Form 990
Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990 for instructions and the latest information. and anding



<u>A</u> F	or th	e 2017 calendar year, or tax year beginning and	ending			
B c a	heck if pplicab	if able: C Name of organization D Employer identification number				
	Addre	COUNCIL FOR A LIVABLE WORLD				
	Name			52-0'	746112	
	Initial		Room/suite	E Telephone number		
	Final returr	820 1ST ST. NE, SUITE LL-180		(202)		
	termi ated			G Gross receipts \$	386,034.	
	Amer	WASHINGTON, DC 20002		H(a) Is this a group re		
	Appli tion pendi	F Name and address of principal officer: UOHN IIERNEI		for subordinates	? Yes X No	
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No	
		empt status: $501(c)(3)$ X $501(c)(4)$ (insert no.) 4947(a)(1) (or 527	1	list. (see instructions)	
		te: WWW.LIVABLEWORLD.ORG		H(c) Group exemption		
	orm o Irt I	f organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 1962 N	State of legal domicile: DC	
Га					א גי	
e	1	Briefly describe the organization's mission or most significant activities: <u>NON-</u> ADVOCACY ORGANIZATION THAT IS DEDICATED T				
Activities & Governance	2	Check this box				
/err	2	-			12	
ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			12	
¢۵	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	0	
itie:	6	Total number of volunteers (estimate if necessary)		6	50	
ctiv	- 7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.	
4					0.	
				Prior Year	Current Year	
Ð	8	Contributions and grants (Part VIII, line 1h)		426,348.	385,313.	
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d		337.	721.	
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1 , and		15,292.	0.	
	12	Total revenue - add lines 8 through 11 (must equal Part column), line 12)		441,977.	386,034.	
	13	Grants and similar amounts paid (Part IX, column (A), lines		40,000.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0. 205,879.	<u>0.</u> 313,324.	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		205,879.	<u> </u>	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 99, 1		0.		
Ц	р 17			214,889.	230,109.	
_	18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		460,768.	543,433.	
	19	Revenue less expenses. Subtract line 18 from line 12		-18,791.	-157,399.	
or	15			ginning of Current Year	End of Year	
Assets o Balanci	20	Total assets (Part X, line 16)		347,643.	144,825.	
Ass J Bal	21	Total liabilities (Part X, line 26)		110,549.	63,762.	
Net-	22	Net assets or fund balances. Subtract line 21 from line 20		237,094.	81,063.	
Pa	rt II	Signature Block		•		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. T.

Sign Here	Signature of officer JOHN TIERNEY, EXECUTIV	E DIRECTOR		Date		
nere	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN		
Paid	R MICHAEL SORRELLS			self-employed P00001737		
Preparer	Firm's name 🕒 TATE AND TRYON			Firm's EIN 52-1855942		
Use Only	Firm's address 🖕 2021 L STREET, N	W SUITE 400				
	WASHINGTON, DC 2	0036		Phone no. (202) 293-2200		
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)					
732001 11-2	3-17 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form 990 (2017)		
~						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

		A LIVABLE WORLD	52-0746112	Page 2
Pa	t III Statement of Program Service Acc	complishments		
	Check if Schedule O contains a response or r	note to any line in this Part III		<u></u>
1	Briefly describe the organization's mission:THECOUNCILFORALIVABLE	WORLD PROMOTES PC	LICIES TO REDUCE AND	
	EVENTUALLY ELIMINATE NUCLE			
	THROUGH LOBBYING AND BY HE	LPING ELECT AND S	UPPORT MEMBERS OF CONGRES	SS
	WHO SHARE OUR GOALS.			
2	Did the organization undertake any significant prog	ram services during the year which		
				s X No
-	If "Yes," describe these new services on Schedule of			.
3	Did the organization cease conducting, or make sig If "Yes," describe these changes on Schedule O.	nificant changes in how it conduc	ts, any program services?	s Χ No
4	Describe the organization's program service accom			
	Section 501(c)(3) and 501(c)(4) organizations are red	quired to report the amount of gra	nts and allocations to others, the total expenses, a	and
	revenue, if any, for each program service reported.	2		
4a	(Code:) (Expenses \$252,4. CLW'S PRIMARY SERVICE ACCO	I. including grants of \$)
	EVENTUAL ELIMINATION OF NU			
	REDUCTION IN THE RISKS OF			, л
	SPENDING POLICIES. IT ACTS			ES
	TO ELECTIVE OFFICE THAT SH			
	ITS RESEARCH AND ANALYSIS			<u></u>
4b	(Code:) (Expenses \$ 68,20	0. including gr , of \$) (Revenue \$)
	TOGETHER WITH THE PENTAGON		AND ITS OTHER PARTICIPANT	rs,
	CLW WORKS TO EDUCATE POLIC	Y-MAKERS AND THE	PUBLIC ABOUT THE U.S.	
	DEFENSE BUDGET, INCLUDING	NUCLEAR AND NON-F	ROLIFERATION ITEMS. THROU	JGH
	OVERSIGHT AND LEGISLATIVE	LOBBYING CLW ALSO	WORKS TO HIGHLIGHT AND	
	ELIMINATE PENTAGON FRAUD,	WASTE AND ABUSE I	N SPENDING AS WELL AS	
	INFLUENCE SMART DEFENSE SP			
	NATIONAL SECURITY WITHOUT	COMPROMISING U.S.	NATIONAL ECONOMIC SECURI	ITY.
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)			
-	(Expenses \$ including gra	nts of \$) (Revenue \$	
4e	Total program service expenses	320,613.		
			Form	990 (2017)
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Part IV Checklist of Required Schedules

COUNCIL FOR A LIVABLE WORLD

			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 , ot 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 strict ordowments, 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 complet the Je D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Pr Yine 10? Yes, " complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part	11b		_X_
С	Did the organization report an amount for investments - program relation I in F ine 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Par.	11c		_X_
d	Did the organization report an amount for other assets in Part X 15 th. 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
	Did the organization report an amount for other liabilities in X, line ? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial staten, f the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (AUC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		77	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	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	4-		v
10	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	40		v
47	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,	4-7		х
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," complete Schedule G. Part III	19		x
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COUNCIL FOR A LIVABLE WORLD 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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	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 excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disquality of personal prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 99 or 990-EZ? Ir "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 convables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees or disculified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trues , key employee, substantial			
	contributor or employee thereof, a grant selection committee member. 35% ntrolled 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 ving parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and excremes):			
а	A current or former officer, director, trustee, or key employee if "Yes, omplete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trus or key ployee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, c. ployee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Sche Jule 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
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			L
	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			
	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?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2017)

Form	990 (2017) COUNCIL FOR A LIVABLE WORLD 52-0746	112	Р	_{age} 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 9			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte ansaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,00%, and on the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement the outh ontributions or gifts			
	were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 17' ' N/A			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution an aruy ds and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or service vided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to range on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly indirection on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified inteller or proper, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplan or oner vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Dio donor advised fund maintained by the N/A			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		
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COUNCIL FOR A LIVABLE WORLD

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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.

