# Form **990**

OMB No 1545-0047

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.gov/form990.

Open to Public Inspection

A	ror	the 2015 calen	dar year, or ta	x year begi	nning		, 4	vio, and	i ending			3	
В	Check	if applicable:	C Name of organ	nizetion CO	MMITTEE A	OR A C	ONSTRU	CTIVE	TOMO	RROW	D Employ	er identif	Scation number
		Address change	Doing business as							52-	14628	393	
	H,	Verne change	Number and s	treet (or P.O b	ox if mail is not deir	vered to street	address)		Room/sui	te	E Telephi		
	$\vdash$	nitial return	PO BOX 65	5722							120	21 42	29-2737
	Н	inal return/terminated	<del></del>		e, country, and ZIP	or foreign posts	code		1		(20	21 42	29-2131
	$\vdash$	Amended return	· ·	•	, ,,,			DC 20	1025				20 001 001
	1		F Name and add	<del></del>		<del> </del>		DC 20	0035	(a) la thia a	group return		2,261,981.
	LJ"	Application pending									-		
			DAVID ROTHBA			WASHI	<del></del>	DC 20	035	If 'No,' a	subordinates attach a list. (	see instru	ctions) Yes No
<u> </u>		c-exempt status	X 501(c)(3)	501(c) (	) <b>√</b> (ir	isert no )	4947(a)	(1) or	527				
J			W.CFACT.O	RG	<del></del>			<del></del>			exemption nu		
K		m of organization:	X Corporation	Trust	Association	Other -		L Year o	f formation	1986	5 <b>M</b> s	State of leg	gal domicale: DC
Pa	nt l	Summai											
	1	Briefly describ	e the organizat	tion's mission	on or most sign	ificant activ	ities:	PUBL	IC IN	reres:	<u> RESE</u>	ARCH	AND EDUCATION
ø	İ								- <b></b> -				
臣								<b></b>			<b>~</b> .		
ᇤ													
Governance	2	Check this bo	x ► ∐if the	organizatio	n discontinued	its operation	ons or disp	osed of	more tha	n 25% o	fits net as		
	3		ting members o									3	5
Activities &	4		dependent votin									4	3
ŧ	6		of individuals e of volunteers (e									5	11
₹	-		d business reve									6   7a	300
•			business taxab									7a 7b	28,468.
		14et umeiateu	DUSITIESS MARK	ne moonie i	TOTAL GIAL SSO	-1, 1110 34	• • • • •	• • • •			rior Year	· · · · · ·	28, 468. Current Year
		Contributions	and grants (Pa	rt VIII. line 1	Ib)								
93	9		ice revenue (Pa								,572,6		2,102,757.
Revenue	10		come (Part VIII,									60.	1,642.
ě	11		e (Part VIII, colu								24,7	52.	-3,193.
	12		- add lines 81							1			30,462.
_	13		milar amounts p					ie (2) ·	• • • •		,603,6	000.	2,131,668.
	_												65,000.
	14		to or for membe							· · · · · · ·			
8	15		r compensation					5-10) .			833,0		790,924.
Expenses	16 a	Professional f	undraising fees	(Part IX, ct	ည်ပုံကိုn (A),Virie	17 e) + 0 i	1 9/1				44,2	49.	46,135.
훘	b	Total fundrais	ing expenses (f	art IX, col	ımn (D), line 25	5)	] 띄	524,2	281.				
ш	17	Other expens	es (Part IX, colu	ımn (A), lini	as 11a(1)(6 <u>3</u> 11	}-24e} . U	1		• • • •		685,3	192	849,409.
	18		s. Add lines 13							1	,562,7		1,751,468.
	19		expenses. Sub				-			<del></del>	40,9		380,200.
8 8		<del> </del>			<del></del>	<del></del>		····		Reginala	g of Curre		End of Year
÷ Ě	20	Total assets (	Part X, line 16)	<i>.</i> .						Degamin	699,9		1,096,955.
4	21		(Part X, line 26				<i></i> .				33,8		50,629.
Net /	22		fund balances.								666,1		
_	rt II	Signatur		OOD!! GO! II!	O Z I NOM MIC			<del></del>	· · ·	<u> </u>	000,1	00.1	1,046,326.
													<del></del>
COM	dete. D	eclaration of prepar	tare that I have exan er (other than officer)	is based on al	i, including accomp linformation of which	ch preparer has	es and state any knowled	ments, and i ige.	to the best o	ny knowi	eage and be	ier, it is tr	ie, correct, and
			17/					<del></del>			9/27	115	
e:-		Signatu	re of officer	<u> </u>			<del></del> -	···		l	9/22	//6	
Siç He		A CDA	TC DUCKED										
110			IG RUCKER print name and title.		<del></del>								
			reparer's name		Preparer's sign	atura							
_		1	·		1 0								
Pa		<del></del>	C. BURKHA		A Paril C								
	par				thardt & Ass								
Us	e Or	1ly Firm's addre	rss 7525	Preside	ntial La	ne							
		{	Manae	000									

