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** PUBLIC DISCLOSURE COPY **

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

Do not enter social security numbers on this form as it may be made public.

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



Department of the Treasury Internal Revenue Service

AF	or th	e 2015 calendar year, or tax year beginning and	ending	-	
B c a	heck if pplicab	e: C Name of organization	D Employer identifica	ation number	
	Addre	COUNCIL FOR A LIVABLE WORLD			
	Name			52-07	46112
	Initial		Room/suite	E Telephone number	
		322 ATH STREET NE		(202)	543-4100
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	592,298.
	Amen	WASHINGTON, DC 20002		H(a) Is this a group ret	um
	Applie tion	F Name and address of principal officer: JOHN TIERNEY		for subordinates?	Yes X No
	pendi	SAME AS C ABUVE		H(b) Are all subordinates incl	luded? Yes No
		empt status: 501(c)(3) 🛛 501(c) (4)◀ (insert no.) 4947(a)(1)	or 🗌 527	If "No," attach a li	st. (see instructions)
		te: > WWW.LIVABLEWORLD.ORG		H(c) Group exemption	
		f organization: X Corporation Trust Association Other ►	L Year (of formation: 1962 M	State of legal domicile: DC
Ра	rt I	Summary			
e	1	Briefly describe the organization's mission or most significant activities:			
Activities & Governance	-	ADVOCACY ORGANIZATION THAT IS DEDICATED T			
ern	2	Check this box			
Š	3				<u> </u>
8	4	Number of independent voting members of the governing body (Part VI, line 1b)		15	
ies	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		35	
tivit	6	Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	a	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		544,090.	<u>568,911.</u>
anı	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10.	45.
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-5,339.	19,097.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		538,761.	588,053.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		200,138.	247,697.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
bei	b	Total fundraising expenses (Part IX, column (D), line 25) 81,65	93.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		167,825.	204,458.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		367,963.	452,155.
	19	Revenue less expenses. Subtract line 18 from line 12		170,798.	135,898.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		188,371.	332,390.
t As	21	Total liabilities (Part X, line 26)		5,768.	57,165.
Ren	22	Net assets or fund balances. Subtract line 21 from line 20		182,603.	275,225.
Pa	irt II	Signature Block			
Unde	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	nts, and to the best of my l	knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date
Here	JOHN TIERNEY, EXECUTIVE DIRECTOR Type or print name and title	
Paid	Print/Type preparer's name R MICHAEL SORRELLS Date Date 11/2	2/16
Preparer	Firm's name TATE AND TRYON	Firm's EIN 52-1855942
Use Only	Firm's address 2021 L STREET, NW SUITE 400	
	WASHINGTON, DC 20036	Phone no. (202) 293-2200
May the IF	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
532001 12-1	6-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2015)
S	EE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CO	ONTINUATION

	Sectore or a sector and the sector sector	
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	XX/M-F()	
orm	8879-EO	

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

101		Evolution	0.3	,	
For calendar year 2015, or fiscal year b	eginn	ing	, 2	015, and en	ding

2015

Department of the Treasury Internal Revenue Service Name of exempt

Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo

Name of exempt organization			Employer identification number
COUNCIL FOR A	LIVABLE WORLD		52-0746112
Name and title of officer JOHN TIERNEY			
EXECUTIVE DIRE	CTOR		
Part I Type of F	Return and Return Information	(Whole Dollars Only)	

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 X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	588,053.
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)	4b .	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Declaration and Signature Authorization of Officer Part II

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 2015 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 refund. 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 must contact 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 I authorize TATE AND TRYON	to enter my PIN 20002
ERO firm name	Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2015 electronically filed return. If I have indicated is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I enter my PIN on the return's disclosure consent screen.	within this return that a copy of the return also authorize the aforementioned ERO to
As an officer of the organization, I will enter my PIN as my signature on the organization's tax ye indicated within this return that a copy of the return is being filed with a state agency(ies) regulat program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature Date Date	
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. do not enter	
I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized entries Providers for Business Returns.	
ERO's signature Date Date	11/2/2016
ERO Must Retain This Form - See Instructions)
Do Not Submit This Form To the IRS Unless Requested	To Do So
LHA For Paperwork Reduction Act Notice, see instructions. 523051 10-19-15	Form 8879-EO (2015)

Form	1990 (2015) COUNCIL FOR A LIVABLE WORLD	52-0746112	Page 2
Pa	rt III Statement of Program Service Accomplishments		U
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission:		
	THE COUNCIL FOR A LIVABLE WORLD PROMOTES POLICIES TO REDU		
		RISK OF WAR	<u>т</u>
	THROUGH LOBBYING AND BY HELPING ELECT AND SUPPORT MEMBERS WHO SHARE OUR GOALS.	5 OF CONGRESS	>
2	Did the organization undertake any significant program services during the year which were not listed on		
2	the prior Form 990 or 990-EZ?	Ves	XNo
	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?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, an	d
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$105,937. including grants of \$) (Revenue THE COUNCIL FOR A LIVABLE WORLD'S PRIMARY PROGRAM SERVICE)
	ACCOMPLISHMENTS INVOLVE ACTIVITIES PROMOTING POLICIES TO		
	EVENTUALLY ELIMINATE NUCLEAR WEAPONS, TO REDUCE THE RISK		<u>то</u>
	ADVOCATE FOR SENSIBLE MILITARY SPENDING AND POLICIES THRO	-	
	ANALYSIS, EDUCATION AND LOBBYING AS WELL AS BY HELPING EI		
	SUPPORT MEMBERS OF CONGRESS WHO SHARE SUCH GOALS.		
4b	(Code:) (Expenses \$43,450 •including grants of \$) (Revenue		<u> </u>
40	(Code:) (Expenses \$43,450. including grants of \$) (Revenu DEFENSE SPENDING: THE COUNCIL, AND ITS INDEPENDENT PROJEC)
	PENTAGON BUDGET CAMPAIGN - WORK TO EDUCATE DECISION-MAKER		
	PUBLIC ABOUT THE DEFENSE BUDGET THROUGH OVERSIGHT AND LEG	JISLATIVE	
	ANALYSIS. THE COUNCIL ALSO WORKS TO HIGHLIGHT AND ELIMINA	ATE WASTE,	
	FRAUD, AND ABUSE FROM THE PENTAGON BUDGET IN AN EFFORT TO		
	SMART DEFENSE SPENDING THAT INCREASES U.S. NATIONAL SECUR	<u>XITY WITHOUT</u>	
	COMPROMISING OUR FINANCIAL SECURITY.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ue \$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 149,387.		20
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12-16-	-15 2		
	2		

