COUNC	IL FOR A LIVABLE WORLD		52-0746112
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns Ty of c vition
7_		\$5,0	00. Non sh e Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total cor ມນແ	(d) Type of contribution
8		\$ <u>20,0</u>	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) .al contribution	(d) ns Type of contribution
9		\$5,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP	(c) Total contributio	(d) ns Type of contribution
10		\$ <u>70,0</u>	00. (Complete Part II for noncash contributions.)
(a) No.	Nan, d ess, id ZIP + 4	(c) Total contributior	(d) ns Type of contribution
		\$118,9	40. Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
423452 11-05	5-14	Schedule	B (Form 990, 990-EZ, or 990-PF) (2014)

15

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of or	ganization		Employer identification number
COUNC	IL FOR A LIVABLE WORLD		52-0746112
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	i.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(r` FMV (o stimate (see in uctions	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions	
		\$	
(a) No. from Part I	(b) Description of noncash proب َ ty give،	(c) FMV (or estimate (see instructions	
		\$	
(a) No. from Part I	(b) Descr' ion o. محید h property given	(c) FMV (or estimate (see instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions	
		\$	
23453 11-05	 j-14		

16

 $13241112 \ 790809 \ 52-0746112$

Name of organ	nization		Employer identification number
COUNCII Part III	FOR A LIVABLE WORLD Exclusively religious, charitable, etc., cor the year from any one contributor. Complete completing Part III, enter the total of exclusively religio	e columns (a) through (e) and the follo	52-0746112 I in section 501(c)(7), (8), or (10) that total more than ,00° c owing line entry. For organizations or less for the year. (Enter this info. once.) $>$ \$
(a) No. from Part I	Use duplicate copies of Part III if additio	nal space is needed. (c) Use of gift	(d) Description of he wift i new
		(e) Transfer of gi	ift
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d' escription of how gift is held
		(e) Transfe of r	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use or gift	(d) Description of how gift is held
 - -		(e) Transfer of gi	
	Transferee's name 1ress,	<u>_IP + 4</u>	Relationship of transferor to transferee
(a) No. from Part I	(b) Purp、 าf gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gi and ZIP + 4	Relationship of transferor to transferee
-			

423454 11-05-14

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

SCHEDULE C	Political	Campaign a	and Lobbying	g Activities		OMB No. 1545-0047
(Form 990 or 990-EZ)	For Organizations Ex	empt From Income	Tax Under section 50	-)1(c) and section 52	7	2014
Department of the Treasury	Complete if the organ					Open f /ub/c
Internal Revenue Service	► Information about Schedule			,		
 Section 501(c)(3) org Section 501(c) (other 	vered "Yes," to Form 990, Pa anizations: Complete Parts I-A r than section 501(c)(3)) organ ations: Complete Part I-A only.	A and B. Do not com izations: Complete P	plete Part I-C.			ivites), then
	vered "Yes," to Form 990, Pa					
	anizations that have filed Forr anizations that have NOT filed	,	(//		· · ·	
	vered "Yes," to Form 990, Pa			-		
	, or (6) organizations: Comple	te Part III.				
Name of organization	COUNCIL FOR A	T.TVABLE WO	RT.D		Empir	r identification number $52-0746112$
Part I-A Compl	ete if the organization i			is a s tion 5.	orga	nization.
2 Political expenditur	on of the organization's direct es	· · · · · · · · · · · · · · · · · · ·			►\$	
Part I-B Compl	ete if the organization i	is exempt under	section 501 ;)(3)			
	f any excise tax incurred by th					
	f any excise tax incurred by or					Yes No
3 If the organization i 4a Was a correction m	ncurred a section 4955 tax, di ade?					Yes No
b If "Yes," describe ir	Part IV.					
Part I-C Compl	ete if the organization i	is exempt under	<u>secti</u> <u>501(c), e</u>	xcept section 5	01(c)(3	3).
	irectly expended by the filing of			n activities	▶\$_	
	f the filing organization's fund		U U			
	tivities on expenditures. Add lines 1 a				▶\$_	
	on expenditures. Add lines 1 a		· · · ·		▶\$	
	zation file Form 1120-POL fo				· · · -	X Yes No
5 Enter the names, a made payments. For contributions received	ddresses and employer identif or each organization listed, en red that were promptly and diu mittee (PAC). If additional spa	icatioi اسلام (المار) t الد au المار rectiy livered to a s	of all section 527 politi rom the filing organizat eparate political organi e information in Part IV	cal organizations to ion's funds. Also ent ization, such as a se	which th er the a	ne filing organization mount of political
(a) Namo		Addr s	(c) EIN	(d) Amount paid fr filing organizatior funds. If none, ente	n's c	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
COUNCIL FOR LIVABLE WORL	A WASHING	TON, DC	16-1669931		0.	0.
For Paperwork Reduct LHA ⁴³²⁰⁴¹ 10-21-14	on Act Notice, see the Instru SEE		O or 990-EZ. OR CONTINUAT		ule C (F	orm 990 or 990-EZ) 2014

