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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

▶ Information about Form 990 and its instructions is at www IRS qov/form990

OMB No 1545-0047

DLN: 93493311005228

2015

Open to Public Inspection

A F	r th	e 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015					
B Che	ck ıf	applicable C Name of organization		D Emplo	yer i	dentification number	
✓ Ac	dress	change COPENHAGEN CONSENSUS CENTER USA INC		26-12	145	21	
∏ Na	me c	hange		20 12		21	
In	tial re	sturn					
Fireturn/		Number and street (or P O box if mail is not delivered to street address) Room/suit	9	E Telepho	one ni	umber	
		1215 main street PMB SE132 d return		(347)	903	-0979	
		on pending City or town, state or province, country, and ZIP or foreign postal code					
		tewksbury, MA 01876		G Gross i	eceip	ts \$ 2,940,257	
		F Name and address of principal officer	H(a) Is thi	s a group	retu	rn for	
		DR BJORN LOMBORG		dinates?		☐ Yes 🗸	
		1215 main street PMB SE132 tewksbury, MA 01876	No				
Ta:	(-exe	mpt status	H(b) Are a		nate	s	
					a lıs	t (see instructions)	
J W	ebsit	www.copenhagenconsensus.com	H(c) Grou	p exempt	ion r	number >	
K Form	n of o	rganization Corporation Trust Association Other ►	L Year of fo			M State of legal domicile MA	
11 1 011	1010	rganization 4 corporation Hast Absociation Other P					
Pa	rt I	Summary	,				
		Briefly describe the organization's mission or most significant activities					
		CCC IS A THINK TANK THAT INVESTIGATES AND PUBLISHES THE BEST PO BENEFIT ANAYLSIS FOR GOVERNMENTS AND PHILANTHROPISTS	LICIES AND	INVEST	MEN	ITS BASED ON COST-	
e C	<u> </u>	SENETTI ANATESISTOR GOVERNMENTS AND FITEANTIIROFISTS					
E	_						
EI -	-						
Activities & Governance	2	Check this box ► ☐ if the organization discontinued its operations or disposed o	net	assets			
≈ 5	3	Number of voting members of the governing body (Part VI, line 1a)			3	4	
16 S	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	2	
<u> </u>	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a) .		5	2		
Acı	6	Total number of volunteers (estimate if necessary)			6	5	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	· · · · · · · · · · · · · · · · · · ·				
	ь	Net unrelated business taxable income from Form 990-T, line 34			7b		
			Prio	r Year		Current Year	
	8	Contributions and grants (Part VIII, line 1h)		2,272,	041	2,698,045	
₫:	9	Program service revenue (Part VIII, line 2g)	305,	-	352,441		
Ravenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-12,	026	-110,229	
ã	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	0	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	2,565,	855	2,940,257		
	13	12) Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0	0	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	0	
æ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		724,	300	614,921	
J.S.	16a				0	0	
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶52,139					
ū	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		674,	924	1,332,568	
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		1,399,		1,947,489	
	19	Revenue less expenses Subtract line 18 from line 12		1,166,		992,768	
× 6:			1_				
Net Assets or Fund Balances			Beginning o	f Current	Year	End of Year	
SS &	20	Total assets (Part X, line 16)		3,081,	378	4,087,945	
Z Z	21	Total liabilities (Part X, line 26)		49,	,412 63,21		
žΞ	22	Net assets or fund balances Subtract line 21 from line 20		3,031,	966	4,024,734	
Par	t II	Signature Block					
Unde	rper	alties of perjury, I declare that I have examined this return, includi					

Under penalties of perjury, I declare that I have examined this return, including knowledge and belief, it is true, correct, and complete $\,$ Declaration of prepreparer has any knowledge

Sign Here Signature of officer

SCOTT CALAHAN DIRECTOR & TREASURER
Type or print name and title

Paid Preparer Use Only Print/Type preparer's name
ANNE SCHRANTZ CPA

Firm's name

COHNREZNICK LLP

Firm's address

7501 WISCONSIN AVENUE 400E

BETHESDA, MD 208146583

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

Par	t IV Checklist of Required Schedules			
			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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 뉯	2	Yes	
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		No
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		No
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		
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11 b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11 f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