Form	aan	(2015)	
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 Form 990 (2015)
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 Part IV
 Checklist of Required Schedules
 Checklist
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			Yes	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	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	3	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	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 right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, 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? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
-	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	444		x
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
-	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			- 23
12d		12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		- 23
J		12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schoolule G. Part III	19		X

Form 990 (2015)

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 Form 990 (2015)
 COUNCIL
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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21		X
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	22		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	23		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 complete			
	Schedule K. If "No", go to line 25a	24a		X
b	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 to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess 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 prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			- v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х	
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	X	<u> </u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	- 22	├──
U		35b		x
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	330		
00	If "Yes," complete Schedule R, Part V, line 2	36	N/	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		-1/	<u> </u>
01	and that is treated as a partnership 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?			<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form 990 (2015)

Check If Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter O I not applicable 1a is different with the set of t	Form	990 (2015) COUNCIL FOR A LIVABLE WORLD 52-0746 t V Statements Regarding Other IRS Filings and Tax Compliance	112	F	eage 5
1a Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable 1a 1a 6 1b Enter the number of Forms V-2G included in line 1a. Enter 0- if not applicable 1b 0 2b Enter the number of Forms V-2G included in line 1a. Enter 0- if not applicable 1b 0 2c Enter the number of forms V-2G included in line 1a. Enter 0- if not applicable 1c X 2a Enter the number of forms V-2G include in Form V-3. Transmittal of Vage and Tax Statements. 2a 11 b If at least one is reported on line 2a, did the organization file all required to defa entitications? 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If Yes, inst the all com 300 or tork year with the organization have an interves in, or a signature or other authority oxer, a financial accountly oxer, a financial accountly with a state have an interves in, or a signature or other authority oxer, a financial accountly oxer, a financial accountly with a state have an interves in, or a signature or other authority oxer, a financial accountly with a state have an ontax bits and Financial accountly oxer, a financial accountly with a state have a state and financial accountly with a state actreauthor author financial accountly oxer, a fi					
a Enter the number eported in Box 3 of Form 1096. Enter 0. If not applicable 1a 6 b Enter the number of forms W30 childed in line its. Enter 0. If not applicable payments to vendors and reportable gaming (gambing) winnings to pits winners? 1c X 2a Enter the number of eports W30 childed in line 16. Enter 0. If not applicable payments to vendors and reportable gaming (gambing) winnings to pits winners? 1c X 2a Enter the number of emoty with backup withholding nuls for reportable payments to vendors and reportable payments. 11 2a 11 b If a last one is reported on in E3. (d the organization fie all required for dearil employment tax returns? 2a X b If Ves, 'maat field a form 800 Tor this year? If Vo, 'to line 3D, provide an explanation in Schedule 0 3a X b If Ves, 'maat field a form 600 Tor this year? If Vo, 'to line 3D, provide an explanation in Schedule 0 3a X b If Ves, 'maat field a forgin contry; 'som 11.4, Report of Foregin Bark and Financial account? 4a X b If Ves, 'indicate the name of the organization have an inter worth and yind or during vegation and yind organization solicit any contributions tak vegation that was or is a party to a prohibited tax shear? 5a X c If Ves, 'in during capitation include with every solicitation an express statement that such contributions or guitation and exdicuble acharelable contribution or qualitation and party for g					
b Enter the number of Porms W20 included in line 14. Enter 0- if not applicable Inter the number of employees reported on form W33, Transmittation Wage and Tax Statements, Inter the number of employees reported on form W33, Transmittation Wage and Tax Statements, Inter the number of employees reported on form W33, Transmittation Wage and Tax Statements, Inter the number of employees reported on form W33, Transmittation Wage and Tax Statements, Inter the number of employees reported on line 24, infit the organization file all required feedand employment tax nturns? Inter X 3a Did the organization have unclated busines gross income of \$1,000 or more during the year? Inter X Inter X 3b If Yeas, 'number of employees reported on or from Y63, Transmittation Y Nork (in the application in Schedule O) Inter X Inter Yeas, 'number of employees reported on or from Y63, Transmittation Y84, Transmittatin Y84, Transmittation Y84, Tra	10	Enter the number reported in Roy 3 of Form 1006 Enter 0 if not applicable		res	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 10 X 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendary sear eding with or within the year covered by this return 11 12 X 1 If at least on is is ported on lines 2, did the organization field all required federal employment tux returns? 20 X Note. If the sum of ines 1a and 2 as ig parter than 250, you may be required to <i>c</i> - <i>file</i> (see instructions) 3a X 3 Did the organization have unrequestion in Schedule 0. 3b 4 4 At any time during the calendary way, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 5a X 5 Was the organization have unrequestion that was or is a party to a prohibited tax shelter transaction? 5a X 5 Did any taxable party notify the organization have that was or is a party to a prohibited tax shelter transaction? 5a X 6 Did any taxable party notify the organization have an express statement that such contributions crifts were not tax deductable? 5a X 7 Organization have no tax deductable? 17b 17b 7a 7a <th>-</th> <th></th> <th></th> <th></th> <th></th>	-				
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Form **990** (2015)