13241112 790809 52-0746112

Schedule C (Form 990 or 990-EZ) 2014 C Part II-A Complete if the orga section 501(h)).	COUNCIL FOR	A LIVABLE W mpt under section	WORLD • 501(c)(3) and file	52-0 ed Form 5768 (ele	746112 Page 2 ection under
	U U	iliated group (and list in expenditures).	Part IV each affiliated	group member's name	e, address
B Check 🕨 📄 if the filing organizati	on checked box A a	nd "limited control" pro	visions apply.		
	s on Lobbying Expe tures" means amou	enditures unts paid or incurred.)		(a) Filing organization's totals	'iateo p
1a Total lobbying expenditures to influe	ence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influe	ence a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add line	es 1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures	(add lines 1c and 1c	(k			
f Lobbying nontaxable amount. Enter	the amount from th	e following table in both	n columns.		
If the amount on line 1e, column (a) or	(b) is: The lot	obying nontaxable amo	ount is:		
Not over \$500,000	20% of	the amount on line 1e.		,	
Over \$500,000 but not over \$1,000,	000 \$100,0	00 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	0,000 \$175,0	00 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	00,000 \$225,0	00 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
				ļ	
g Grassroots nontaxable amount (ente	er 25% of line 1f)				
h Subtract line 1g from line 1a. If zero	or less, enter -0-				
i Subtract line 1f from line 1c. If zero	or less, enter -0				
j If there is an amount other than zero					
				Г	
reporting section 4911 tax for this ye	ear?		<u></u>	L	Yes No
(Some organizations that	4-Year Av at made a section 5	eraging Period Unde. 601(h) election a. + h	_ction J1(h) nav _omplete all	of the five columns be	
	4-Year Av at made a section 5 See the separ	eraging Period المطور 601(h) election مر ۲۰ rate instructions for	_ction J1(h) nav _omplete all	of the five columns be	
	4-Year Av at made a section 5 See the separ	eraging Period المطور 601(h) election مر ۲۰ rate instructions for	.ction J1(h) nav .complete all s 2a through 2f.)	(d) 2014	
(Some organizations that Calendar year (or fiscal year beginning in)	4-Year Av at made a section 5 See the separ Lobbying Expe	reraging Period I Inde i01(h) election o. + h rate instructions for nditures F ing a	.ction J1(h) nav _omplete all s 2a through 2f.) r .veraging Period		:low.
(Some organizations that Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount	4-Year Av at made a section 5 See the separ Lobbying Expe	reraging Period I Inde i01(h) election o. + h rate instructions for nditures F ing a	.ction J1(h) nav _omplete all s 2a through 2f.) r .veraging Period		:low.
(Some organizations that Calendar year (or fiscal year beginning in)	4-Year Av at made a section 5 See the separ Lobbying Expe	reraging Period I Inde i01(h) election o. + h rate instructions for nditures F ing a	.ction J1(h) nav _omplete all s 2a through 2f.) r .veraging Period		:low.
(Some organizations that Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount	4-Year Av at made a section 5 See the separ Lobbying Expe	reraging Period I Inde i01(h) election o. + h rate instructions for nditures F ing a	.ction J1(h) nav _omplete all s 2a through 2f.) r .veraging Period		:low.
(Some organizations that Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e))	4-Year Av at made a section 5 See the separ Lobbying Expe	reraging Period I Inde i01(h) election o. + h rate instructions for nditures F ing a	.ction J1(h) nav _omplete all s 2a through 2f.) r .veraging Period		:low.
(Some organizations that Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount	4-Year Av at made a section 5 See the separ Lobbying Expe	reraging Period I Inde i01(h) election o. + h rate instructions for nditures F ing a	.ction J1(h) nav _omplete all s 2a through 2f.) r .veraging Period		:low.
(Some organizations that Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures	4-Year Av at made a section 5 See the separ Lobbying Expe	reraging Period I Inde i01(h) election o. + h rate instructions for nditures F ing a	.ction J1(h) nav _omplete all s 2a through 2f.) r .veraging Period		:low.
(Some organizations that Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e))	4-Year Av at made a section 5 See the separ Lobbying Expe	reraging Period I Inde i01(h) election o. + h rate instructions for nditures F ing a	.ction J1(h) nav _omplete all s 2a through 2f.) r .veraging Period		:low.
(Some organizations that Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount	4-Year Av at made a section 5 See the separ Lobbying Expe	reraging Period I Inde i01(h) election o. + h rate instructions for nditures F ing a	.ction J1(h) nav _omplete all s 2a through 2f.) r .veraging Period		:low.
(Some organizations that Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount	4-Year Av at made a section 5 See the separ Lobbying Expe	reraging Period I Inde i01(h) election o. + h rate instructions for nditures F ing a	.ction J1(h) nav _omplete all s 2a through 2f.) r .veraging Period		:low.
(Some organizations that Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount	4-Year Av at made a section 5 See the separ Lobbying Expe	reraging Period I Inde i01(h) election o. + h rate instructions for nditures F ing a	.ction J1(h) nav _omplete all s 2a through 2f.) r .veraging Period		:low.
(Some organizations that Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))	4-Year Av at made a section 5 See the separ Lobbying Expe	reraging Period I Inde i01(h) election o. + h rate instructions for nditures F ing a	.ction J1(h) nav _omplete all s 2a through 2f.) r .veraging Period	(d) 2014	:low.