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Par	t IV Checklist of Required Schedules (continued)			
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		No
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		No
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	Yes	
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		No
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?	24 c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Pait I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28 c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I </i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements	Regarding	Other IR	S Filings	and Tax	Compliance
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ar	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				Г
		oncer in benedule o contains a response of note to any line in this rait v			Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	28	\dashv	_	
b	Enter	the number of Forms W-2G included in line 1a Enter -0 - if not applicable	0			
С	Did the	e organization comply with backup withholding rules for reportable payments to vendors and reportable				
	gamın	g (gambling) winnings to prize winners?	.	1c	Yes	
	Tax St	the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered s return	2			
b	If at le	east one is reported on line 2a, did the organization file all required federal employment tax returns? If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
		e organization have unrelated business gross income of \$1,000 or more during the year?		3a		No
		s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		
	over, a	r time during the calendar year, did the organization have an interest in, or a signature or other authorit a financial account in a foreign country (such as a bank account, securities account, or other financial nt)?	, [4a	Yes	
		s," enter the name of the foreign country ▶DA istructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 3)				
	•	he organization a party to a prohibited tax shelter transaction at any time during the tax year?	F	5a		No
		by taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	 	5b		No
		s," to line 5a or 5b, did the organization file Form 8886-T?	-	טכ		
	11 (ES	3, to line 34 of 30, and the organization file (01111 0000 - 1 '		5c		
		the organization have annual gross receipts that are normally greater than \$100,000, and did the ization solicit any contributions?		6a		No
	were n	s," did the organization include with every solicitation an express statement that such contributions or not tax deductible?	gıfts	6b		
		izations that may receive deductible contributions under section 170(c).				
	servic	e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods a es provided to the payor?	L	7a		No
		s," did the organization notify the donor of the value of the goods or services provided?	_ ⊢	7b		
	file Fo	e organization sell, exchange, or otherwise dispose of tangible personal property for which it was required in 8282?	ad to ⊢	7 c		No
d	If "Yes	s," indicate the number of Forms 8282 filed during the year				
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. [7 f		Νo
_	If the require	organization received a contribution of qualified intellectual property, did the organization file Form 889 ed?	9 as	7 g		
		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file 1098-C?	a	7 h		
	Did a d	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess business holdings at any til I the year?	ne	8		
)a	Did the	e sponsoring organization make any taxable distributions under section 4966?		9a		
		e sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
		on 501(c)(7) organizations. Enter	F	$\overline{}$		
		tion fees and capital contributions included on Part VIII, line 12 10a				
b		receipts, included on Form 990, Part VIII, line 12, for public use of club				
L	Sectio	on 501(c)(12) organizations. Enter				
а	Gross	Income from members or shareholders				
		income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)				
!a	Sectio	on 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If"Yes	s," enter the amount of tax-exempt interest received or accrued during the				
3	Sectio	on 501(c)(29) qualified nonprofit health insurance issuers.	\neg			
		organization licensed to issue qualified health plans in more than one state? Note. See the instructions onal information the organization must report on Schedule O		13a		
b	Enter	the amount of reserves the organization is required to maintain by the states chithe organization is licensed to issue qualified health plans				
		the amount of reserves on hand	\dashv			
		e organization receive any payments for indoor tanning services during the tax year?	\dashv	14a		No
		s," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	_ ⊢	14b		

Part VI Governance, Management, and Disclosure

▶ROLAND MATHIASSON S23376 Resakra Klagerup, SW

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

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

	Check if Schedule O contains a response or note to any line in this Part VI			🗸
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 4			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was			
_	filed?	4		No_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		N o
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	even	ıe Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
.2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	_
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes	
.3	Did the organization have a written whistleblower policy?	13	Yes	
.4	Did the organization have a written document retention and destruction policy?	14	Yes	
.5	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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
.6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
.7	List the States with which a copy of this Form 990 is required to be filed▶			
.8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
L9	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
	· //			

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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, or 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) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	person is both an officer and a director/trustee)			ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
			·Ī			l ed				
(1) ROLAND MATHIASSON DEPUTY DIR/ASST TREAS /SECR	40 0	x		х				64,040	0	0
(2) DR BJORN LOMBORG PRESIDENT & FOUNDER	40 0	x		х				500,000	0	0
(3) SCOTT CALAHAN TREASURER	3 0	×		х				4,000	0	0
(4) LORETTA MICHAELS DIRECTOR	1 0	x						0	0	0
										Form 990 (2015)

Form 990 (2	2015)
Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion (han (on is	one l both	box, an d	heck unless officer stee)		(E Repor comper from organiza	table nsation the tion (W-	(E) Reportable compensation from related organizations (W	/-	(F) Estima amount o compens from t	ated fother sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC) 0	rganizati relati organiza	ed
												+		
												+		
1b c d	Sub-Total		 ection /			•	*		56	8,040	0			0
2	Total number of individuals (in \$100,000 of reportable compe	•					d abov	e) w	ho receive	d more tl	nan			
													Yes	No
3	Did the organization list any fo on line 1a? <i>If "Yes," complete S</i>					. кеу •	emplo	yee, •	, or highes	t comper	sated employee	3		No
4	For any individual listed on line organization and related organ individual		•			•								
5	Did any person listed on line 1 services rendered to the organ									anızatıor	or individual for	4	Yes	
	services rendered to the organ	nzation/11 res,	сотри	ete st	пеи	леэ	TOI SUC	пре	95011	· · ·		5		No
	ection B. Independent Co Complete this table for your five		onsato	d indi	2000	don	tcontr	acto	re that ree	owed me	oro than #100 000) of		
	compensation from the organiz				•						' '		tax year (C	
DOB (l Consulting, J 47 II/18	lame and business	address								scription of services ang & admin		Comper	
BUDA HU	PEST, 0 1074													
	Takal w	mbma abase - /1	d		l *	ماسي		. 1/ - 1						
	Total number of independent co \$100,000 of compensation fron	,	_	. not	ıımıt	ea t	u tnose	: IISt	.ea apove)	wno rece	eivea more than			

Part V	/11	Statement of Revenue				
		Check if Schedule O contains a response or note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
ts ts	1a	Federated campaigns 1a				512-514
Grants Amounts	b	Membership dues 1b	_			
G d	C	Fundraising events 1c	_			
ifts ar /	d	Related organizations 1d				
tributions, Gifts, Grants Other Similar Amounts	e	Government grants (contributions) 1e 1,862,2	59			
ion I Si	f	All other contributions, gifts, grants, and 1f 835,7	86			İ
bet the	g	similar amounts not included above Noncash contributions included in lines	_			
Contributions, Gifts, and Other Similar A	-	1a-1f \$	_			
Cont and	h	Total. Add lines 1a-1f	2,698,045			
<u>+</u>		Business Cod	le			
¥.	2a	PROGRAM SERVICE FEES	352,441	352,441		
a <u>¥</u>	b					
Š	d					
Program Service Revenue	e					
ran	f	All other program service revenue				
δ.		Total. Add lines 2a−2f	352.441			
	3	Investment income (including dividends, interest,	352,441			
		and other similar amounts)	2,032			2,032
	5	Income from investment of tax-exempt bond proceeds	0			
		Royalties				
	6a	_				
	Ь	Less rental	_			
	c	expenses Rental income 0	0			
	d	or (loss) Net rental income or (loss)				
	"	(i) Securities (ii) Other	,			
	7a					
	b	Less cost or other basis and sales expenses Gain or (loss)				
	d	Net gain or (loss)	-112,261			-112,261
/enne	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)				
Other Revenue	h	See Part IV, line 18 a Less direct expenses b				
Ö	c	Net income or (loss) from fundraising events	. 0			
	9a	Gross income from gaming activities See Part IV, line 19				
	1	Less direct expenses b Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less returns and allowances .				
	b c	Net income or (loss) from sales of inventory				
	11a	Miscellaneous Revenue Business Cod	<u>e</u>			
	ь					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	•			
	12	Total revenue. See Instructions	2,940,257	352,441		-110,229
			-, -, -, -, -, -, -, -, -, -, -, -, -, -	,		