Form 990	(2015))
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COUNCIL FOR A LIVABLE WORLD

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

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X

1a Enter the number of voting members of the governing body at the end of the tax year 1a 15 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 0. 1b 15 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 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8a b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? 8a 8a b St	X	No X X X X X
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for public inspection. Indicate how you made these available. Check all that apply.		
X 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 financia	al	
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:		
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	l ga		(((D)	(E)	(F)
Name and Title	Average			Pos	itior			Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	than (is both	n an	compensation	compensation	amount of
	week		cer ar T	nd a d I	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC)		organization and related
	below	dual ti	utiona		nploy	st cor	5			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT MUSIL	1.00									
CHAIR		х						0.	0.	0.
(2) JULES ZACHER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(3) DANIEL WIRLS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) JIM WALSH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) LORIN WALKER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) MARK STERNMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) GENE POKORNY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) KATHERINE MAGRAW	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) ALICE DAY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) DAVID COHEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) PAUL CASTLEMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) TIMOTHY BRENNAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) ARON BERNSTEIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) PHILIP G. SCHRAG	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) ANGELA J. CANTERBURY	20.00									
EXECUTIVE DIRECTOR		Х		X			L	63,556.	0.	3,047.
(16) CAIN FARMER	20.00									
CONTROLLER		Х		X			L	25,206.	0.	4,870.
(17) JOHN D. ISAACS	18.00									
INTERIM EXECUTIVE DIRECTOR		Х		Х				39,354.	0.	0.

532007 12-16-15

Form 990 (2015)

7

	<u>990 (2015)</u> COUNCIL I	FOR A LI	.VA	BL	E	WO	RL	D		52-07	4611	2 F	->age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below	box	not c , unles	ss per Id a di	ition more rson i irecto	Highest compensated Light of the stand sta	tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC	C) (C	(F) Estimat amoun othe ompens from th organiza and rela rganiza	t of r ation he ation ated
		line)	ndivid	nstitu	Officer	(ey en	Highe	Former				. guu	
					0	×	Ξē	Ľ.					
1b	Sub-total								128,116.		0.	7,9	917.
с	Total from continuation sheets to Part VI	I, Section A							0.		0.		0.
	Total (add lines 1b and 1c)								128,116.		0.	7,9	917.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wn	o re	eceived more than \$100,0	JUU of reportable			0
												Yes	
3	Did the organization list any former officer,					•			•				77
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su										3	;	X
	and related organizations greater than \$150),000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual		4		X
5	Did any person listed on line 1a receive or a										5		x
Sec	rendered to the organization? If "Yes," corr tion B. Independent Contractors	plete Schedule	<u> </u>	<u>or sl</u>	icn r	bers	on .				9		1 23
1	Complete this table for your five highest co	•	· ·							<i>,</i> ,	ensation	from	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin I		ear.		(0)	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Com	(C) pensati	on
								_					
2	Total number of independent contractors (in \$100,000 of compensation from the organized strength or the organized strength of the organized strengt		ot lin	nitec	d to t	thos (ted	above) who received mo	ore than			
	wroo,ooo or compensation nom the organi.										For	m 990	(2015)

orm 990	0 (20			A LIVABLE	WORLD		52-0746	112 Page
Part V	/111	Statement of Rever	nue					
		Check if Schedule O cont	tains a response	or note to any line		(B)	(C)	
					(A) Total revenue	(b) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស្ទុ 1	a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts L		Membership dues						
δ. Amo G	С	Fundraising events	1c					
ar <i>F</i>	d	Related organizations	1d					
s, s	е	Government grants (contribut	ions) 1e					
ri Si	f	All other contributions, gifts, grar	nts, and					
the	:	similar amounts not included abo	ve 1f	568,911.				
dO	g I	Noncash contributions included in lines	1a-1f: \$					
ရှိ ငိ	h	Total. Add lines 1a-1f		►	568,911.			
				Business Code				
ფ 2	а							
Program Service Revenue S	Ь.							
enu	с.							
ran Sev	d.							
б <u>г</u>	е.							
ā		All other program service reve						
		Total. Add lines 2a-2f						
3		Investment income (including			4 5			45
		other similar amounts)			45.			45
4		Income from investment of ta			710			71 2
5		Royalties			713.			713
			(i) Real	(ii) Personal				
6		Gross rents		+				
		Less: rental expenses						
		Rental income or (loss)						
_								
7		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
		Less: cost or other basis						
		and sales expenses		+				
		Gain or (loss)						
		Net gain or (loss)						
e e		Gross income from fundraisin including \$	•					
ven		contributions reported on line						
Other Revenue		Part IV, line 18	,	22,629.				
her		Less: direct expenses		4,245.				
ð		Net income or (loss) from fund			18,384.			18,384
		Gross income from gaming a			.,			
		Part IV, line 19		a				
		Less: direct expenses		b				
		Net income or (loss) from gan						
		Gross sales of inventory, less						
		and allowances		a				
		Less: cost of goods sold		b				
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
11	а							
	b							
	c							
	d /	All other revenue						
		Total. Add lines 11a-11d						
12		Total revenue. See instructions.			588,053.	0.	0.	19,142.
32009 12-				F		1		Form 990 (2