432042 10-21-14

52-0746112 Page 3

Schedule C (Form 990 or 990-EZ) 2014 COUNCIL FOR A LIVABLE WORLD 52-07461 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(4	a)	(d,	
of the lobbying activity.	Yes	No	Am	
 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? 				
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?		1		
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	🖵 💶			
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 312	,			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this yea	<u> </u>	_		
Part III-A Complete if the organization is exempt under section 501 (4), se 501(c)(6).	tion 501(c)(b), or sec	tion	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by member		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 >ss?		2		
3 Did the organization agree to carry over lobbying and political expenditions fruiting prior year?		3		
Part III-B Complete if the organization is exempt und set in 5.1(c)(4), sect				
501(c)(6) and if either (a) BOTH Part III-A, ' as 1 an 2, are answere answered "Yes."	d "No," OH	(b) Part	III-A, line 3	, IS
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political exr ures (do not include amounts of po expenses for which the section 527(f) tax was paid	litical			
a Current year		2a		
b Carryover from last year				
c Total		2c		
3 Aggregate amount reported in section 603 ³ (e)(1)(A) notice. of nondeductible section 162(e) dues				
4 If notices were sent and the amount on line xceed is amount on line 3, what portion of the e does the organization agree to carryov the able estimate of nondeductible lobbying and				
expenditure next year?		4		
5 Taxable amount of lobbying and p. var tures (see instructions)		5		
Provide the descriptions required for Partiline 4; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1 iso, complete this part for any additional information.	oup list); Part II	A, lines 1 a	nd 2 (see	
THE COUNCIL HAS A RELATED POLITICAL ACTION COMMITTEE	, AS LIS	STED O	N	
SCHEDULE R, PART II, THROUGH WHICH IT INDIRECTLY ENG.	AGES IN	POLIT	ICAL	
ACTIVITIES. THE COUNCIL WILL PROVIDE ADMINISTRATIVE	SUPPOR	FOR '	THE	
PAC AS ALLOWED BY FEDERAL ELECTION LAW.				

Schedule C (Form 990 or 990-EZ) 2014

52-0746112	Page 4	

Schedule C	(Form 990 or 990-EZ) 2014	COUNCIL	FOR	А	LIVABLE	WORLD
Part IV	Supplemental Inform	nation (contin	ued)			

PART I-C CONTINUATION:

COUNCIL FOR A LIVABLE WORLD CANDIDATE FUND

322 4TH STREET, NE WASHINGTON, DC 20002

EIN: 16-1669931 COL (D) AMOUNT: 0. COL (E) AMOUNT: 0.