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12	2		
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		x
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
<i>1</i> a		7-		x
L	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) memory, stockholders, or			
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken the ring the state by the following:		37	
	The governing body?	<u>8a</u>	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who so the reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in Contract of the O	9		X
Sec	tion B. Policies (This Section B requests information about policies not requered byternal Revenue Code.)		r	
			Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures genuiny atvities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organ is exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 99 ^o "me. 's of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the orge _ationview this Form 990.			
12a	Did the organization have a written conflict of interest polic, "No," c :o line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disc. ar ally interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
 15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15a		x
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	150		
16-				
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		X
Ŀ.	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	<u>16a</u>		
a				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	10		
200	exempt status with respect to such arrangements?	16b		
	List the states with which a copy of this Form 990 is required to be filed NONE			
17 10		wailabl		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	available	e	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other <i>(explain in Schedule O)</i>			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinanc	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:			
	CAIN FARMER - (202) 543-4100			
	820 1ST ST. NE, SUITE LL-180, WASHINGTON, DC 20002			
	5 11-28-17	-	1 990	(201

COUNCIL FOR A LIVABLE WORLD

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)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		ר than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cer an I	nd a d I	Irecto	or/trus	stee)	frc	from related	other
	(list any	rector						ì	organizations	compensation
	hours for	or di	e			ated		or .n⊾ n	(W-2/1099-MISC)	from the
	related	ustee	trust		9	bens		(W´ `∕1099-№.		organization and related
	organizations below	ual tr	tional		y olq r	t con				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ROBERT MUSIL	1.00				×					
CHAIR		x		x				0.	Ο.	0.
(2) JULES ZACHER	1.00									
VICE CHAIR		X		X				0.	Ο.	0.
(3) TIMOTHY BRENNAN	1.00					D	_			
SECRETARY		X		X		/		0.	Ο.	0.
(4) LORIN WALKER	1.00									
TREASURER		X		X I			1	0.	0.	0.
(5) ARON BERNSTEIN	1.00									
BOARD MEMBER		Х		\sim	' _			0.	0.	0.
(6) PAUL CASTLEMAN	1.00				1					
BOARD MEMBER		Х						0.	0.	0.
(7) NICHOLAS PAUL CLARK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) ALICE DAY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) LAURIE T. DEWEY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) KATHERINE MAGRAW	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) REP. HAROLD P. NAUGHTON, JR. (H	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) PHILIP G. SCHRAG	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) DANIEL WIRLS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) JOHN TIERNEY	20.00									
EXECUTIVE DIRECTOR				X				109,583.	0.	0.
(15) CAIN FARMER	20.00									
CONTROLLER				x				35,230.	0.	5,635.
				<u> </u>		<u> </u>				

7

732007 11-28-17

Form 990 (2017)

Part VII Section A. Officers, Directors, Truetsee, Key Employees, and Highest Compensated Employees. <i>Conducted</i> Name and title (A) Name and title Name and title Name and title Position Position Position Reportable		990 (2017) COUNCIL B	FOR A LI	.VA	BL	Ε	WC	RL	D		52-074	161	12	Pa	ւցе 8
Name and the Average (Hist week (Hist week	Pa	t VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
Name and buttle nours par but states before the state of the state of the state of the state of the properties of the related period construction is an extent where the state of the state of the state of the period construction is an extent where the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state o						(0	C)							(F)	
hours per mainted (Bist any hours bit related organization below inclusion interviewer bit with the signification of the organization (W2/1098-MISC) compensation the organization (W2/1098-MISC) compensation the organization (W2/1098-MISC) anount of the organization (W2/1098-MISC) Image: the signification of the organization below interviewer mainted organization interviewer mainted organization interviewer mainted organization interviewer mainted organization image: the signification of the organization of the organization interviewer mainted organization interviewer mainted organization interviewer mainted organization image: the signification of the organization of the organization interviewer mainted organization interviewer mainted organization interviewer mainted organization ib Sub-total to box-total compensation from the organization interviewer mainted organization interviewer mainted organization interviewer mainted organization ib Sub-total to box-total compensation from the organization interviewer mainted organization interviewer mainted organization interviewer mainted organization interviewer mainted organization ib Sub-total compensation from the organization organization interviewer mainted organization interviewer mainted organization interviewer mainted organization interviewer mainted organization ib Sub-total compensation from the organization section from th		Name and title	Average	(de					one		Reportable				d
(ist any for any for elated organization (W2/1000-MISC) compensation from the organization and related organization (W2/1000-MISC) compensation from the organization and related organization and related organization and related organization in the organization and related and organization and related for the organization and related and organization and related for the organization and related orga				box	, unle	ss pe	rson i	is both	n an	compensation	compensation		amo	ount c	of
hours for below ine is in itel ine is ine					cer an I	nd a d I	lirecto	or/trus	tee)	from			0	ther	
1b Sub-total It is sub-total <				ector							•		•		
1b Sub-total It is sub-total <				or di	66			ated		, v	(W-2/1099-MISC)			
1b Sub-total It is sub-total <				ustee	trust		9	bens		(W-2/1099-MISC)			•		
1b Sub-total It is sub-total <				ual tr	tional		ploye	t con	_						
1b Sub-total It is sub-total <				ndivid	nstitu	Officer	ey en	Highes	orme				organ	izanc	/13
c Total from continuation sheets to Part VII, Section A 0.<							×	1							
c Total from continuation sheets to Part VII, Section A 0.<				1											
c Total from continuation sheets to Part VII, Section A 0.<															
c Total from continuation sheets to Part VII, Section A 0.<								-							
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c Total from continuation sheets to Part VII, Section A 0.<									4						
c Total from continuation sheets to Part VII, Section A 0.<								L							
c Total from continuation sheets to Part VII, Section A 	1b	Sub-total		L						+ 144,813.	().	5	,63	35.
d Total (add lines 1b and 1c) 1444,813. 0. 5,635. 2 Total number of individuals (including but not limited to those sted au openation from the organization of the organization openation from the organization openation is any former officer, director, or trustee, key unployee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 1 3 Did the organization list any former officer, director, or trustee, key unployee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation form the organization of services Compensation 2	с	Total from continuation sheets to Part VI	I, Section A								().			
Total number of individuals (including but not limited to those sted a										144,813.	().	5	,63	35.
3 Did the organization list any former officer, director, or trustee, key unployee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) NoNE Bescription of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than						d a.	. 9	e) wh	o re	eceived more than \$100,	000 of reportable				
 3 Did the organization list any former officer, director, or trustee, key c nployee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation (C) Compensation (A) (B) (C) Compensation (C) Compensation (C) Compensation (C) Compensation 		compensation from the organization		_	-										1
line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) Compensation (A) (B) (C) Compensation Name and business address NONE Description of services Compensation (A) (B) (C) (C) (C) (A) (C)<													'	res	NO
 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3											_			
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than 2												· _	3		X
5 Did any person listed on line 1 a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (B) (C) Name and business address NONE Description of services Compensation Image: Complete to independent contractors (including but not limited to those listed above) who received more than 2 Total number of independent contractors (including but not limited to those listed above) who received more than 1	4											_			37
rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Image: Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization's tax year. (C) Image: Compensation for the calendar year ending with or within the organization's tax year. Compensation Image: Compensation for the calendar year ending with or within the organization's tax year. Compensation Image: Compensation for the calendar year ending with or within the organization of services Compensation Image: Compensation for the calendar year ending with or within the organization of services Compensation Image: Compensation for the calendar year ending with or within the organization of services Compensation Image: Compensation for the calendar year ending with or within the organization of services Compensation Image: Compensation for the calendar year ending with or within the organization of services Compensation Image: Compensati												_	4	_	<u>X</u>
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0<	5								elate	ed organization or individ	lual for services	_		37	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Compensation 0 0 Compensation	Sec		plete Schedule	e J f	or si	ich i	oers	on					5	X	
(A) Name and business address (B) Description of services (C) Compensation Image: Compensation Image: Compensation Image: Compensation Image: Compensat			mpensated ind	lepe	ndei	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compe	nsatio	on fron	n	
Name and business address NONE Description of services Compensation		the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	vith c	or wi	thin	the organization's tax y	ear.				
Total number of independent contractors (including but not limited to those listed above) who received more than			address	NI	זאר	7					ervices	Co	(C)	sation	n
				INC		<u> </u>				Decemption of e					•
									_						
									\dashv						
		-													
	2		-	στ lir	niteo	i to		•	ted	above) who received mo	ore than				