COUNCIL FOR A LIVABLE WORLD Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			general expenses	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 151	45 665	<i>ca i c c</i>	~ ~ ~ ~ ~
	trustees, and key employees	138,171.	47,635.	61,460.	29,076
3	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	D1 101	06 447	00 541	1 (1 /)
7	Other salaries and wages	71,131.	26,447.	28,541.	16,143
3	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	22 005		22 005	
9	Other employee benefits	23,005. 15,390.	E 700	23,005.	2 402
D	Payroll taxes	15,390.	5,722.	6,175.	3,493
1	Fees for services (non-employees):				
	Management				
	Legal	24,609.		24,609.	
	Accounting	24,009.		24,009.	
	Lobbying				
-	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	5 452	5,452.		
~	column (A) amount, list line 11g expenses on Sch 0.)	5,452. 33,431.	5,452.	450.	32,981
2	Advertising and promotion	18,982.	15,155.	3,827.	52,901
3	Office expenses	20,201.	5,526.	14,675.	
4 5	Information technology	20,201.	5,520•	14,0750	
5	Royalties	28,913.		28,913.	
6		3,057.		3,057.	
7 8	Travel Payments of travel or entertainment expenses	5,057.		5,057.	
D	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	11,155.		11,155.	
0	н Г	11/1001			
1	Payments to affiliates				
י 2	Depreciation, depletion, and amortization	1,838.		1,838.	
2 3	Insurance	_,		,	
4	Other expenses. Itemize expenses not covered				
•	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	44,200.	43,450.	750.	
b	DUES AND SUBSCRIPTIONS	7,588.		7,588.	
с	PAYROLL EXPENSES	3,239.		3,239.	
d	LICENSES AND FEES	1,255.		1,255.	
	All other expenses	538.		538.	
5	Total functional expenses. Add lines 1 through 24e	452,155.	149,387.	221,075.	81,693
<u> </u>	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 if following SOP 98-2 (ASC 958-720)				

10

12491102 790809 52-0746112

Form 990 (2015)

					Degining of year		
	1	Cash - non-interest-bearing			51,365.	1	221,347.
	2	Savings and temporary cash investments			79,928.	2	79,967.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			52,922.	4	4,701.
	5	Loans and other receivables from current and for		· ·			
		trustees, key employees, and highest compensa					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualifi					
	_	section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of secti		-			
s		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			4,156.	9	12,516.
		Land, buildings, and equipment: cost or other			_/		
		basis Complete Part VI of Schedule D	10a	17,625.			
	Ь	basis. Complete Part VI of Schedule D	10b	3,766.	0.	10c	13,859.
	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		Г		14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			188,371.	16	332,390.
	17	Accounts payable and accrued expenses			5,768.	17	57,165.
	18	Grants payable			.,	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					
Liabilities		key employees, highest compensated employees					
iliqu		Complete Part II of Schedule L				22	
Ľ	23	Secured mortgages and notes payable to unrelat				23	
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pay		E E E E E E E E E E E E E E E E E E E			
		parties, and other liabilities not included on lines					
		Schedule D				25	
	26	Tetel liebilities Add lines 17 through 05			5,768.	26	57,165.
		Organizations that follow SFAS 117 (ASC 958)	, check	here 🕨 🔀 and			
ß		complete lines 27 through 29, and lines 33 and					
če	27	Unrestricted net assets			182,603.	27	275,225.
alar	28	Temporarily restricted net assets				28	
ä	29					29	
ŭ		Organizations that do not follow SFAS 117 (AS					
ř		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or eq				31	
Ϋ́	32	Retained earnings, endowment, accumulated inc				32	
0)		Total net assets or fund balances			182,603.	33	275,225.
ž	33				188,371.		332,390.

COUNCIL FOR A LIVABLE WORLD Part X Balance Sheet

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

52-0746112 Page 11

(B) End of year

(A) Beginning of year

	1990 (2015) COUNCIL FOR A LIVABLE WORLD	52-074	6112	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	588		
2	Total expenses (must equal Part IX, column (A), line 25)	2	452		
3	Revenue less expenses. Subtract line 2 from line 1	3	135		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	182	,60	<u>03.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			60.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-37	,51	16.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	275	, 22	25.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
29	Were the organization's financial statements compiled or reviewed by an independent accountant?	0.	2a		х
20	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	. 20		
	separate basis, consolidated basis, or both:	ona			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:	,			
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		х
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	~	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2015)

Schedule B (Form 990, 990-EZ. or 990-PF) Department of the Treasury

Internal Revenue Service

* *	PUBLTC	DISCLOSURE	COPY	* *
	LODDIC	DIDCTODOUT	COLI	

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 .

OMB No 1545-0047

Employer identification number

52-074611	2
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Name of the organization	
--------------------------	--

Organization type (check one)

Filers of:	Section:				
Form 990 or 990-EZ	\fbox 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.

4

COUNCIL FOR A LIVABLE WORLD

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 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 Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater 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 and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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 Part 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 filing requirements 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) (2015)

Name of organization

Employer identification number

52-0746112

COUNCIL FOR A LIVABLE WORLD

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 43,500. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 20,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 104,800. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 191,060. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 6,200. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page **2**

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2015.04030 COUNCIL FOR A LIVABLE WOR 52-07461

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Page 3

Employer identification number

52-0746112

COUNCIL FOR A LIVABLE WORLD

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

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 $12491102 \ 790809 \ 52-0746112$