Schedule C (Form 990 or 990-EZ) 2014

				I Statements		OMB No. 1545-0047
(Forr	n 990)	Complete if the org Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11	ld, 11e, 11f, 12a, or 12b.		ZU 14
	ment of the Treasury I Revenue Service	Information about Schedule D (For	Attach to Form 99	90.	ou/form000	open to ^c ublic ال Insper √n
	e of the organization					oyer identific on r .nber
	-	COUNCIL FOR A LIVA				52-0746112
Pa		ations Maintaining Donor Advise		ner Similar Funds or	Account	S. Corr ⁻ f the
	organizatio	n answered "Yes" to Form 990, Part IV, line			(1) =	
			(a) Donor	advised funds	(b) Fund	s and Y zcounts
1		nd of year				
2		f contributions to (during year)				
3 4		f grants from (during year) t end of year				
5		on inform all donors and donor advisors in v	writing that the ass	ets held in donor advised :	fur i	
-	-	n's property, subject to the organization's	-			Yes No
6		on inform all grantees, donors, and donor a				
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or	for any other purpos .un	IIE. 1	
	impermissible priva				<u></u>	Yes No
Pa		ation Easements. Complete if the org			IV, ^F <u>7.</u>	
1		servation easements held by the organization	` —			
		i of land for public use (e.g., recreation or e f natural habitat		f a histor`] Preservati ما Preservation ا به er به Preservation ا		
		of open space		Preservation c ter a	a historic st	ructure
2		through 2d if the organization held a qualif	ied conservation c	ontril tion in the orm of a	conservatio	on easement on the last
-	day of the tax year	• • •				
	,				H	leld at the End of the Tax Year
а	Total number of co	onservation easements			. 2a	
b	•					
С		vation easements on a certified historic stru			2c	
d		vation easements included in (c) acquired a		on a historic structure		
-		al Register			2 d	
3		vation easements modified, transferred, rel	ea. extingui e	d, or terminated by the org	ganization di	uring the tax
4	year ►	 where property subject to conservation eas	sement is low (ed	•		
5		tion have a written policy regarding the				
-	0	orcement of the conservation easer nts it	U ,	, ,		Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspering,	and iforcing con	servation easements durin	g the year 🕨	×
7	Amount of expens	es incurred in monitoring, insp. من q, خ.	cing conserva	tion easements during the	year 🕨 💲	
8	Does each conser	vation easement reported on line ${arepsilon_{\iota}}$ vov	e satisfy the requir	ements of section 170(h)(4	-)(B)(i)	
	and section 170(h)					Yes No
9		be how the organization to the configuration				
			tion's financial state	ements that describes the	organization	n's accounting for
Pa	conservation ease	ations Maint. in Co ctions of	Art. Historica	I Treasures, or Othe	r Similar	Assets.
		the organize in and the rest to Form	-	-		
1a		elected, as pern. d uncer SFAS 116 (AS			t and baland	e sheet works of art,
	•	s, or otrainilar as s held for public ext				
	the text of the foot	note to itscie' .atements that descri	bes these items.			
b	If the organization	el .eu, 3 permitted under SFAS 116 (AS	C 958), to report ir	n its revenue statement and	d balance sł	neet works of art, historical
		milar sets held for public exhibition, ed	ducation, or resear	ch in furtherance of public	service, pro	vide the following amounts
	relating to these it				. .	
		ded in F 1990, Part VIII, line 1				
2		ed in Form 990, Part X received or held works of art, historical treater		nilar assets for financial da		
2		received or neid works of art, historical treating unts required to be reported under SFAS 1			iiii, provide	
а	-	in Form 990, Part VIII, line 1		-	▶ \$	
b	Assets included in				•	
		eduction Act Notice, see the Instructions	for Form 990.		S	chedule D (Form 990) 2014
43205 ⁻ 10-01-	1 14					