Part IX Statement of Functional Expenses

Section 501(c)(3) and $501(c)(4$) organizations i	must complete a	II columns	Allother	organizations m	ust complete	column (Ά)

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

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15	0			
4	and 16	0			
4 5	Compensation of current officers, directors, trustees, and key employees	614,921	535,106	36,849	42,966
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	,	,	·
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes				
		0			
11	Fees for services (non-employees)				
a	Management	0		20.540	
b	Legal	35,284	5,766	29,518	
c	Accounting	36,308		36,308	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	453	453		
13	Office expenses	28,613	20,617	7,996	
14	Information technology	4,551	251	4,300	
15	Royalties	0			
16	Occupancy	0			
17	Travel	195,098	190,915	2,302	1,881
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	7,426		7,426	
23	Insurance	1,199		1,199	
24	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 O)				
а	MISCELLANEOUS EXPENSE	35	35		
b	BANK CHARGES	4,871	158	4,713	
c	CONTRACT RESEARCHERS, ETC	818,730	781,352	30,086	7,292
d	CONTRIBUTION REFUND	200,000	200,000		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,947,489	1,734,653	160,697	52,139
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
		I		<u> </u>	orm 990 (2015)

Part X Balance Sheet

1 Cash-nen-interest-bearing 10 10 10 10 10 10 10 1	Par	LX	Check if Schedule O contains a response or note to any line in this Part X			
1				(A)		
2 Savings and temporary cash investments 0 2 2 2 3 3 1 1 1 1 1 1 1 1		1	Cach-non-interest-hearing		-	1,406.623
3 Piedges and grants receivable, net 1,242,206 3 2,6		_	-	· · · · ·		1,100,020
4						2,679,656
1		_				2,070,000
10 10 10 10 10 10 10 10			·	0	-	
100			trustees, key employees, and highest compensated employees Complete Part II of			
Section 4958(f(1)), persons described in section 4958(c(13)(8)), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			Schedule L	0	5	0
8	ets	6	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete			
8	SS					0
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D b Less accumulated depreciation 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—publicly traded securities 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax—exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) 26 Total liabilities Add lines 17 through 25 27 Unrestricted net assets 28 Temporanily restricted net assets Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. 17 Unrestricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 20 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building or equipment fund 22 Retained earnings, endowment, accumulated income, or other funds 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 30 Total net assets or fund balances	⋖	7	Notes and loans receivable, net		7	0
10a		8	Inventories for sale or use	0	8	0
Complete Part VI of Schedule D		9	Prepaid expenses and deferred charges	1,525	9	1,666
11 Investments—publicly traded securities 0 11		10a				
12		b	Less accumulated depreciation 10b	o	10 c	
13 Investments—program-related See Part IV, line 11 0 13 14 Intangible assets 0 14 15 Other assets See Part IV, line 11 0 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 3,081,378 16 4,0 17 Accounts payable and accrued expenses 24,403 17 18 Grants payable 0 18 19 Deferred revenue 25,009 19 20 Tax-exempt bond liabilities 0 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 0 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 0 22 23 Secured mortgages and notes payable to unrelated third parties 0 24 24 Unsecured notes and loans payable to unrelated third parties 0 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 0 25 26 Total liabilities. Add lines 17 through 25 49,412 26 27 Organizations that follow SFAS 117 (ASC 958), check here		11	Investments—publicly traded securities	0	11	0
14		12	Investments—other securities See Part IV, line 11	0	12	0
15		13	Investments—program-related See Part IV, line 11	0	13	0
16		14	Intangible assets	0	14	0
17		15	Other assets See Part IV, line 11	0	15	0
18 Grants payable 0 18 19 Deferred revenue 25,009 19 20 20 20 20 20 20 20 2		16	Total assets.Add lines 1 through 15 (must equal line 34)	3,081,378	16	4,087,945
Deferred revenue		17	Accounts payable and accrued expenses	24,403	17	53,802
20 Tax-exempt bond liabilities		18	Grants payable	0	18	0
21 Escrow or custodial account liability Complete Part IV of Schedule D		19	Deferred revenue	25,009	19	9,409
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		20	Tax-exempt bond liabilities	0	20	0
Secured mortgages and notes payable to unrelated third parties		21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
Secured mortgages and notes payable to unrelated third parties	lities	22				
24 Unsecured notes and loans payable to unrelated third parties	Ö		persons Complete Part II of Schedule L	0	22	0
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	Ë	23	Secured mortgages and notes payable to unrelated third parties \cdot .	0	23	0
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties	0	24	0
Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24)			
Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets						0
Complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		26	Total liabilities. Add lines 17 through 25	49,412	26	63,211
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds			• • •			
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	a B	27	Unrestricted net assets	1,502,441	27	1,736,765
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	- - -	28	Temporarily restricted net assets	1,529,525	28	2,287,969
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	<u> </u>	29	Permanently restricted net assets	0	29	0
30 Capital stock or trust principal, or current funds	r Fur		·			
Paid-in or capital surplus, or land, building or equipment fund	S 0	30	•		30	
33 Total net assets or fund balances	set	31			31	
33 Total net assets or fund balances	As				32	
2				3,031,966	33	4,024,734
34 Total liabilities and net assets/fund balances	Z	34	Total liabilities and net assets/fund balances	3,081,378		4,087,945