2015.04030 COUNCIL FOR A LIVABLE WOR 52-07461

Name of org	anization		Employer identification number
COINCT			52-0746112
Part III	<u>L FOR A LIVABLE WORLD</u> Exclusively religious, charitable, etc., co	ntributions to organizations described i	n section 501(c)(7), (8), or (10) that total more than \$1,000 for
	the year from any one contributor. Comple completing Part III, enter the total of exclusively religi	te columns (a) through (e) and the follow ous, charitable, etc., contributions of \$1,000 or I	ving line entry. For organizations
	Use duplicate copies of Part III if addition	onal space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		-	
-		(e) Transfer of gift	
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from		(a) Line of rift	(d) Description of how sift is hold
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		-	
-		(e) Transfer of gift	
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(2) i diposo oi giri		
		-	
F		(e) Transfer of gift	
F	Transferee's name, address,		Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(~)	(0,000019.11	(<i>a</i>) <u>2</u>
		-	
F		(e) Transfer of gift	<u> </u>
	Transferee's name, address,	and ZI P + 4	Relationship of transferor to transferee
F			
		[
523454 10-26-	15		Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Political Campaign and Lobbying Activities							
EZ)							
 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. 							
ganizations: Com er than section 50 cations: Complete wered "Yes," on ganizations that h ganizations that h wered "Yes," on tructions), then	olete Parts I-A and B. Do not con 1(c)(3)) organizations: Complete F Part I-A only. Form 990, Part IV, line 4, or For ave filed Form 5768 (election und ave NOT filed Form 5768 (election Form 990, Part IV, line 5 (Proxy	nplete Part I-C. Parts I-A and C below. D rm 990-EZ, Part VI, line der section 501(h)): Com on under section 501(h));	o not complete Part I-B. 47 (Lobbying Activities) aplete Part II-A. Do not con Complete Part II-B. Do not), then nplete Part II-B. ot complete Part II-A.			
i), or (6) organizati	ons: Complete Part III.		Empl	oyer identification number			
COUNCIL	FOR A LIVABLE WO			52-0746112			
			is a section 527 or				
res	· · · · · · · · · · · · · · · · · · ·		▶ \$				
•							
nade?				Yes No			
n Part IV.							
ete if the org	anization is exempt unde	er section 501(c), e	xcept section 501(c)(3).			
of the filing organi ctivities ion expenditures. dization file Form iddresses and em or each organizat	Add lines 1 and 2. Enter here an 1120-POL for this year? ployer identification number (EIN ion listed, enter the amount paid	er organizations for sect d on Form 1120-POL,) of all section 527 politi from the filing organizat	tion 527 ► \$ cal organizations to which ion's funds. Also enter the	X Yes No the filing organization a amount of political			
•			· ·	o oogi ogaloa tana or a			
	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0			
		16-1669931	0.	0.			
tion Act Notice	ee the Instructions for Form OG	0 or 990-E7	Schedule C	(Form 990 or 990-EZ) 2015			
	For Orga ► Complete ► Information at wered "Yes," on ganizations: Complete wered "Yes," on ganizations that h ganizations that h ganizations that h wered "Yes," on tructions), then b), or (6) organizati COUNCIL lete if the organization ion of the organization in of the organization of any excise tax in of any excise tax in incurred a section made? I lete if the organization in Part IV. lete if the organization in Part IV. lete if the organization in Part IV. lete if the organization in curred a section made? in Part IV. lete if the organization civities tion expenditures. mization file Form addresses and emails or each organization ived that were pro- mittee (PAC). If a and A JD CANDID	For Organizations Exempt From Incom ▶ Complete if the organization is describe ▶ Information about Schedule C (Form 990 or 990-E swered "Yes," on Form 990, Part IV, line 3, or Fo ganizations: Complete Parts I-A and B. Do not con art han section 501(c)(3)) organizations: Complete I zations: Complete Part I-A only. wered "Yes," on Form 990, Part IV, line 4, or Fo ganizations that have filed Form 5768 (election unganizations that have NOT filed Form 5768 (election unganizations), then c), or (6) organizations: Complete Part III. COUNCILL FOR A LIVABLE WO lete if the organization is exempt under ion of the organization's direct and indirect political irres lete if the organization is exempt under of any excise tax incurred by the organization under of any excise tax incurred by the organization for sec of the filing organization's funds contributed to oth ctvitties in Part IV. lete if the organization's funds contributed to ath ctivities tion expenditures. Add lines 1 and 2. Enter here and nization file Form 1120-POL for this year? addresses and employer identification number (EIN for each organization listed, enter the amount paid	For Organizations Exempt From Income Tax Under section 501 Complete if the organization is described below. Attach to Information about Schedule C (Form 990 or 990-EZ) and its instructions is a anxienced "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line ganizations: Complete Parts I-A and B. Do not complete Part I-C. er than section 501(c)(3)) organizations: Complete Parts I-A and C below. Distance: Complete Part I-A only. wered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line ganizations that have filed Form 5768 (election under section 501(h)): Comganizations that have filed Form 5768 (election under section 501(h)): Comganizations that have NOT filed Form 5768 (election under section 501(c)) or ganizations, then 5), or (6) organizations: Complete Part III. COUNCIL FOR A LIVABLE WORLD Iete if the organization is exempt under section 501(c) or ion of the organization is exempt under section 501(c)(3) of any excise tax incurred by the organization under section 501(c)(3) of any excise tax incurred by the organization under section 501(c), e directly expended by the filing organization for section 507 exempt functio of the filing organization is exempt under section 501(c), e directly expended by the filing organization for section 527 exempt functio of the filing organization is exempt under section 501(c), e directly expended by the filing organization for section 527 exempt functio of the filing organization is exempt under section 527 politi in expend	For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form/990. wared "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign / ganizations: Complete Part Is A and B. Do not complete Part IA. r than section 501(c)(3) organizations: Complete Part IA. Do not complete Part IA. ganizations that have NDT file (Bection under section 501(b)): Complete Part IB. Do not wered "Yes," on Form 990. Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-fit ructions), then 3. Image: Complete Part IB. COUNCIL FOR A LIVABLE WORLD Emplete Part IB. COUNCIL FOR A LIVABLE WORLD Emplete Part IB. Inter organization is exempt under section 501(c) (or is a section 527 organization static incurred by organization under section 4955 \$ \$ \$ in or the organization is exempt under section 501(c)(-ganization 527 organization managers under section 4955 \$ \$ in or of the organization is exempt under section 501(c)(-ganization 501) \$ \$ of any excise tax incurred by the organization under section 501(c), except section 501(c) \$ \$ \$ ind or the organization is exempt under section 501(c), except section 501(c) \$ \$ \$ ind are excise tax incurred by the organization for section 501 \$ \$ \$ \$ \$ <			