Form **990** (2017)

m 990	0 (2			LIVABLE	WORLD		52-0746	112 Page
art V	/	Statement of Revenu	le					
		Check if Schedule O contai	ns a response	or note to any line			(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
ე 1	а	Federated campaigns	1a					
		Membership dues						
		Fundraising events						
		Related organizations						
Ĕ		Government grants (contributio						
0	f	All other contributions, gifts, grants	, and					
n		similar amounts not included above	e 1f	385,313.				
	g	Noncash contributions included in lines 1a	-1f:\$					
	h	Total. Add lines 1a-1f			385,313.			
				Business Code				
2	а							
	b							
eun	С							
iev.	d							
	е							
		All other program service reven						
	g	Total. Add lines 2a-2f						
3		Investment income (including d			F .0.1			
		other similar amounts)			721.			721
4		Income from investment of tax-		F				
5		Royalties				1		
			(i) Real	(ii) Personal				
6		Gross rents		ļļ				
		Less: rental expenses						
		Rental income or (loss)						
		F						
7	а	Gross amount from sales of	(i) Securities	(ii) C er				
		assets other than inventory		— —				
	b	Less: cost or other basis						
		and sales expenses		<u> </u>				
		Gain or (loss)						
		Net gain or (loss)		▶				
8	а	Gross income from fundraising						
		including \$						
		contributions reported on line 1	-					
	L	Part IV, line 18						
		Less: direct expenses						
		Net income or (loss) from fundra Gross income from gaming acti						
3	a	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gamir						
		Gross sales of inventory, less re						
1.0	4	and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sales						
	<u> </u>	Miscellaneous Revenue		Business Code				
11	а							
	b							1
	c							1
		All other revenue						1
		Total. Add lines 11a-11d						
	е							

COUNCIL FOR A LIVABLE WORLD Part IX Statement of Functional Expenses

<u> </u>	Check if Schedule O contains a respons			(C)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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,				
	trustees, and key employees	151,402.	81,581.	47,773.	22,048
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	138,566.	75,046.	43,734.	19,786
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	483.	<u>231.</u>	152.	<u> 100</u> 2,171
0	Payroll taxes	22,873.	14,897.	5,805.	2,171
1	Fees for services (non-employees):				
а	Management				
b	Legal	9,794.	2,650.	6,370.	774
с	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	68,200.	68,200.		
2	Advertising and promotion	<u>52,137</u> .	123.		52,014
3	Office expenses	11,590.	1,863.	8,811.	916
4	Information technology	27,646.	24,272.	2,050.	1,324
5	Royalties				
6	Occupancy	28,673.	28,673.		
7	Travel	286.	282.	4.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	2,471.	1,742.	729.	
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	3,140.	3,140.		
3	Insurance	17,828.	9,175.	8,653.	
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	DUES AND SUBSCRIPTIONS	3,890.	3,890.		
b	ACTBLUE EXPENSES	3,778.	3,778.		
č	LICENSES AND FEES	720.	600.	120.	
d	MEALS AND ENTERTAINMENT	342.	342.		
	All other expenses	-386.	128.	-515.	1
5	Total functional expenses. Add lines 1 through 24e	543,433.	320,613.	123,686.	99,134
5 3	Joint costs. Complete this line only if the organization	010/1000			<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here Figure 16 following SOP 98-2 (ASC 958-720)				

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Form 990 (2	2017)	COUNCIL	FOR	А	LIVABLE	WORLD	
Part X	Balance Sheet						