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
					,
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,9	940,257
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,5	947,489
3	Revenue less expenses Subtract line 2 from line 1	3			92,768
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			31,966
5	Net unrealized gains (losses) on investments	5			731,900
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		4,0	24,734
Par	t 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	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed or			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig of the audit, review, or compilation of its financial statements and selection of an independent accountant		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Additional Data

Software ID: Software Version:

EIN: 26-1214521

Name: COPENHAGEN CONSENSUS CENTER USA INC

Form 990, Part III, Line 4a

4a (Code) (Expenses \$ 564,461 including grants of \$) (Revenue \$ 470,848)

PostMDG The PostMDG project's objective is to influence the United Nations' ("UN") post-2015 sustainable development agenda. This is CCC's fourth quadrennial flagship project, which worked with the world's top economists including Oxford University, The World Bank, The Center for Global Development, Wharton Business School, and International Food Policy Research Institute to identify the costs and to develop a new set of goals to replace the UN's Millennium Development goals. The Center proposed development priorities for future achievement in the next 15 years. These priorities will determine the optimal use for \$700 billion in foreign aid to alleviate the world's biggest problems such as poverty, health and more. The Center distributes this information broadly, targeting the UN missions, governments, development agencies, journalists, and the public in order to positively shape the final objective of the UN's new targeted goals.

Form 990, Part III, Line 4b

) (Expenses \$

(Code

70	(0000) (Expenses 4	107,120 11101	aamig grante or ¢) (1107011de ¢	150,001 /
	PostMDG seminars ar	nd outreach A series in-depth ser	minars for journalists	on Post-2015 agend	a priorities, to inform journalists in	developing countries (including
	India, Nigeria, Tanzai	nia, Indonesia, Brazil, Bangladesl	h, South Africa, Keny	a, Mexico, Colombia), as well as aid donor countries, a	bout the Post-2015 Development
	Agenda focused on d	istinguishing the really great targ	gets from the poor on	es, on a country by	country basis. The activities were p	oart of the outreach for the Post-
	2015 Consensus Proj	ect, meetings with decision mak	ers, in combination w	ith specific training p	rovided journalists with tools and i	nformation needed to gain quality
	media coverage of th	ie post-2015 process	,		•	- , ,

including grants of \$

) (Revenue \$

196 881)

467 120

Form 990, Part III, Line 4c

c (Code) (Expenses \$ 340,790 including grants of \$) (Revenue \$ 101,452)

Bangladesh The Bangladesh Priorities project works with stakeholders across Bangladesh to find, analyze rank and disseminate the best solutions for the country

The Center is working with economists, including Nobel Laureates and sector experts, engaging major development organizations, NGOs, government, businesses,

youths, rural and urban Bangladeshis to propose solutions that will deliver greater benefit per taka spent, helping move Bangladesh towards Vision 2021 and a more prosperous long-term future

(Code) (Expenses \$ including grants of \$) (Revenue \$ HAITI

(Code) (Expenses \$ including grants of \$) (Revenue \$

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 211 including grants of \$) (Revenue \$)
CC12

(Code) (Expenses \$	84,192 including grants of \$) (Revenue \$	2,281,305)
GENERAL PROGR	RAM ACTIVITIES			

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493311005228

SCHEDULE A **Public Charity Status and Public Support** (Form 990 or 990EZ)

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number COPENHAGEN CONSENSUS CENTER USA INC 26-1214521 Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ)) 2

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section **170(b)(1)(A)(iv).** (Complete Part II)

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III)

An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the

supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You

must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its

supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

Provide the following information about the supported organization(s)

(i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other organization listed in your governing monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total

supported organization

instructions

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar vear (a)2011 (b)2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 621,057 2,272,041 2,698,047 1,064,105 2,096,996 8,752,246 membership fees received (Do not include any unusual grants) Tax revenues levied for the Ω organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 2,096,996 1,064,105 621,057 2,272,041 2,698,047 8,752,246 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included 4,065,626 on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 4,686,620 from line 4 Section B. Total Support Calendar vear **(b)**2012 (d)2014 (a)2011 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1,064,105 2,096,996 621,057 2,272,041 2,698,047 Amounts from line 4 8,752,246 Gross income from interest, dividends, payments received on 105 243 1,892 2,031 1,516 5,787 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or 0 not the business is regularly carried on Other income Do not include gain or loss from the sale of 0 capital assets (Explain in Part VI) 11 Total support. Add lines 7 8,758,033 through 10 12 Gross receipts from related activities, etc. (see instructions) 680.765 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 14 53 512 % 15 Public support percentage for 2014 Schedule A, Part II, line 14 15 25 000 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ 🗸 b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this ightharpoonsbox and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶ □ organization b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