10-05-15

Schedule C (Form 990 or 990-EZ) 2015 CC	UNCIL FOR	A LIVABLE	WORLD	52-0	746112 Page 2
Part II-A Complete if the organ	ization is exer	npt under sectior	n 501(c)(3) and file	d Form 5768 (el	ection under
section 501(h)).					
	0	• • •	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share o	, .	• •			
B Check b if the filing organization	h checked box A a	nd "limited control" pro	ovisions apply.		
	on Lobbying Expe res" means amou	nditures Ints paid or incurred.))	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influen	ce public opinion (grass roots lobbying)			
b Total lobbying expenditures to influen	ce a legislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add lines					
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a					
f_Lobbying nontaxable amount. Enter th					
If the amount on line 1e, column (a) or (b		bying nontaxable am			
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000,00		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,		00 plus 10% of the exc			
Over \$1,500,000 but not over \$1,500,		00 plus 5% of the exce			
Over \$17,000,000	\$1,000	•	<u>55 0ver \$1,500,000.</u>		
	φ1,000,	000.			
a Crassroots pontavable amount (onter	2504 of line 1f				
 g Grassroots nontaxable amount (enter h Subtract line 1g from line 1a. If zero o 	, ,				
Ŭ	,				
i Subtract line 1f from line 1c. If zero or		ite and the later and the	•••••••••••••••••••••••••••••••••••••••		
j If there is an amount other than zero o	-			Г	─,, ┌,,
reporting section 4911 tax for this yea				[Yes No
(Some organizations that	made a section 5	eraging Period Under 01(h) election do not ate instructions for lir	have to complete all o	f the five columns be	elow.
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
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))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2015

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52-0746112 Page 3

Schedule C (Form 990 or 990-EZ) 2015 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 on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1	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?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public?				
	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?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(ō), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " answered "Yes."				e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group uctions); and Part II-B, line 1. Also, complete this part for any additional information.	list); Part II-	A, lines 1 a	nd 2 (see	
PAI	RT I-A, LINE 1:				
THE	E COUNCIL HAS A RELATED POLITICAL ACTION COMMITTEE,	AS LIS	STED O	N	
SCI	HEDULE R, PART II, THROUGH WHICH IT INDIRECTLY ENGAG	ES IN	POLIT	ICAL	
AC	TIVITIES. THE COUNCIL WILL PROVIDE ADMINISTRATIVE S	UPPORT	FOR	THE	
PAC	C AS ALLOWED BY FEDERAL ELECTION LAW.				

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) 2015

(Forn	SCHEDULE D Supplemental Financial Statements Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. exartment of the Treasury Attach to Form 990.						
	ment of the Treasury I Revenue Service		m 990) and its instructions is at <u>www.irs.ad</u>	v/form99			
Nam	e of the organizat	ion	-		ployer identification number 52-0746112		
Par	t I Organiz	COUNCIL FOR A LIVA	d Funds or Other Similar Funds or	Accou			
1 41		on answered "Yes" on Form 990, Part IV, lin		Accou			
	organizatio		(a) Donor advised funds	(b) Fu	nds and other accounts		
1	Total number at e	nd of year		.,			
2		of contributions to (during year)					
3		of grants from (during year)					
4		at end of year					
5	Did the organizati	on inform all donors and donor advisors in	writing that the assets held in donor advised f	unds			
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes No		
6	Did the organizati	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only			
	for charitable purp	poses and not for the benefit of the donor o	r donor advisor, or for any other purpose cont	erring			
De	impermissible priv						
Par			ganization answered "Yes" on Form 990, Part	IV, line 7			
1	Preservation	servation easements held by the organization n of land for public use (e.g., recreation or e of natural habitat n of open space					
2	Complete lines 2a	a through 2d if the organization held a qualit	fied conservation contribution in the form of a	conserva	ation easement on the last		
	day of the tax yea	r.			Held at the End of the Tax Year		
а							
b	-	-					
C			ucture included in (a)	<u>2c</u>			
d			after 8/17/06, and not on a historic structure	2d			
3			eased, extinguished, or terminated by the org		during the tax		
3	year ►	valion easements mouned, transiered, rei	eased, extinguished, or terminated by the org	anization	duning the tax		
4	-	where property subject to conservation eas	sement is located				
5		ation have a written policy regarding the per					
-		forcement of the conservation easements it			Yes No		
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservations				
	▶						
7	Amount of expense	ses incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation	easemer	its during the year		
	▶\$						
8	Does each conser	rvation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)	(B)(i)			
9			on easements in its revenue and expense stat				
			tion's financial statements that describes the	organizat	ion's accounting for		
Dai	conservation ease		Art, Historical Treasures, or Othe	Simila	ur Accate		
ı aı		if the organization answered "Yes" on Form		Onnie	II A33613.		
10				and hala	noo aboat works of art		
Ia			SC 958), not to report in its revenue statement hibition, education, or research in furtherance				
		the to its financial statements that descri			service, provide, intratt All,		
b			C 958), to report in its revenue statement and	l balance	sheet works of art historical		
~	-		ducation, or research in furtherance of public				
	relating to these it		,	·····, P			
	-			►	\$		
					\$		
2			asures, or other similar assets for financial gai		e		
		unts required to be reported under SFAS 1					
а	Revenue included	l on Form 990, Part VIII, line 1	· · · · · ·	🕨	\$		
b					\$		
LHA	A For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2015						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 532051 11-02-15