	22		
14	4.05000	COUNCTL	FOR

<u>Sche</u>		FOR A LIVABLE			746112 Page 2
Par	t III Organizations Maintaining C	ollections of Art, Hist	orical Treasures, o	r Other Similar Asse	ets (continued)
3	Using the organization's acquisition, accessi	on, and other records, check	any of the following that	t are a significant use of it	s collection items
	(check all that apply):				
а	Public exhibition	d 🗌	Loan or exchange progra	ams	
b	Scholarly research	е 🗌	Other		
с	Preservation for future generations				
4	Provide a description of the organization's co	ollections and explain how th	ney further the organization	on's exempt purpose in P	XIII.
5	During the year, did the organization solicit of	or receive donations of art, hi	storical treasures, or othe	er similar assets	
	to be sold to raise funds rather than to be ma				<u> </u>
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		e organization answered	"Yes" to Form 990, Part IV	v, • 9, or
1a	Is the organization an agent, trustee, custod	ian or other intermediary for	contributions or other as	sets not included	
	on Form 990, Part X?				Yes No
b	If "Yes," explain the arrangement in Part XIII				
					Amount
с	Beginning balance			1 <u>c </u>	
d	Additions during the year				
е	Distributions during the year				
f	Ending balance			1f	
2a	Did the organization include an amount on F	orm 990, Part X, line 21, for	escrow or custodic 🗠 🕫	unt liat "ty?	Yes No
	If "Yes," explain the arrangement in Part XIII.			+V	
Par	t V Endowment Funds. Complete	if the organization answered	"Yes" to For, Part	lv,e 10.	
		(a) Current year (b) F	Prior year (c) Two y	s back (d) Three years ba	ck (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 cur	rent year end balance (n. 🐪	n Jumn (a)) held as:		
а	Board designated or quasi-endowment	%			
b	Permanent endowment	%			
С	Temporarily restricted endowment	%			
	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	uld equal 🔪 %.			
3a	Are there endowment funds not in the posse	essic. theation that	t are held and administer	red for the organization	
	by:				Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
b		s lis. required on Scheo	lule R?		3b
4 Par	t VI Land, Buildings, and vi n	ani∠ation's endowment f	unds.		
	Complete if the organizen and the	Yes" to Form 990, Part IV	, line 11a. See Form 990	, Part X, line 10.	
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
с	Leasehold improv onts				
	Equipment				
	Other		51,166.	51,166.	0.
	Add lines 1a through 1e. (Column (d) must e		nn (B). line 10c.)		0.
		· · · · · · · · · · · · · · · · · · ·			

Schedule D (Form 990) 2014

432052 10-01-14

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"			
	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year mark / alu	e
	al derivatives			
	-held equity interests			
(3) Other				—
(A)				
(B) (C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
	Investments - Program Related.			
	Complete if the organization answered "Yes"	to Form 990, Part IV, line	le 11c. See Form 990, F t X, line	
	(a) Description of investment	(b) Book value	(c) Method of ve tion: C or end-of-year market value	ie
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX	b) must equal Form 990, Part X, col. (B) line 13.)			
	Complete if the organization answered "Yes"	to Form 000 of IV	11u. See Form 990, Part X, line 15.	
		to Form 990. <u>Art IV,</u> Descriptior	(b) Book value	
(1)	(4)			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	i <u>mn (b) must equal Form 990, Pa</u> ' <u>ol. (ட</u>	.5.)		
Part X	Other Liabilities.			
		to Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Descri ^{, c} on or ^{vi} lit		(b) Book value	
	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
		25)		
	<i>ımn (b) must equal Form 990, Part X, col. (B) line</i> [,] for uncertain tax positions. In Part XIII, provide		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 🔀

 $13241112 \ 790809 \ 52-0746112$

COUNCIL FOR A LIVABLE WORLD Schedule D (Form 990) 2014

Sche	dule D (Form 990) 2014 COUNCIL FOR A LIVABLE WORL	D		52-0	746112 F	bage 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re			<u> </u>
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	688,6	03.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		149,842.) í		
е	Add lines 2a through 2d			2	149,8	42.
3	Subtract line 2e from line 1			3	<u>538,7</u>	61.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			$\boldsymbol{\nu}_{\perp}$	538,7	61.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Exp⁄9I.	.eturn		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	494,7	16.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	_2b				
с	Other losses					
d	Other (Describe in Part XIII.)	<u>2d</u>	126,753.			
е	Add lines 2a through 2d			2e	126,7	
3	Subtract line 2e from line 1			3	367,9	63.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, F 1. line.)			5	367,9	63.
Pa	t XIII Supplemental Information.					
Dress	do the descriptions required for Dort II lines 2.5 and 0. Dort III lines and Dert	N/ Bass dis	and Oby David V line (line Or Deut VI	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines , Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013, CLW HAS DOCUMENTED ITS
CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR
REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL
UNCERTAIN INCOME TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR
DISCLOSURE IN THE FINANCIAL STATEMENTS.
THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS
SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR
THREE YEARS AFTER IT IS FILED.