▶□

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part

	II. If the organization	1 fails to qualify	y under the tes	ts listed below	, please comple	ete Part II.)
_Se	ction A. Public Support	т	1	1		I	
10=5	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 201	5 (f) Total
1	iscal year beginning in) ► Gifts, grants, contributions, and						
-	membership fees received (Do						
	not include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt purpose						
3	Gross receipts from activities						
•	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
_	paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
,	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of						
	the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)201	5 (f) Total
(or f	iscal year beginning in) 🟲	(4)2011	(6)2012	(6)2013	(u)2017	(6)201	- (1)10ta1
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable						
_	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI) Total support. (Add lines 9, 10c,						
13	11. and 12)						
14	First five years. If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	section 50	1(c)(3) organization,
	check this box and stop here	-					▶□
Se	ction C. Computation of Pub	lic Support P	ercentage				
15	Public support percentage for 2015			13. column (f))		15	
16	Public support percentage from 201			,(-,,			
			<u> </u>			16	
	ction D. Computation of Inv						
17	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
19a	33 1/3% support tests—2015.If the	organization did	not check the bo	x on line 14, and	l line 15 is more t	han 33 1/3%	6, and line 17 is not
	more than 33 1/3%, check this box	-					▶ □
b	33 1/3% support tests—2014.If the						•
	18 is not more than 33 1/3%, check	-					_
20	Private foundation.If the organizati		-	•			•

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under			
	section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3 c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(8)$ purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one			
	or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10 a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI

11c

Par	Tt IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization (that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	1		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same person that controlled or managed the supported organization(s)	ns 1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided	i? 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
-	sation E. Tuno III Eurotionally, Integrated Companies Organizations			
1 a				
2	Activities Test Answer (a) and (b) below.		Yes	No
а	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
t	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2 b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees each of the supported organizations? <i>Provide details in Part VI</i>	3a		
b	• Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

L (Check here if the organization satisfied the Integral Part Test as a qualifying ti	rust on N	ov 20,1970 See inst	ructions. All other
	ype III non-functionally integrated supporting organizations must complete S	Sections	A through E	Г
		1		T
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
				•
			(A) D V	(B) Current Yea
	Section B - Minimum Asset Amount		(A) Prior Year	(optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
3	A verage monthly value of securities	1a		
)	Average monthly cash balances	1b		
0	Fair market value of other non-exempt-use assets	1c		
ł	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter $1-1/2\%$ of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	organization (see

Part V Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (co	ontinued)
Section D - Distributions			Current Year
A mounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instri	uctions		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations (details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
С			
d From 2013			
e From 2014			
f Total of lines 3a through e			
Applied to underdistributions of prior years Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see			
instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a .			
b			
c Excess from 2013			
d From 2014			
e From 2015			

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DLN: 93493311005228

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.

Open to Public

Department of the Treasury Internal Revenue Service

SCHEDULE D

(Form 990)

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

Inspection

OMB No 1545-0047

	the organization GEN CONSENSUS CENTER USA INC				Empl	oyer ider	ntification	number	
OF LINITAL						214521			
art I	Organizations Maintaining Donor Complete if the organization answere					or Acco	unts.		
		(a) Donor advised fund	ds		(b)	Funds an	nd other ac	counts	
Т	otal number at end of year								
	ggregate value of contributions to (during ear)								
Α	ggregate value of grants from (during year)								
Α	ggregate value at end of year								
	the organization inform all donors and donor a s are the organization's property, subject to t	_				sed	Г	Yes	□ No
use	the organization inform all grantees, donors, a d only for charitable purposes and not for the ferring impermissible private benefit?							Yes	□ Nα
rt II		ete if the organization	ans	wered "Yes	" on Forn	1 990, P			
Purp	pose(s) of conservation easements held by th					•	•		
	Preservation of land for public use (e.g., recr	eation or	_						
_	cation)			reservation c			•		
	Protection of natural habitat	1	Р	reservation c	of a certifie	d historic	c structure		
	Preservation of open space								
	nplete lines 2a through 2d if the organization ement on the last day of the tax year	held a qualified conserva	ation	contribution	ın the form	of a con	servation		
Cast	ement on the last day of the tax year					Held	at the End	of the \	Year
Tota	al number of conservation easements				2a				
Tota	al acreage restricted by conservation easeme	ents			2b				
Nun	nber of conservation easements on a certified	historic structure includ	ded II	n (a)	2c				
	nber of conservation easements included in (o oric structure listed in the National Register	c) acquired after 8/17/06	5, an	d not on a	2d				
Nun	nber of conservation easements modified, trai	nsferred, released, exting	guist	ned, or termin	nated by th	e organız	ation durir	g the	
tax	year ▶								
Num	nber of states where property subject to cons	ervation easement is loc	ated	•					
	s the organization have a written policy regar				andling of				
	ations, and enforcement of the conservation e		9,	moperation, m	idiidiiiig oi		Yes	☐ No	
Staf yeai	f and volunteer hours devoted to monitoring,	inspecting, handling of vi	ıolatı	ons, and enfo	orcing cons	ervation	easement	s during	the
Δ m	 ount of expenses incurred in monitoring, inspe	ecting handling of violation	ions	and enforcing	a conserva	ition easi	ements du	ring the	vear
▶ \$	or expenses meaned in momenting, inspe	cerng, nananng or violati	10113,	una cinoreni	g conscive	icion cus	ements du	ing the	, cui
Doe	======================================	ne 2(d) above satisfy the	e req	uirements of	section 17	0(h)(4)	_ v		
In P	art XIII, describe how the organization repor nce sheet, and include, if applicable, the text							∏ No	
	organization's accounting for conservation ea		941111	acrons inian	orar bracen	iones ena	. 40501150		
rt IIII	Organizations Maintaining Collect Complete if the organization answere					er Sim	ilar Ass	ets.	
work	e organization elected, as permitted under Sf ks of art, historical treasures, or other similar rice, provide, in Part XIII, the text of the footi	assets held for public ex	xhıbı	tion, educatio	on, or resea	arch in fu			:
work	e organization elected, as permitted under Sf ks of art, historical treasures, or other similar rice, provide the following amounts relating to	assets held for public ex							
i) Re	venue included on Form 990, Part VIII, line 1	L			> \$				
i) _{A s s}	sets included in Form 990, Part X								
Ifth	e organization received or held works of art, h wing amounts required to be reported under S				s for financ				
Rev	enue included on Form 990, Part VIII, line 1					> \$			