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

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			244,138.	1	23,731.
	2	Savings and temporary cash investments			80,266.	2	80,904.
	3	Pledges and grants receivable, net			,	3	
	4	Accounts receivable, net			3,197.	4	27,732.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disgualif					
	-	section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of sect		-			
ú		employees' beneficiary organizations (see instr).		-		6	
Assets	7	Notes and loans receivable, net		r i i i i i i i i i i i i i i i i i i i		7	
As	8	Inventories for sale or use				8	
	9				9,322.	9	4,878.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	15,698.			
	b	Less: accumulated depreciation	10b	8,118.	10 <u>,720.</u>	10c	7,580.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			347,643.	16	144,825.
	17	Accounts payable and accrued expenses			110,549.	17	63,762.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee				- 00	
Lial	00	Complete Part II of Schedule L				22	
	23 24	Secured mortgages and notes payable to unrela Unsecured notes and loans payable to unrelated		ſ		23 24	
	24 25	Other liabilities (including federal income tax, pa		ſ		24	
	20	parties, and other liabilities not included on lines					
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			110,549.	26	63,762.
		Organizations that follow SFAS 117 (ASC 958), check	here 🕨 🗴 and			
s		complete lines 27 through 29, and lines 33 an					
nce	27	Unrestricted net assets			237,094.	27	81,063.
alaı	28					28	
ЧB	29	Permanently restricted net assets				29	
Lu		Organizations that do not follow SFAS 117 (A	SC 958	, check here 🕨 🗌			
P_		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or eq				31	
let /	32	Retained earnings, endowment, accumulated inc		r i i i i i i i i i i i i i i i i i i i	0.00	32	01.000
Z	33	Total net assets or fund balances			237,094.	33	81,063.
	34	Total liabilities and net assets/fund balances			347,643.	34	144,825.

Form	1990 (2017) COUNCIL FOR A LIVABLE WORLD	52-	0746112	Pa	_{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	<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,4	
3	Revenue less expenses. Subtract line 2 from line 1	3	-15		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23	7,0	94.
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			37.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-61	7,2	69.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				~ ~
	column (B))	10	81	L, O	63.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
•	If the organization changed its method of accounting from a prior year or checked "Other," evaluation in Schedule	0.			X
2a	Were the organization's financial statements compiled or reviewed by an independent accr +?		2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were complex reviewed	on a			
	separate basis, consolidated basis, or both:				
h.	Separate basis Consolidated basis Both consolidated a reprint basis		2b	X	
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the statement of			<u></u>	
	consolidated basis, or both:	; Dasis,			
	Separate basis X Consolidated basis Both consolidatec separate basis				
<u>د</u>	If "Yes" to line 2a or 2b, does the organization have a committee that r_{2} s rest is sibility for oversight of the	audit			
Ŭ	review, or compilation of its financial statements and selection of an upper countant?		2c		X
	If the organization changed either its oversight process or selection p, during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to <u>a</u> a <u>a</u> it or audits as set forth in the Sin				
	Act and OMB Circular A-133?				X
b	If "Yes," did the organization undergo the required audit or the second and the required audit or the second audit of the seco				<u> </u>
	or audits, explain why in Schedule O and describe any steps tak in dergo such audits		3b		
			Form	990	(2017)

Schedule B

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

or 990-PF)	
Department of the Treasury nternal Revenue Service	

Name of the organization

0

(COUNCIL FOR A LIVABLE WORLD	52-0746112
Organization type (check	<pre>< one):</pre>	
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 found on	
	501(c)(3) taxable private foundation	

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form > 0.90-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 (1 Jrm 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

COUNCIL FOR A LIVABLE WORLD

Employer identification number

52-0746112

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 PLOUGHSHARES FUND X Person Payroll 1808 WEDEMEYER ST #200 85,000. Noncash (Complete Part II for SAN FRANCISCO, CA 94129 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 LAURIE T. DEWEY X Person Payroll 79 LINCOLN RD 26,050. Noncash (Complete Part II for LINCOLN, MA 01773 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 al contributions Type of contribution No. 3 LAWRENCE HESS X Person Payroll 6309 CYPRESS POINT RD 25,000. Noncash (Complete Part II for SAN DIEGO, CA 92120 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 4 PINNACLE LEADERSHIP FOUNDATION X Person Payroll 324 CONGRESS ST Noncash 5,000. \$ (Complete Part II for BOSTON, MA 02210 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 BARBARA SCHUGT X Person Payroll 4060 KINGSTON ST 7,005. Noncash (Complete Part II for BELLINGHAM, WA 98226 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

723452 11-01-17

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

10271102 790809 52-0746112

2017.04030 COUNCIL FOR A LIVABLE WOR 52-07461

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Page 3

Employer identification number

COUNCIL FOR A LIVABLE WORLD

52-0746112

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) F MV (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
3453 11-01-1		\$	990, 990-EZ, or 990-PF) (2

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$10271102 \ 790809 \ 52-0746112$

FOR A LIVABLE WORLD		52-0746112
Exclusively religious, charitable, etc., con the year from any one contributor. Complete	tributions to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 fo
completing Part III, enter the total of exclusively religion	us, charitable, etc., contributions of \$1,000 or less	for the year. (Enter this info. once.) \$
Use duplicate copies of Part III if addition	nal space is needed.	
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		-
	(e) Transfer of gift	
Transferee's name address	and $7\mathbf{IP} + 4$	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		_ 1
	(e) Transfer gin	
Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	Usr f gift	(d) Description of how gift is held
		_
		_
		_
	(e) Transfer of gift	
Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(b) Purpose of aift	(c) Use of gift	(d) Description of how gift is held
		-
		-
	(e) Transfer of gift	
Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
	(b) Purpose of gift	(b) Purpose of gift (c) Use of gift (e) Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (b) Purpose of gift (c) Use of gift (e) Transferee's name, address, and ZIP + 4 (e) Transfer (b) Purpose of gift (c) Use of gift (b) Purpose of gift (c) Use of gift (e) Transfer (c) Use of gift (e) Transferee's name, address, and ZIP + 4 (e) Transfer (b) Purpose of gift 1 Usr of gift (b) Purpose of gift 1 Usr of gift (b) Purpose of gift 1 Usr of gift (c) Transfer of gift (c) Transfer of gift (c) Transfer of gift (c) Usr of gift (b) Purpose of gift 1 Usr of gift (c) Transfer of gift (c) Transfer of gift