 $^{21}_{\rm 2015.04030}$ council for a livable wor 52-07461

Sche	hedule D (Form 990) 2015 COUNCIL FOR A LIVABLE WORLD 52-0746112 Page 2										
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	torical Tre	easures, o	r Other	Similar	r Assets	s (contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, chec	k any of the f	following that	t are a sig	nificant u	se of its c	ollection	items	5
	(check all that apply):										
а	Public exhibition	c	1 🗌	Loan or exc	hange progra	ams					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	n how tł	hey further th	ne organizatio	on's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, h	istorical treas	sures, or othe	er similar a	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if th	e organizatio	n answered '	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for	contribution	s or other ass	sets not ir	ncluded				
	on Form 990, Part X?							🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing	table:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or cu	ustodial acco	unt liabilit	y?	∟	Yes		No
_	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization an	swered	I "Yes" on Fo	orm 990, Part				1		
		(a) Current year	(b)	Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Fou	years	back
1 a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are held ar	nd administer	red for the	e organiza	ation	1		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered							.	<i>(</i> -) -		
	Description of property	(a) Cost or o			t or other		cumulate	ed	(d) Boo	k valu	ie
	Land	basis (investr	nenty	Dasis	(other)	uep	preciation				
-	Land			+							
b	Buildings			+							
	Leasehold improvements			+							
	Equipment			1	7,625.		3,76	56	1	2 0	50
	Other		. ·					<u> </u>			<u>59.</u> 59.
<u>i otal</u>	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part</u>	<u>X, colur</u>	тп (В), line 1	UC.)	<u></u>		P			
								Schedule	rorn) ע	1 990	<i>j</i> 2015

532052 09-21-15

Schedule D (Form 990)	2015	COUNCIL	FOR	А	LIVABLE	WORLD

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

532053 09-21-15

Sche	dule D (Form 990) 2015 COUNCIL FOR A LIVABLE WORI	D		52-0	746112	Page 4
	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With I	Revenue per Re			<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financial statements			1	610	,116.
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	2c				
d	Other (Describe in Part XIII.)	2d	22,063.			
е	Add lines 2a through 2d			2e	22	,063.
3	Subtract line 2e from line 1			3	588,	,053.
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			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	588,	,053.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		Expenses per F	Return	-	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				450	4
1	Total expenses and losses per audited financial statements			1	452	,155.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2 a				
b	Prior year adjustments					
С	Other losses	. 2c				
d	Other (Describe in Part XIII.)					•
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	452	<u>,155.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 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			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	452	,155.
Pa	t XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 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 XI, LINE 2D - OTHER ADJUSTMENTS:

CANDIDATE FUND REVENUE INCLUDED IN CONSOLIDATED FINANCIAL

STATEMENTS

22,063.

532054 09-21-15

12491102 790809 52-0746112

SCHEDULE G	Supplama	ntol Information Description	Eurod		na or Comina A	.	ition	OMB No. 1545-0047
(Form 990 or 990-EZ)		ntal Information Regarding organization answered "Yes" on F						2015
	-	rganization entered more than \$1	5,000 d	on For	m 990-EZ, line 6a.	, io,		
Department of the Treasury Internal Revenue Service	Information a	Attach to Form 990 bout Schedule G (Form 990 or 990-EZ)				nov/fc	orm000	Open to Public Inspection
Name of the organization				msau	Cuons is ut www.iis.g	101/10		dentification number
		FOR A LIVABLE WOR					52-074	
Part I Fundrais required to	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-I	EZ filers are not
	-	ed funds through any of the followin	-					
a X Mail solicitat				-	overnment grants			
b X Internet and c Phone solici	email solicitations	f Solicita g X Special		•	nment grants			
d X In-person so		g [11] Opecial	lunura	using (events			
		r oral agreement with any individual	(includ	ing of	ficers, directors, trus	tees	or	
		art VII) or entity in connection with p						es 🗌 No
b If "Yes," list the tell compensated at le	•	viduals or entities (fundraisers) pursu organization.	ant to	agree	ments under which t	he fu	ndraiser is to	be
			(iii)	Did		(v)	Amount paid	
(i) Name and addres or entity (fund		(ii) Activity	fundr have ci or con contribu	aiser ustody trol of	(iv) Gross receipts from activity	tò (c	fundraiser ted in col. (i)	
			Yes	No				
 List all states in white or licensing. 	ich the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from	registration
	oduction Act Not	on one the Instructions for Forme	00 ~~	000 -	7	Soha		900 or 000 EZ 0015
	eduction ACT NOT	ce, see the Instructions for Form 9	SU OF	990-E	. ∠ .	sche	uule G (Form	990 or 990-EZ) 2015

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 Schedule G (Form 990 or 990-EZ) 2015
 COUNCIL
 FOR
 A
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 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 DRINAN FUNDRAISER	(b) Event #2 BOSTON AND SEATLE GATHE	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	- col. (c))
PEVENUE	1	Gross receipts	16,349.	6,280.		22,629
	2	Less: Contributions				
	-					
	3	Gross income (line 1 minus line 2)	16,349.	6,280.		22,629
	4	Cash prizes				
	5	Noncash prizes				
herises	6	Rent/facility costs		4,245.		4,245
DILECT EXPENSES	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses				
-	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		►	4,245
						18,384
ar	tl	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or re	eported more than	
Т		\$15,000 off Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (a)
	1	Gross revenue				
T	<u>1</u> 2	Gross revenue				
T		Cash prizes				
	3					
	3 4	Cash prizes Noncash prizes Rent/facility costs				
	3	Cash prizes		%	%	
	3 4 5	Cash prizes Noncash prizes Rent/facility costs	% % No	Yes% □%	Yes% No	
	3 4 5_	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	No		No	
	3 4 5_	Cash prizes	h 5 in column (d)	No	No►	
	3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	h 5 in column (d)	No	No►	
	3 4 5 7 8 Ent	Cash prizes	h 5 in column (d)	No	No ►	
	3 4 5 6 7 8 Ent	Cash prizes	h 5 in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these	No No states?	No ►	
	3 4 5 6 7 8 Ent	Cash prizes	h 5 in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these	No No states?	No ►	
	3 4 5 6 7 8 Ent	Cash prizes	h 5 in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these	No No states?	No ►	
	3 4 5 6 7 8 Ent Is ti	Cash prizes	h 5 in column (d)	states?	No	Yes N
	3 4 5 6 7 8 Ent Is ti	Cash prizes	h 5 in column (d)	states?	No	Yes N