Par	t III	Organizations Maintaining (continued)	Collections of A	Art, His	storical	Treasures,	or O	ther Simi	ilar A	ssets	
3		g the organization's acquisition, acce ction items (check all that apply)	ession, and other re	cords, cl	heck any	of the following	that a	ire a signific	ant us:	e of its	
а	Г	Public exhibition		d	☐ Lo	an or exchang	e prog	rams			
b		Scholarly research		e	□ 0 · 1	ther					
c	Γ	Preservation for future generations									
4	Provi Part :	de a description of the organization's XIII	s collections and ex	plain ho	w they fur	ther the organı	zation	's exempt p	urpose	: in	
5	asset	g the year, did the organization solic is to be sold to raise funds rather the	an to be maintained						┌ Ye	s No	
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form	990, Par	t IV, line 9, o	or rep	orted an a	amour	nt on Form	າ 990,
1 a		e organization an agent, trustee, cus ded on Form 990 , Part X?	todian or other inte	rmediary	for contr	ibutions or oth	erass	ets not	┌ Ye:	s No	
b	If'	"Yes," explain the arrangement in Pa	art XIII and comple	te the fol	llowing tal	ble			Am	ount	
c	Ве	ginning balance					1c				
d	A d	ditions during the year					1d				
е	Dis	stributions during the year					1e				
f		ding balance					1f				
2 a		ne organization include an amount oi	n Form 990, Part X,	line 21,	for escro	w or custodial a	accour	nt liability?	┌ Ye	s No	
b		es," explain the arrangement in Part									
Ра	rt V	Endowment Funds. Comple	(a)Current year		nor year	b (c)Two years		(d)Three year			ars back
1a	Beau	nning of year balance	(a)current year	(6)11	ioi yeai	D (C) I WO years	Dack	(d)Tillee year	3 Dack	(e) our yea	ars back
b	-	ributions									
с	Net i losse	nvestment earnings, gains, and es									
d	Gran	ts or scholarships									
е		r expenditures for facilities programs									
f	A dm	inistrative expenses				1	_				
g		of year balance									
2	Provi	de the estimated percentage of the o	current year end bal	lance (lır	ne 1g, col	umn (a)) held a	S				
а	Board	d designated or quasi-endowment 🕨									
b	Perm	anent endowment ▶									
c		orarily restricted endowment • percentages on lines 2a, 2b, and 2c	should equal 100%								
3a	A re t	here endowment funds not in the pos nization by	·		that are h	neld and admini	stered	d for the		Yes	No
	(i) ur	nrelated organizations							37	a(i)	
b		elated organizations es" on 3a(ii), are the related organiza								i(ii)	
4		ribe in Part XIII the intended uses o	_	endowm	ent funds						
Pai	rt VI	Land, Buildings, and Equip Complete if the organization a		Form 0	190 Bart	TV line 11a	Sec	Orm 000	Dar+ \	/ line 10	
		Description of property	niswered fes to	(a	Cost or ot	ther basis ment) Cost or	(b)	Acci	umulate preciation	d (d) Boo	ok value
1a	Land			🕇		(0	,				
		ngs									
		nold improvements		. \vdash							
		nent		. \vdash							
		lines 1a through 1e <i>(Column (d) mus</i>			mn (B), lır	ne 10(c))			. >		
								Sch	nedule	D (Form 99	0) 2015

Schedule D	(Form 990) 2015				Page 3
Part VII	Investments—Other Securities. C	omplete if the org	anızatıon answered	d 'Yes' on Fo	rm 990, Part IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or category	ry	(b)Book value		(c)Method of valuation
	(including name of security)	•		Cos	t or end-of-year market value
	al derivatives -held equity interests				
(3)Other	-neid equity interests				
	nn (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII	Investments—Program Related. Complete if the organization answere	ed 'Yes' on Form 9	90, Part IV, line 11	.C.Coo Earm	990 Part V June 13
	(a) Description of investment		(b) Book value		(c) Method of valuation
	(2, 5 5 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		(2) 20011 14140		t or end-of-year market value
	nn (b) must equal Form 990, Part X, col (B) line 13)	•			
Part IX	Other Assets. Complete if the organizat	tion answered 'Yes' o scription	n Form 990, Part IV,	line 11d See	Form 990, Part X, line 15 (b) Book value
	(a) Des	<u>страоп</u>			(b) book value
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line	e 15)			
Part X	Other Liabilities. Complete if the or	ganızatıon answer	ed 'Yes' on Form 9	90, Part IV,	line 11e or 11f.
	See Form 990, Part X, line 25.	425			
1.	(a) Description of liability	(b) Book valu	ie i		
Federal inc	ome tayes		0		
r cucrui inc	one taxes				
_	·				
		L_			
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)	•	0		
2 Liability	for uncertain tax positions. In Part XIII, prov	ude the text of the fo	otnote to the organiz	ation's financia	al statements that reports the

Par	rt XI Reconciliation of Revenue per Audited Financial Statements Wit Complete if the organization answered 'Yes' on Form 990, Part IV, line 1		er Retui	rn
1	Total revenue, gains, and other support per audited financial statements		1	3,044,899
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12			, ,
а	Net unrealized gains (losses) on investments 2a			
b	Donated services and use of facilities	104,642		
c	Recoveries of prior year grants	,		
d	Other (Describe in Part XIII)			
e	A dd lines 2a through 2d		2e	104,642
3	Subtract line 2e from line 1	.	3	2,940,257
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1			<u> </u>
а	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 revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)		5	2,940,257
Part	TEXII Reconciliation of Expenses per Audited Financial Statements W		per Ret	urn.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 1	12a.		
1	Total expenses and losses per audited financial statements		1	2,052,131
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	104,642		
b	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part XIII)			
е	Add lines 2a through 2d	· · ·	2e	104,642
3	Subtract line 2e from line 1	· · ·	3	1,947,489
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII)............ <mark>4b</mark>			
c	Add lines 4a and 4b	· · ·	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	1,947,489
Dar	rt XIII Supplemental Information			
	ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV	l 4 b 4 3 b		
	t V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also comp			ny additional
ınfor	ormation	•		•
	Return Reference Explanation			
See A	Additional Data Table			