SCHEDULE C	Po	olitical Campaign a	and Lobbying	g Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	2017				
	Z. Open to Public				
Department of the Treasury Internal Revenue Service	Inspection				
If the organization answ	vered "Yes," or	n Form 990, Part IV, line 3, or Fo	rm 990-EZ, Part V, line	46 (Political Campaign /	Activities), then
		nplete Parts I-A and B. Do not con	•		
		01(c)(3)) organizations: Complete I	Parts I-A and C below. D	o not complete Part I-B.	
Section 527 organiza		,		4 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
		n Form 990, Part IV, line 4, or Fo			
		have filed Form 5768 (election un have NOT filed Form 5768 (electio		•	•
		n Form 990, Part IV, line 5 (Proxy			•
Tax) (see separate instr			,, (,	,,
	or (6) organiza	tions: Complete Part III.			
Name of organization				Empl	oyer identification number
	COUNCIL	FOR A LIVABLE WC	ORLD		52-0746112
Part I-A Comple	ete if the org	ganization is exempt unde	er section 501(c) of	r is a section 527 or	ganization.
		zation's direct and indirect politica			
2 Political campaign a3 Volunteer hours for					
3 Volunteer hours for	political campa				
Part I-B Comple	ete if the org	ganization is exempt unde	er section 50' :)(3'		
1 Enter the amount of	any excise tax	incurred by the organization unde	÷	▶\$	
2 Enter the amount of	any excise tax	incurred by organization manage	rs under se in 4955	▶\$	
3 If the organization ir	ncurred a sectio	n 4955 tax, did it file Form 4720 f	or this year		Yes No
4a Was a correction m					Yes No
b If "Yes," describe in	Part IV.			E04 /2	1(0)
-		ganization is exempt unde			
		d by the filing organization for sec			
		nization's funds contributed to	org. tions for sec		
exempt function act		s. Add lines 1 and 2. Ente.		►\$	
•	•			►\$	
		1120-POL for this year?			Yes No
		nployer identification number (EIN			
,		tion listed, enter the amount paid	, I	U	0 0
		omptly and directly delivered to a			e segregated fund or a
political action com	mittee (PAC). If	additional space is needed, provi	de information in Part IV	·	
(a) Name		(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
					delivered to a separate
					political organization. If none, enter -0
COUNCIL FOR 2	\	WASHINGTON, DC			
LIVABLE WORLI			16-1669931	0.	71,929.
			10 1005501		/1/5251
					-
For Dependent Destant	on Ant Martin	and the Instructions for Form	00 or 000 57	0.11.1.0	(Form 000 or 000 EZ) 00 (E
LHA	UN ACT NOTICE,	see the Instructions for Form 99 SEE PART IV I			(Form 990 or 990-EZ) 2017
v ·					

732041 11-09-17

Schedule C (Form 990 or 990-EZ) 2017 COUN	CIL FOR	A LIVABLE V	VORLD	52-0	0746112 Page 2
Part II-A Complete if the organizat	on is exer	npt under section	501(c)(3) and file	ed Form 5768 (ele	ection under
section 501(h)).					
A Check if the filing organization belo			Part IV each affiliated	group member's nam	ie, address, EIN,
expenses, and share of exc	, ,	, ,			
B Check b if the filing organization che	ked box A a	nd "limited control" pro	visions apply.		
Limits on Lo (The term "expenditures"				(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence pu	blic opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a l	egislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add lines 1a a	nd 1b)				
e Total exempt purpose expenditures (add lir	es 1c and 1c	ł)			
f Lobbying nontaxable amount. Enter the am	ount from the	e following table in both	i columns.		
If the amount on line 1e, column (a) or (b) is:	The lob	bying nontaxable amo	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000,000	\$100,0	00 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,0	00 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,0	00 plus 5% of the exces	s over \$1,500 <u>J0.</u>		
Over \$17,000,000	\$1,000	,000.			
				۱ <u></u>	
g Grassroots nontaxable amount (enter 25%	, ,			F	
h Subtract line 1g from line 1a. If zero or less					
i Subtract line 1f from line 1c. If zero or less,					
j If there is an amount other than zero on eit	er line 1h or	line 1i, did the organiz	file For. 720		
reporting section 4911 tax for this year?					Yes No
(Some organizations that made S	e a section 5	eraging Period Under 01(h) election th ate instructions for	complete all d د ا	of the five columns b	elow.
Lo	obying Expe	nditures Du. 📝 /ea	r Averaging Period		
Calendar year (a (or fiscal year beginning in)) 2014	(D) 24	(c) 2016	(d) 2017	(e) Total
Oo labbuira aastasabla amayat					
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) 2017

732042 11-09-17

Schedule C (Form 990 or 990-EZ) 2017 COUNCIL FOR A LIVABLE WORLD

52-0746112 Page 3

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 e	ach "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:					
b	Volunteers?					
	Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
1	Grants to other organizations for lobbying purposes?					
y F	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
n						
	Other activities?					
J	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 312					
Par	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this ye t III-A Complete if the organization is exempt under section 501, , section 501(c)(6).	n 501(c)(5), or sec	tion		
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2						
2	Did the organization make only in-house lobbying expenditures of \$2,0° SS?					
Par	t III-B Complete if the organization is exempt under 5000 on 501 (c)(4), section			tion		
	501(c)(6) and if either (a) BOTH Part III-A, Jinos 1, 12, are answered "				e 3, is	
	answered "Yes."	·		·		
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditure. In tinclude amounts of politic	al				
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
	Carryover from last year					
с	- · ·					
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			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par	t IV Supplemental Information					
Provi	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	list); Part II-	A, lines 1 a	nd 2 (see		
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.					
PAF	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		
ACT	TIVITIES. THE COUNCIL WILL PROVIDE ADMINISTRATIVE S	UPPORT	F FOR	THE		
PAC	C AS ALLOWED BY FEDERAL ELECTION LAW.					

732043 11-09-17

Schedule C (Form 990 or 990-EZ) 2017

10271102 790809 52-0746112

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: 71929.

Schedule C (Form 990 or 990-EZ) 2017

732044 11-09-17

SCHEDULE D)
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Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements ► 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. ► Attach to Form 990.

		Go to www.irs.gov/Form990 fo	r instructions and the latest information.
--	--	------------------------------	--