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PART XI, LINE 2D - OTHER ADJUSTMENTS: 432054 10-01-14

Schedule D (Form 990) 2014 COUNCIL FOR A LIVABLE WORLD Part XIII Supplemental Information (continued)	52-0746112 Page 5
CANDIDATE FUND REVENUE INCLUDED IN CONSOLIDATED FINANCIAL	
STATEMENTS	149,842.
STATEMENTS	149,042.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
CANDIDATE FUND EXPENSES INCLUDED ON CONSOLIDATED FINANCIAL	
STATEMENTS	126,753.
SCHEDULE D, PART XI AND XII	
THE COUNCIL'S FINANCIAL STATEMENT AUDIT IS CURRENTLY IN PROC	CESS. IT IS
ANTICIPATED THAT THE VALUES PRESENTED ON THE FINANCIAL STATE	MENTS WILL NOT
DIFFER SIGNIFICANTLY FROM THE VALUES PRESENTED ON THIS FORM	990.
432055 10-01-14	Schedule D (Form 990) 2014

(Form 990 or 990-EZ) Complete if th Department of the Treasury	ental Information Regarding le organization answered "Yes" to l organization entered more than \$1 Attach to Form 990 about Schedule G (Form 990 or 990-EZ)	Form 990, Pa 5,000 on For) or Form 990	rt IV, lines 17, 18, or 1 m 990-EZ, line 6a.)-EZ.	9, or if the	OMB No. 1545-0047 2014 Open to ublic Insper un lentifica. um/
COUNCII	FOR A LIVABLE WOR			52-074	61 <u>1</u> 2
Part I Fundraising Activities required to complete this pa	Complete if the organization answer rt.	ered "Yes" to	Form 990, Part IV, line	17. Form 990-F	filers
 Indicate whether the organization raises Mail solicitations Internet and email solicitations Internet and email solicitations Phone solicitations In-person solicitations a Did the organization have a written key employees listed in Form 990, F If "Yes," list the ten highest paid incocompensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual Part VII) or entity in connection with p dividuals or entities (fundraisers) pursu	tion of non-go tion of goverr I fundraising e (including off rofessional fu	overnment grants nment grants events ricers, directors, truste ndraising services?	T _ Ye	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	fr. ctivity	Amount paid (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes No	or has been notified it i	s exempt from r	

432081 08-28-14

 Schedule G (Form 990 or 990 EZ) 2014 COUNCIL FOR A LIVABLE WORLD
 52-0746112 Pa

 Part II
 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 GROSSMAN MEMORIAL	(b) Event #2 DRINAN FUNDRAISER	(c) Other events NONE	(d) Tot aver (add c. 1) - ough
			(event type)	(event type)	(total number)	
Hevenue	1	Gross receipts	20,930.	15,120.		36,050.
	2	Less: Contributions	20,930.	12,979.		33,909.
	3	Gross income (line 1 minus line 2)		2,141.		2,141.
	4	Cash prizes				
	5	Noncash prizes		169.		169.
Seuses	6	Rent/facility costs		415.		415.
Ulrect Expenses	7	Food and beverages	542.	2,141.		2,683.
	8	Entertainment				
	9	Other direct expenses		7,035.		14,070.
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I				17,337
Т	tl	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	(a) Bingo	''') Pu' /instant bi., rogressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
нечепие	1	Gross revenue				
BB	2	Cash prizes				
zypenses	2 3	Cash prizes				
DILECT EXPENSES			6			
ct Expenses	3	Noncash prizes				
	3 4 5	Noncash prizes	% %	∑% Yes% No	☐ Yes %	
DIrect Expenses	3 4 5 6	Noncash prizes Rent/facility costs Other direct expenses	No		No	
	3 4 5 6	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add 2rour	5 in column (d)	No	<u> </u>	
	3 4 5 6 7 8 Ent	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add 2rour	No 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	No	No	
	3 4 5 6 7 8 Ent	Noncash prizes	No 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these evoked, suspended or te	States?	No	Yes . No