Page 5	chedule D (Form 990) 2015				
	ormation <i>(continued)</i>	Part XIII Supplemental Info			
	Explanation	Return Reference			

Additional Data

Software ID: Software Version:

EIN: 26-1214521

Name: COPENHAGEN CONSENSUS CENTER USA INC

Supplemental Information

Return Reference

Retain Reference	Explanation
fin 48 detail	The Center is exempt from federal income taxes under Section 501(c)(3) of the Internal Rev enue Code and has been classified as an organization that is not a private foundation inc ome from certain activities not directly related to the Center's tax-exempt purpose would be subject to taxation as unrelated business income. The Center had no unrelated business income for the year ended December 31, 2015 and 2014. The Center adopted a policy that cla rifies the accounting for uncertainty in income taxes recognized in an entity's financial statements. The policy prescribes a recognition threshold and measurement principles for the financial statement recognition and measurement of tax positions taken or expected to be taken on a tax return that are not certain to be realized. The implementation of this policy had no impact on the Center's financial statements. The Center's tax returns are subject to review and examination by federal, state and local authorities for a period of three eyears. While no income tax returns are currently being examined by the IRS, tax years since 2012 remain open.

Explanation

efile GRAPHIC print - DO NOT	As Filed Data	a -	DLN: 9	DLN: 93493311005228		
SCHEDULE F Stat (Form 990)	ement of Activities Outside the United St Complete if the organization answered "Yes" to Form 990,			ed States	OMB No 1545-0047	
	, 55	Part IV, line 14			2015	
Department of the Treasury		► Attach to			Owen to Bullin	
internal Revenue Service	on about Schedu	ıle F (Form 990) an	d its instructions is at wi	vw.irs.gov/form990.	Open to Public Inspection	
Name of the organization				Employer ident	ification number	
COPENHAGEN CONSENSUS CENTE	R USA INC			26-1214521		
Part I General Information	n on Activiti	es Outside th	e United States.	20 121 1321		
Complete if the organi	ızatıon answe	red "Yes" to For	rm 990, Part IV, line	14b.		
1 For grantmakers. Does the	-					
and other assistance, the gra		lity for the grant	s or assistance, and	the selection criteria		
used to award the grants or a	assistance /				Yes No	
2 For grantmakers. Describe in assistance outside the United		rganızatıon's pro	ocedures for monitorii	ng the use of its grant	ts and other	
3 Activites per Region (The follow	ving Part I, line	3 table can be du	plicated if additional spa	ce is needed)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region	
(1) See Add'l Data		region	regiony			
(2)						
(3)						
(4)						
(5)						
3a Sub-total		97			311,400	
b Total from continuation sheets to Part I						
c Totals (add lines 3a and 3b)		97			311,400	

Schedule F (Form 990) 2015

(1)
(2)
(3)
(4)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Page 2

Schedule F (Form 990) 2015

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							

(4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Additional Data

Software ID: Software Version:

EIN: 26-1214521

Name: COPENHAGEN CONSENSUS CENTER USA INC

Schedule F (Form 990) 2015

Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South Asia		44	Program Services	research & outreach	154,795
Central America and the Caribbean		10	Program Services	research & outreach	26,003
Sub-Saharan Africa		20	Program Services	post-2015 outreach	66,873

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i e , fundraising, service, describe agents in region specific type of service region program services, (s) in region grants to recipients located in the region) 6,711

Program Services

post-2015 outreach

1,430

East Asia and the Pacific	4	Program Services	post-2015 outreach	6,/11
South Asia	5	Program Services	post-2015 outreach	26,810

Form 990 Schedule F Part I - Activities Outside The United States

Central America and the

Carıbbean

(a) Region (b) Number of (c) Number of (e) If activity listed in (d) Activities (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, agents in service, describe region specific type of service region program services. (s) in region grants to recipients located in the region) 10,516

Program Services

post-2015 outreach

1.031

17,231

North America	6	Program Services	post-2015 outreach	
Middle East and North	1	Program Services	post-2015 outreach	

Form 990 Schedule F Part I - Activities Outside The United States

Africa South America DLN: 93493311005228

OMB No 1545-0047

2015

Schedule J

(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

Open to Public Inspection

Department of the ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** COPENHAGEN CONSENSUS CENTER USA INC 26-1214521