Name of the organization

COUNCIL FOR A LIVARLE WORLD

Employer identification number 52 - 0746112

Par	t I Organizations Maintaining Donor Advised F		Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writi	ng that the assets held in donor advised	funds
	are the organization's property, subject to the organization's exc	lusive legal control?	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor advis	ors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor or do	nor advisor, or for any other purpose con	Iferring
Par	t II Conservation Easements. Complete if the organi	zation answered "Yes" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or educ	ation)	cally important land area
	Protection of natural habitat	Preser 🖘 on or 🤍 tifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contrent the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Number of conservation easements on a certified historic structu		<u>2c</u>
d	Number of conservation easements included in (c) acquired after		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, release	ed, e. Ished, or terminated by the org	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation ear in		
5	Does the organization have a written policy regarding the $p_{\rm c}$ via		
6	violations, and enforcement of the conservation easements it hu Staff and volunteer hours devoted to monitoring, inspecting, han		
6	Stan and volunteer nours devoted to monitoring, inspecting, han	ding of violations, and enforcing conserv	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conservation	assements during the year
'	Amount of expenses incurred in monitoring, inspecting, manufing \$		reasements during the year
8	Does each conservation easement reported on line 2(d) above sa	atisfy the requirements of section $170(h)/2$	
Ũ	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	
9	In Part XIII, describe how the organization reports conservation e		
•	include, if applicable, the text of the footnote to the organization	•	
	conservation easements.		
Par		t, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form 990), Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 9	58), not to report in its revenue statemen	t and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibit		
	the text of the footnote to its financial statements that describes	these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 9	58), to report in its revenue statement an	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educated	ation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• • •
2	If the organization received or held works of art, historical treasur	res, or other similar assets for financial ga	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		• •
b	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions for	^r Form 990.	Schedule D (Form 990) 2017

732051 10-09-17

Sche		FOR A LIVA					52-07			age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tr	easures, o	or Othe	r Simila	r Assets	contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following th	at are a sig	gnificant u	se of its c	ollection	items	
	(check all that apply):									
а	Public exhibition	d		change prog						
b	Scholarly research	e	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further t	he organizat	tion's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of			-	her similar	assets		_		,
_	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		te if the organization	on answered	d "Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa									
1 a	Is the organization an agent, trustee, custod							-		1
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:							
								Amount		
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance Did the organization include an amount on F							Yes] N.a
	If "Yes," explain the arrangement in Part XIII.		•			ity?	L	_ tes		No
Par						10				
		(a) Current year	(b) Prior year		ears back		ware back		veare	hack
10	Reginning of year balance	(a) Current year	(b) FIIOI year		Sais Dack	(u) Thee y	Cars Dack	(e) i oui	years	Dauk
	Beginning of year balance Contributions			+						
	Net investment earnings, gains, and losses									
	Grants or scholarships			-' ~						
	Other expenditures for facilities			1						
Ũ	and programs									
f	Administrative expenses			<u>v</u>						
	End of year balance									
2	Provide the estimated percentage of the curr			a)) held as:						
	Board designated or quasi-endowment		%	-,,,						
	Permanent endowment	%	-							
	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse		tion that are held a	and administ	ered for th	e organiza	ation			
	by:							[Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Par	t VI Land, Buildings, and Equipm	ient.								
	Complete if the organization answere	d "Yes" on Form 990,	, Part IV, line 11a.	See Form 99	0, Part X,	line 10.				
	Description of property	(a) Cost or ot basis (investm		st or other s (other)		ccumulate preciation	ed	(d) Bool	k value	9
1a	Land									
	Buildings									
	Leasehold improvements									
d	Equipment									
e	Other		1	15,698.	•	8,1	18.		7,58	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part λ	(<u>, column (B), line</u> :	10c.)						30.
							Schodula			0047

Schedule D (Form 990) 2017

732052 10-09-17

Schedule D	D (Form 990) 2017		A LIVABLE W	ORLD		52-0746112	Page 3
Part VII		Other Securities.					
	Complete if the orga	anization answered "Yes"	on Form 990, Part IV, lin	e 11b. See Form 990,	Part X, line 12.		
(a) Descrij	ption of security or categ	OTY (including name of security)	(b) Book value	(c) Method of v	aluation: Cost o	r end-of-year market v	alue
(1) Financi	ial 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 VII	I Investments - I	Program Related.					
		anization answered "Yes"	on Form 990. Part IV. lin	e 11c. See Form 990.	Part X. line 13.		
	(a) Description of		(b) Book value			r end-of-year market v	alue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Col. ((b) must equal Form 990	, Part X, col. (B) line 13.) 🕨					
Part IX							
	Complete if the org	anization answered "Yes"	on Form 990, Pa 🥂 ທ	e 11a. See Form 990,	Part X, line 15.		
		(a)	Description			(b) Book va	alue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Colu		rm 990. Part X. col. (B) line	e 15.)				
Part X	Other Liabilitie	S.					
	Complete if the org	anization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f. See Forn	n 990, Part X, lin	e 25.	
1.	(a) De	escription of liability		(b) Book value			
(1) Fea	deral income taxes						
(2)							
(3)							
(4)					-		
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Colu	umn (b) must equal Fo	rm 990, Part X, col. (B) line	≥ 25.) ►				
•	., ,	sitions. In Part XIII, provide		to the organization's f	nancial statemer	nts that reports the	
		certain tax positions under					an 🗌