Sch	edule G (Form 990 or 990-EZ) 2015 COUNCIL FOR A LIVABLE WORLD 5	2-07	46112	Page 3
11	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?	l	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility		13a	%
b	An outside facility	L	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[Yes	🗌 No
h	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amoun	.+		
N	of gaming revenue retained by the third party \triangleright \$ and the amount of gaming revenue retained by the third party \triangleright \$.L		
0	s If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	ſ		
	retain the state gaming license?		Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the exemption of the text user.	ne		
Pa	organization's own exempt activities during the tax year s Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III line	s 9 9b 1)b 15b
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	,	5 0, 00, N	55, 105,
5320	83 09-14-15 Schedule G 27	(Form 9	990 or 99	0-EZ) 2015
	<u> </u>			

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raitiv	Supplemental information	(continued)	
			Schedule G (Earm 990 or 990-E7)

Schedule G (Form 990 or 990-EZ)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Employer identification number

52-0746112

COUNCIL FOR A LIVABLE WORLD

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NUCLEAR WEAPONS AND INCREASING NATIONAL SECURITY WHILE HELPING ELECT

CONGRESSIONAL CANDIDATES WHO SUPPORT SUCH POLICIES.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION ADOPTED NEW BYLAWS

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR'S COMPENSATION IS SET BY THE BOARD OF DIRECTORS.

THE BOARD CONSIDERS THE PAY LEVELS OF SIMILAR ORGANIZATIONS WHEN

DETERMINING THE EXECUTIVE DIRECTOR'S COMPENSATION. THE EXECUTIVE DIRECTOR

SETS COMPENSATION FOR THE OTHER EMPLOYEES IN ACCORDANCE WITH THE COUNCIL'S

FINANCIAL BUDGET.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

POLITICAL ACTION COMMITEE

-37,516.

LHA. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15 Schedule O (Form 990 or 990-EZ) (2015)

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Pa

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE R

(Form 990)

Information about Schedule R (Form 990) and its instructions is at www.jrs.gov/form990.

COUNCIL FOR A LIVABLE WORLD

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
COUNCIL FOR A LIVABLE WORLD CANDIDATE FUND -							
16-1669931, 322 4TH STREET, NE, WASHINGTON,					COUNCIL FOR A		
DC 20002	POLITICAL ACTION COMMITTEE	DISTRICT OF COLUMBIA	527		LIVABLE WORLD	X	
	1						
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2015

OMB No. 1545-0047

2015

Employer identification number 52-0746112

Open to Public Inspection

Schedule R (Form 990) 2015 COUNCIL FOR A LIVABLE WORLD

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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.

(a)	(b)	(c)	(c) (d) (e) (f) (g) (h) (i)		(j)	(k)					
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		income end-of-year		end-of-year amount allocations? amount		General or Po managing or partner?	Percentage ownership	
		country)						No	K-1 (Form 1065)	Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ship Section 512(b)(13 controlled entity?	
		country)						Yes	No
									<u> </u>
									
									<u> </u>

Schedule R (Form 990) 2015 COUNCIL FOR A LIVABLE WORLD

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

lote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	e.					Yes	No
1 During the tax year, did the organization engage in any of the following t	transactions witl	h one or more re	ated organizations listed in	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a cont	trolled entity				1a		X
b Gift, grant, or capital contribution to related organization(s)							X
c Gift, grant, or capital contribution from related organization(s)							X
d Loans or loan guarantees to or for related organization(s)							Х
e Loans or loan guarantees by related organization(s)							X
f Dividends from related organization(s)					. 1f		X
g Sale of assets to related organization(s)							X
h Purchase of assets from related organization(s)							X
i Exchange of assets with related organization(s)					. 1 i		Х
j Lease of facilities, equipment, or other assets to related organization(s)							X
k Lease of facilities, equipment, or other assets from related organization((s)				1k		X
I Performance of services or membership or fundraising solicitations for related organization(s)							Х
m Performance of services or membership or fundraising solicitations by related organization(s)					1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					1n		Σ
o Sharing of paid employees with related organization(s)					. 10	X	-
p Reimbursement paid to related organization(s) for expenses					. 1 p		X
q Reimbursement paid by related organization(s) for expenses					. 1 q		X
r Other transfer of cash or property to related organization(s)							2
s Other transfer of cash or property from related organization(s)					1s		Σ
2 If the answer to any of the above is "Yes," see the instructions for inform	nation on who m	nust complete th	s line, including covered re	elationships and transaction thresholds.			
(a)		(b)	(c)	(d)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COUNCIL FOR A LIVABLE WORLD CANDIDATE FUND	0	0.	соят
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) 2015 COUNCIL FOR A LIVABLE WORLD

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

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

	5 5	- · ·		T									
(a)	(b)	(c)	(d)	(e	e) e all	(f)	(g)	(ř	ר)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partne 501(org	rs sec.	Share of	Share of	Dispr tior allocat	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener	alor	Percentage
of entity		(state or foreign	(related, unrelated,	501(0rg	c)(3) is.?	total	end-of-year	allocat	tions?	amount in box 20	partn	er?	ownership
		country)	sections 512-514)	Yes				Yes	No	(Form 1065)	Yes	NO	
			/	103	110			103		,	103		
				 								-+	
				-								_	
		1		1									

Schedule R (Form 990) 2015

Part VII Supplemental Information

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

Schedule R (Form 990) 2015

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