Pa	rt I Q	uestions Regarding Compensation					
						Yes	No
1 a				ny of the following to or for a person listed on Form ide any relevant information regarding these items			
	Firs	t-class or charter travel	Γ	Housing allowance or residence for personal use			
	┌ ⊤ra	vel for companions		Payments for business use of personal residence			
	Γ Ta>	didemnification and gross-up payments		Health or social club dues or initiation fees			
	Dis	cretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)	İ		
b		the boxes in line 1a are checked, did the organ ement or provision of all of the expenses descr			1b		
2		organization require substantiation prior to reim s, trustees, officers, including the CEO/Executiv		ing or allowing expenses incurred by all irector, regarding the items checked in line 1a?	2		
3	organiza	which, if any, of the following the filing organiza tion's CEO/Executive Director Check all that a a related organization to establish compensatio	apply				
	✓ Cor	npensation committee	~	Written employment contract			
	✓ Ind	ependent compensation consultant		Compensation survey or study			
	For	m 990 of other organizations		Approval by the board or compensation committee	 		
4		ne year, did any person listed on Form 990, Par ted organization	t VII	I, Section A, line 1a with respect to the filing organization			
а	Receive	a severance payment or change-of-control pay	men	t?	4a		No
b	Participa	ate in, or receive payment from, a supplemental	none	qualified retirement plan?	4b		No
c	Participa	ate in, or receive payment from, an equity-based	d cor	mpensation arrangement?	4c		Νo
	If "Yes"	to any of lines 4a-c, list the persons and provid	de th	e applicable amounts for each item in Part III			
	Only 501	.(c)(3), 501(c)(4), and 501(c)(29) organization	ıs mu	st complete lines 5-9.			
5	•	ons listed on Form 990, Part VII, Section A, lin action contingent on the revenues of	ne 1a	, did the organization pay or accrue any			
а	The orga	nızatıon?			5a		No
b	•	ted organization? on line 5a or 5b, describe in Part III			5b		No
6	For perso	ons listed on Form 990, Part VII, Section A, lin sation contingent on the net earnings of	ne 1a	, did the organization pay or accrue any			
а	The orga	nızatıon?			6 a		No
b	Any rela	ted organization?			6b		Νo
	If"Yes,"	on line 6a or 6b, describe in Part III					
7		ons listed on Form 990, Part VII, Section A, lin s not described in lines 5 and 6? If "Yes," desc			7		No
8		· ·		accured pursuant to a contract that was tions section 53 4958-4(a)(3)? If "Yes," describe	8		No
9		on line 8, did the organization also follow the re	butta	able presumption procedure described in Regulations			

Page 2

Schedule J (Form 990) 2015

500.000

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in	
	Base (1) compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation				column(B) reported as deferred on prior Form 990	
	1			1		1		

1 DR BJORN LOMBORG 450,000

50.000

Schedule J (Form 990) 2015

PRESIDENT & FOUNDER

Schedule J (Form 990) 2015	Page 3					
Part III Supplemental Inform	nation					
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						
Return Reference	Explanation Explanation					

Schedule J (Form 990) 2015

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DLN: 93493311005228

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

OMB No 1545-0047 2015

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Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

Name of the organization COPENHAGEN CONSENSUS CENTER USA INC **Employer identification number** 26-1214521 Part I Types of Property

	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	etermı	_	ts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .							
10	Securities—Closely held stock \cdot							
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Other►(VEL)	Х	1	8,852	ACTUAL COST			
	Other ► (Х	1	1,176	ACTUAL COST			
	(IND GOODS)							
	Other►(ERTISING)	X	1	94,614	MARKET VALUE			
	Other ▶ ()							
29	Number of Forms 8283 received for which the organization comple				29			
20-	Domina Na coma del Mario		- h.,h., h., h.,		4 thursel 20 th :		Yes	No_
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part 1, lines	1 through 28, that			
	it must hold for at least three ye	ars from the	e date of the initial contribu	ition, and which is not requi	red to be used			
	for exempt purposes for the enti	re holding p	eriod ⁷			30a		Νo
b	If "Yes," describe the arrangement						ĺ	
31	Does the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contributions?	31		No
32a	Does the organization hire or us contributions?	•	-		noncash 	32a		No
b	If "Yes," describe in Part II							.,,
33	If the organization did not report describe in Part II	an amount	ın column (c) for a type of	property for which column (a	a) is checked,			

efile GRAPHIC pri	nt - DO NOT PROCESS	As Filed Data -		DLN: 93493311005228
SCHEDULE O (Form 990 or 990-EZ)	Complete to prov	ide information for respo	Form 990 or 990-EZ	2015
Department of the Treasury Internal Revenue Service		► Attach to Form 990 Schedule O (Form 990 or www.irs.gov/form	Open to Public Inspection	
Name of the organizatio COPENHAGEN CONSENSUS C			Employer 26-1214	ridentification number
990 Schedule O, So	upplemental Informati		anation	321
Reference		•		

the 990 will be reviewed and approved at a board meeting

PART VI, 11b

990 Schedule O, Supplemental Information Return Explanation Reference PART VI 19 GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST

PART VI, 12a, Bjorn Lomborg's employment contract is prepared by the compensation committee and CCC's ou

12b. 12c

olding conflict of interest

tside counsel per his employment contract he discloses all side income derived from talks
, royalties etc to the compensation committee and to the board. The full amount is subtra
cted from his salary from CCC to align his personal financial and CCC's interests, thus av

PART VI. 15a Biorn Lomborg and Roland Mathiasson's compensation is determined by the compensation commi

ART VI, 15a Bjorn Lomborg and Roland Mathiasson's compensation is determined by the compensation committee (consisting of the 2 independent directors of the board). The committee hired an outs ide and independent compensation consultant to assist in the creation and implementation of the process for determining performance based compensation, the Compensation committee f

ollowed the recommendation

990 Schedule O, Supplemental Information Return Explanation Reference STATEMENT THIS AMENDED FORM 990 WAS FILED TO REPORT CORRECTIONS IN PART II OF SCHEDULE A AND TO ADJUL

ST DONOR ADDRESS INFORMATION IN PART LOF SCHEDULE B. WITH RESPECT TO PART ILOF SCHEDULE. REGA RDING A. THE AMOUNT OF EXCESS CONTRIBUTIONS WAS REVISED. AND THE REPORTING OF GROSS RECEIPTS FRO M RELATED ACTIVITIES WAS ALSO PROPERLY RELOCATED. THESE CHANGES PRODUCED A REVISED CALCULA

A MENDED RETURN TION OF THE ORGANIZATION'S PUBLIC SUPPORT PERCENTAGE