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) 2017

732053 10-09-17

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 1 393, 788. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 1 393, 788. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a 2b 2c 3 Recoveries of prior year grants 2a 7, 754. 2e 7, 754. 4 Add lines 2a through 2d 2e 7, 754. 3866, 034. 4 Amounts included on Form 990, Part VIII, line 7b 4a 4b 4c 0. 5 Other (Describe in Part XIII.) 4c 0. 5 3866, 034. 4 Amounts included on Form 990, Part VIII, line 7b 4a 4b 4c 0. 6 Other (Describe in Part XIII.) 4c 0. 5 386, 034. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 5 386, 034. Conglete if the organization answered "Yes" on Form 9	Sche	dule D (Form 990) 2017 COUNCIL FOR A LIVABLE WORLI	2		52-07	746112 Page 4
1 Total revenue, gains, and other support per audited financial statements 1 393,788. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a 2b a Net unrealized gains (losses) on investments 2a 2b b Donated services and use of facilities 2c 2c c Recoveries of prior year grants 2c 2c 7,754. d Other (Describe in Part XIII.) 2d 7,754. 3 s Subtract line 2e from line 1 3 386,034. 4 Amounts included on Form 990, Part VIII, line 7b 4a 4b 4c 0. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12. 5 386,034. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 2a 2a Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 570,711. 1 Total expenses and losses per audited financial statements 1 570,711. 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: 2a 2a,27,278. 2 Aod lines 2a through 2d	Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With R	evenue per Re	turn.	
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a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d 7,754. e Add lines 2a through 2d 3 386,034. 3 Subtract line 2e from line 1 3 386,034. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 0. 5 386,034. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 Total expenses and losses per audited financial statements 1 570,711. 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: 2 2 2 b Prior year adjustments 2	1	Total revenue, gains, and other support per audited financial statements			1	393,788.
b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d 7,754. e Add lines 2a through 2d 3 386,034. 3 Subtract line 2e from line 1 3 386,034. 4 Amounts included on Form 990, Part VIII, line 7b 4a 4a b Other (Describe in Part XIII.) 4a 4b 4c 0. 5 Total expenses not included on Form 990, Part VIII, line 7b 4a 4b 4c 0. 6 Other (Describe in Part XIII.) 4b 4c 0. 5 386,034. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 386,034. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 570,711. 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 7,278. 2 27,278. a Other (Describe in Part XIII.) 2d 27,278. 3 3 543,433. A mounts included on Form 990, Part IX, line 25, but not on line 1:	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
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4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b b Other (Describe in Part XIII.) c Add lines 4a and 4b 6 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 2a Amounts included on line 1 but not on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Add lines 4a and 4b 6 Other (Describe in Part XIII.) 6 Add lines 3 and 4c. (This must equal Form 990, Part VIII, line 7b 4 Add lines 4a and 4b 7 Amounts included on Form 990, Part IX, line 25, but not on line 1: a linvestment expenses not included on Form 990, Part VIII, line 7b 4 Add lines 4a and 4b 6 Other (Describe in Part XIII.) 6 Add lines 3 and 4c. (This must equal Form 990, Part VIII, line 7b 4 Add lines 4a and 4b 7 Amounts included on Form 990, Part VIII, line 7b 4 Add lines 4a and 4b 7 Amounts included on Form 990, Part VIII, line 7b 4 Add lines 4a and 4b 7 Add lines 4a and 4b 7 Add lines 4a and 4b 9 Other (Describe in Part XIII.) 6 Other (Describe in Part XIII.) 7 Add lines 4a and 4b 9 Other (Describe in Part XIII.) 7 Add lin	3	Subtract line 2e from line 1			3	386,034.
b Other (Describe in Part XIII.) 4b 4c 0. c Add lines 4a and 4b 4c 0. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 386, 034. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 386, 034. Complete if the organization answered "Yes" on Form 990, Part IV, line 12. 1 570, 711. 1 Total expenses and losses per audited financial statements 1 570, 711. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 1 5 570, 711. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 7, 278. 2e 27, 278. 3 Subtract line 2e from line 1 3 543, 433. 3 543, 433. 4 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 4b 4c 0. 3 Subtract line 2e from line 1 4a 4b 4c 0. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 4b 4c 0. 5 Total	4					
c Add lines 4a and 4b 4c 0. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part 1. line 12.) 5 386,034. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 386,034. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 570,711. 1 Total expenses and losses per audited financial statements 1 570,711. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2a a Donated services and use of facilities 2a 2a 27,278. b Prior year adjustments 2a 2a 2a 27,278. c Other (Describe in Part XIII.) 2a 2a 27,278. e Add lines 2a through 2d 3 543,433. 3 Subtract line 2e from line 1 3 543,433. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 4b 4c 0 Other (Describe in Part XIII.) 4a 4b 4c 0. 6 Other (Describe in Part XIII.) 4a 4a	а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
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Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 Total expenses and losses per audited financial statements 1 570,711. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 1 570,711. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2a 3 Donated services and use of facilities 2a 2a 2a 6 Other losses 2d 27,278. 2e 27,278. 6 Other (Describe in Part XIII.) 2d 2d 27,278. 2e 27,278. 8 Subtract line 2e from line 1 3 543,433. 3 543,433. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 543,433. a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b 6 b Other (Describe in Part XIII.) 4a 4b 5 543,433. 6 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IV, lines 1x, IA 5 543,433.	с	Add lines 4a and 4b			4c	0.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c 2a c 2a d Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 a b Other (Describe in Part XIII.) c 2d 27,278. 3 Subtract line 2e from line 1 a 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part 1. 18) 5 5 543, 433. Part XIII Supplemental Information. Provide the descriptions requir	5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)				386,034.
1 Total expenses and losses per audited financial statements 1 570,711. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 1 570,711. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2a 2a 2a b Prior year adjustments c c c c c c c Other losses c 2d 27,278. 2e 27,278. 2e 27,278. e Add lines 2a through 2d 2 27,278. 2e 27,278. 3 543,433. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a 3 543,433. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a 1 4a b Other (Describe in Part XIII.) 4b 4c 0. c Add lines 4a and 4b 4c 0. 5 543,433. Fort al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, (8) 5 543,433. 543,433. Part XIII Supplemental Information. (8) 5 543,433.	Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With I	Expenses per l	Return.	
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b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 a 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part I	2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 3 5 543,433. 4a b Other (Describe in Part XIII.) c 4a b Other (Describe in Part XIII.) c 4a d 4a b Other (Describe in Part XIII.) c 4a d 4a b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part 1. (18)) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part 1. (18) to 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 2;	а	Donated services and use of facilities	<u>2a</u>			
d Other (Describe in Part XIII.) 2d 27,278. e Add lines 2a through 2d 2e 27,278. 3 Subtract line 2e from line 1 3 543,433. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 543,433. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 543,433. a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4a b Other (Describe in Part XIII.) 4b 4c 0. c Add lines 4a and 4b 4c 0. 5 543,433. Part XIII Supplemental Information. 8. 5 543,433. Provide the descriptions required for Part II, lines 3, 5, and 9; Part 1 ⁻¹ , lines 1. nd 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,	b	Prior year adjustments	2.1			
 e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part L</i>. (8) Fortal expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part L</i>. (8) Forvide the descriptions required for Part II, lines 3, 5, and 9; Part ¹ and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, 	с	Other losses	<u>.</u>			
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 A mounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part 1. 18.) Part XIII Supplemental Information. 	е	Add lines 2a through 2d			2e	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part) 8. Fort XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part 1 ⁻ ines 1. nd 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,	3	Subtract line 2e from line 1			3	543,433.
b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part	4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
c Add lines 4a and 4b 4c 0. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part 1. [8.] 5 5 43, 433. Part XIII Supplemental Information. 10 10 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,	а	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>			
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part	b	Other (Describe in Part XIII.)	<u>4b</u>			
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part / lines 1, and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,	с	Add lines 4a and 4b			4c	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part / ines it. ind 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,	_				5	543,433.
	Pa	t XIII Supplemental Information.				
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this , to provide any additional information.	Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part / Jines 1, Id 4; Part	IV, lines 1b a	nd 2b; Part V, line 4	; Part X, I	ine 2; Part XI,
	lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this 🚬 to province any addi	tional informa	ation.		

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CANDIDATE FUND REVENUE INCLUDED IN CONSOLIDATED FINANCIAL

STATEMENTS

7,754.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CANDIDATE FUND EXPENSES INCLUDED IN CONSOLIDATED FINANCIAL

STATEMENTS

27,278.