432082 08-28-14

Schedule G (Form 990 or 990-EZ) 2014

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2014 COUNCIL FOR A LIVABLE WORLD	<u>52-0</u> 7	46112	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?	[Yer	No
13	Indicate the percentage of gaming activity conducted in:			
а	a The organization's facility	L.	13a	<u>/</u>
	an outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	s:		
	Name		— —	
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue	L	Yes	No No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo	ur'		
	of gaming revenue retained by the third party ►\$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Indep_ident contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make ch `able dis outions from the gaming proceeds to			
	retain the state gaming license?	[Yes	No
b	• Enter the amount of distributions required under state			
	organization's own exempt activities during the tax year 🕨 💲			
Pa	Supplemental Information. Provision explain tions required by Part I, line 2b, columns (iii) and (v), and P	art III, lines	s 9, 9b, 10l	o, 15b,
	15c, 16, and 17b, as applicab' 'so p			
1053	0 10 00 44	C (Earra 2	00 ~~ 000	E7) 0014
4320	83 08-28-14 Schedule 29		30 01 990	-2014

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Schedule G (F	orm 990 o	r 990-EZ)	COUNCIL	FOR	А	LIVABLE	WORLD

Part IV	Supplemental Information (continued)
432084	Schedule G (Form 990 or 990-EZ)

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990- 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 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/f	2014 Open tr Sublic
Name of the organization	COUNCIL FOR A LIVABLE WORLD	Employer identific on r inber 52-0746112
FORM 990, PA	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
NON-PROFIT, 1	NON-PARTISAN ADVOCACY ORGANIZATION THAT IS DED	ICATED TO
REDUCING THE	DANGER OF NUCLEAR WEAPONS AND INCREASING NATION	ONAL SECURITY
WHILE HELPING	G ELECT CONGRESSIONAL CANDIDATES WHO SUPPORT S	UCH POLICIES.
FORM 990, PA	RT VI, SECTION B, LINE 11:	
THE FORM 990	WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND R	EVIEWED BY SENIOR
MANAGEMENT.		
FORM 990, PA	RT VI, SECTION B, LINE 15A:	
THE EXECUTIVE	E DIRECTOR'S COMPENSATION IS SET BY THE BOARD	OF DIRECTORS.
THE BOARD CO	NSIDERS THE PAY LEVELS OF SIMILAR ORGANIZATION	S WHEN
DETERMINING	THE EXECUTIVE DIRECTOR'S COMPENSATION. THE EX	ECUTIVE DIRECTOR
SETS COMPENS	ATION FOR THE OTHER EMPLOYEES IN ACCORDANCE WI	TH THE COUNCIL'S
FINANCIAL BU	DGET.	
FORM 990, PA	RT VI, SECTION C, LINE 19:	
	TION MAKES ITS GOVERNING DOCUMENTS AND FINANCI.	AL STATEMENTS
AVAILABLE UP		
FORM 990, PA	RT VI. SECTION B, LINE 14:	
THE ORGANIZA	TION DOES NOT CURRENTLY HAVE A WRITTEN DOCUMEN	T RETENTION
OR CONFLICT	OF INTEREST POLICY. HOWEVER, THEY PLAN TO IMPL	EMENT THESE
IN THE FUTUR	Ξ.	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14 31

Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization COUNCIL FOR A LIVABLE WORLD	Employer identification number 52-0746112
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	47,329.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	47,329.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	47,329.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
IMPACT OF PRIOR YEAR AUDIT CLOSING ENTRIES.	-697.
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 AN	D REVENUES
ARE RECOGNIZED WHEN RECEIVED RATHER THAN WHEN EARNED AND C	ERTAIN
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 STA	TES OF
AMERICA.	