SCHEDULE J	Compensation Information	I	OMB No. 1	545-004	7
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	ŀ	0047		
, ,	Compensated Employees		ZU	1/	
D	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publi	с
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Name of the organization	n		identificatio		nber
	COUNCIL FOR A LIVABLE WORLD	52-0)746112	2	
Part I Question	ns Regarding Compensation				
				Yes	No
	riate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	, line 1a. Complete Part III to provide any relevant information regarding these items.				
	charter travel Housing allowance or residence for perso				
Travel for co					
	cation and gross-up payments Health or social club dues or initiation fee				
Discretionary	spending account Personal services (such as, maid, chauffe	ur, chef)			
-	on line 1a are checked, did the organization follow a written policy regarding payment or				
			1b		
•	on require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
trustees, and offic	ers, including the CEO/Executive Director, regarding the items checked on li 1a?		2		_
• • • • • • • •					
	any, of the following the filing organization used to establish the compensation c. organiza				
	rector. Check all that apply. Do not check any boxes for methods use by a related c.ganizati	on to			
	sation of the CEO/Executive Director, but explain in Part III.				
	compensation consultant				
X Form 990 of	other organizations X Approval the or compensation of	ommittee			
	d any person listed on Form 990, Part VII, Section A, ' with pect to the filing				
-	elated organization:				v
	ce payment or change-of-control payment?				X X
	eceive payment from, a supplemental nonqualifener tirer. olan?				 X
· · ·	eceive payment from, an equity-based comr sation angement?		4c		
If "Yes" to any of	ines 4a-c, list the persons and provide the 'cable a punts for each item in Part III.				
Only another 501					
-	c)(3), 501(c)(4), and 501(c)(29) organizations music complete lines 5-9.				
5 For persons listed contingent on the	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	лт			
e e			- Fo		X
	-ntion?				X
	zation? or 5b, describe in Part III.		<u>5b</u>		Δ
contingent on the	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ЛТ			
e e	•		60		Х
	-ntion?				X
	zation? or 6b, describe in Part III.		6b		
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
			7		Х
	ines 5 and 6? If "Yes," describe in Part III				
	s reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		Х
					- 23
	did the organization also follow the rebuttable presumption procedure described in $52,4958,6(c)$ 2		9		
Regulations section				000	2047
	Reduction Act Notice, see the Instructions for Form 990.	Sched	dule J (Form	1 990)	2017

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52-0746112

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents		reported as deferred on prior Form 990	
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
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(i)								
(ii)								
(i)								
(ii)								

Schedule J (Form 990) 2017

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM 990, PART VII, LINE 5

EXECUTIVE DIRECTOR JOHN TIERNEY AND CONTROLLER CAIN FARMER ARE

COMPENSATED BY AN AFFILIATED BUT UNRELATED ORGANIZATION FOR THE

COMPENSATION LISTED ON PART VII.

Schedule J (Form 990) 2017

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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. ▶ Go to www.irs.gov/Form990 for the latest information.



COUNCIL FOR A LIVABLE WORLD

52-0746112

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 B, LINE 11B:

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

MANAGEMENT.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION CONDUCTS A RE-AFFIRMATION OF THE CONFLICT OF INTEREST

POLICY ANNUALLY.

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

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 IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES

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

68,200.

Schedule O (Form 990 or 990-EZ) (2017)

10271102 790809 52-0746112

28

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization COUNCIL FOR A LIVABLE WORLD	Page Employer identification number 52-0746112
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	68,200.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
POLITICAL ACTION COMMITEE	-67,269.
	nedule O (Form 990 or 990-EZ) (2017

SCH	EDU	LE R

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017 Open to Public Inspection

Employer identification number

52-0746112

Department of the Treasury Internal Revenue Service Name of the organization

COUNCIL FOR A LIVABLE WORLD

Part 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

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

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

Schedule R (Form 990) 2017

Page 2

(k)

52-0746112 COUNCIL FOR A LIVABLE WORLD Schedule R (Form 990) 2017 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 Part III organizations treated as a partnership during the tax year. (f) (a) (b) (c) (d) (e) (g) (h) (i) (j) Predominant income (related, unrelated, excluded from tax under sections 512-514) Name, address, and EIN of related organization Legal Code V-UBI amount in box Primary activity Direct controlling Share of total Share of General or Percentage Disproportionate domicile managing ownership entity income end-of-year (state or allocations? partner? 20 of Schedule assets foreign K-1 (Form 1065) Yes No Yes No country) Identification of Related Organizations Taxable as a Corporation or Trust. Comportion or Trust. Comportion or trust during the tax year. ani ation answered "Yes" on Form 990, Part IV, line 34, because it had one or more related Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal nicile (s or eign country)	(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	enu	
		country						Yes	No
								$\left - \right $	
									

Schedule R (Form 990) 2017 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.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
	During the tax year, did the organization engage in any of the following transactions							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	·			1a		X X	
b	b Gift, grant, or capital contribution to related organization(s)							
С	c Gift, grant, or capital contribution from related organization(s)							
	d Loans or loan guarantees to or for related organization(s)							
	Loans or loan guarantees by related organization(s)				1e		Х	
f	Dividends from related organization(s)				1f		X X	
	g Sale of assets to related organization(s)							
h	Purchase of assets from related organization(s)				1h		Х	
i	Exchange of assets with related organization(s)				1i		Х	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х	
	Performance of services or membership or fundraising solicitations for related organ				11		Х	
m	m Performance of services or membership or fundraising solicitations by related organization(s)						Х	
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)						Х	
	o Sharing of paid employees with related organization(s)							
	o i i j							
p	Reimbursement paid to related organization(s) for expenses				1p		Х	
q	Reimbursement paid by related organization(s) for expenses				1q		Х	
r	Other transfer of cash or property to related organization(s)				1r		Х	
	Other transfer of cash or property from related organization(s)				1s		Х	
	If the answer to any of the above is "Yes," see the instructions for information on wi					•		
	(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount invo	olved			
<u>(1)</u>								
(2)								
(3)								
701								
<u>(4)</u>								
(5)								

(6)

Schedule R (Form 990) 2017 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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	(h) Dispropo tionate allocations Yes N	amount in box 20 of Schedule K-1	(j) General of managing partner? Yes NC	(k) Percentage ownership

Schedule R (Form 990) 2017

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R (Form 990) 2017 COUNCIL FOR A LIVABLE WORLD	52-074611
I Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.	
r tovide additional information for responses to questions on ochequie n. See instructions.	

732165 09-11-17