432212 08-27-14

(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.									
Department of the Treasury Internal Revenue Service Name of the organiza	ation	ormation about Schedule R (Form 99	00) and its instructions is at	www.irs.gov/forms	990.	Employe	^{بر} بے ل	<u>ectio</u> tior יu	on	
Part I Identifica	tion of Disregarded Entities Comple		on Form 990, Part IV, line 33			<u>5</u> 2-	0/4011	. 4		
Name, ad	(a) Idress, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d)	re Fnd-of-,	asset	(f) Direct con entit	ntrolling		
		- -								
	tion of Related Tax-Exempt Organiz	ations Complete if the organiza a	nswe, ' "Yes" on Form 990,	, Part IV, line 34 bec	ause it had one o	r more related	tax-exempt			
Na	(a) ume, address, and EIN f related organization	(r` Prime activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct cont entity	trolling	(g Section 5 contro enti	olled	
			, , , , , , , , , , , , , , , , , , ,		501(c)(3))			Yes	No	
	VABLE WORLD CANDIDATE FUND - 4TH STREET, NE, WASHINGTON,	POLITICAL ACTION COMMITTEE	DISTRICT OF COLUMBIA	527		COUNCIL FOR LIVABLE WOR		x		
		4								
		-								

Related Organizations and Unrelated Partnerships ▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No. 1545-0047

SCHEDULE R (Form 990)

Schedule R (Form 990) 2014 COUNCIL FOR A LIVABLE WORLD

52-0746112 Page 2

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.

organizations treated as a pai		· , ·									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h	I)	(i)	[[[[]	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year	Dispropo		Code VI BI	eral or. 	Jwnership
		(state or foreign	cy	excluded from tax under		assets	allocati		amo [,] , , , , , , , , , , , , , , , , , ,	A _	4
		country)		Sections 512-514)			Yes	NO		YenNo	-
										Ĩ I	
								\rightarrow		+ + -	<u> </u>
						— — <i>–</i>				+	
							$\left \right $			+ + -	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Cor .see "econization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

			-						
(a)	(b)	(;;)	(d) Direct controlling	(e) Turca of antitu	(f)	(g) Share of	(h)	(i Sect) tion
Name, address, and EIN of related organization	Primary act ⁺	Legal ie (stat or foreign	entity	Type of entity (C corp, S corp, or trust)	Share of total income	end-of-year assets	Percentage ownership	512(b contro enti	olled ty?
		country)		0. 110.01,				Yes	No
	-								

Sci Pa

Schedule R (Form 990) 2014 COUNCIL FOR A LIVABLE WORLD			52-0	/46112	Page 3
Part V Transactions With Related Organizations Complete if the organization and	swered "Yes" on Form	990, Part IV, line 34, 35b,	or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes No
1 During the tax year, did the organization engage in any of the following transaction	ns with one or more re	elated organizations listed	in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled enti	ty	.		···· ·	X
b Gift, grant, or capital contribution to related organization(s)				dı	X
c Gift, grant, or capital contribution from related organization(s)				1c	X
d Loans or loan guarantees to or for related organization(s)					X
e Loans or loan guarantees by related organization(s)				1e	X
f Dividends from related organization(s)				1f	X
g Sale of assets to related organization(s)				1g	X
h Purchase of assets from related organization(s)					X
i Exchange of assets with related organization(s)				1 i	X
j Lease of facilities, equipment, or other assets to related organization(s)				1 j	X
k Lease of facilities, equipment, or other assets from related organization(s)				1k	<u> </u>
I Performance of services or membership or fundraising solicitations for related org				11	X
${f m}$ Performance of services or membership or fundraising solicitations by related orga					X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization	tion(s)			1n	X
o Sharing of paid employees with related organization(s)				10	X
p Reimbursement paid to related organization(s) for expenses					<u>X</u>
q Reimbursement paid by related organization(s) for expenses				1q	X
r Other transfer of cash or property to related organization(s)				1r	<u> </u>
s Other transfer of cash or property from related organization(s)				1s	X
2 If the answer to any of the above is "Yes," see the instructions for inform tion on the second sec	o must complete th	nis line, including covered i I	relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amour	nt involved	
(1) COUNCIL FOR A LIVABLE WORLD CANDIDATE FUND	0	11,836.	COST		
(2)					
(3)					
(4)					
(5)					
(6)					

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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 access on the second by total access on th

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h Dispro tiona	General or 0 managing 1 partner? Yes NO	(k) Percentage ownership
		v							

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	Provide additional information for responses to questions on Schedule R (see instructions).
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