May the IRS discuss this return with the preparer shown above? (see in BAA For Paperwork Reduction Act Notice, see the separate instruc

Form	990 (2015) COMMITTEE FOR	A CONSTRUCTIVE TOMORROW	52-14 <u>62</u> 893	Page 2
Par	Statement of Program	Service Accomplishments		
•	Check if Schedule O contains a	response or note to any line in this Part III		<u> </u>
1	Briefly describe the organization's miss	sion		
	PUBLIC INTEREST RESEARCE	CH_AND_EDUCATION	<b></b>	
			<b></b>	
				<b></b>
	Did the organization undertake any sig	nificant program services during the year which were not listed on the	prior	
	Form 990 or 990-EZ?		Yes	X No
	If 'Yes,' describe these new services o	n Schedule O		_
3	Did the organization cease conducting	or make significant changes in how it conducts, any program service	es? Yes	X No
	If 'Yes,' describe these changes on Sc	nedule O.		
4	Describe the organization's program so Section 501(c)(3) and 501(c)(4) organicand revenue, if any, for each program	ervice accomplishments for each of its three largest program services zations are required to report the amount of grants and allocations to service reported	, as measured by expense others, the total expenses	es s,
4 a	(Code ) (Expenses \$	1,115,680. including grants of \$ 65,000.	(Revenue \$	1,642.)
	RESEARCH AND EDUCATION MATERI	ALS TO THE PUBLIC CONCERNING IMPORTANT CONSUMER AND	ENVIRONMENTAL ISSUE	ES THROUGH
	NEWLETTERS, RADIO COMMEN	TARY, CAMPUS AND COMMUNITY WORKSHOPS AND SEM	IINARS, MEDIA INT	ERVIEWS,
		ES, BRIEFING PAPERS, OPINION ARTICLES, AND OTH		
		OLVE TRAINING AND ECONOMIC DEVELOPMENT IN		
		S IN THE DEVELOPING WORLD.		
		<b></b>		
		<b> </b>		
		<b> </b>		
			<del></del>	
4 b	(Code: ) (Expenses \$	including grants of \$)	(Revenue \$	)
			<b></b>	
			<del>-</del>	
			/D	
4 C	(Code) (Expenses \$	including grants of \$)	(Revenue \$	)
4 d	Other program services. (Describe in S	Schedule O.)		
	(Expenses \$	including grants of \$ ) (Revenue	\$	)
4 e	Total program service expenses ►	1,115,680.		
BAA		TEEA0102 10/12/15	Forn	n <b>990</b> (2015)

•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
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		Х
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	Х	
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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		Х
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		Х
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			
ā	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
_	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		X
C	Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
C	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		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
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	Х	•
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	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	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ŀ	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		Х
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		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
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		Х

Pá	行動文章 Checklist of Required Schedules (continued)		<b>V</b>	A1 -
••	District the second of the sec	20-	Yes	No X
	a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		
	o If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		_ X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23	Х	
24	a 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			х
	complete Schedule K If 'No, 'go to line 25a	24a 24b		_^
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
	any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
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		Х
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		Х
_28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV— ——————————————————————————————————			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	D. 1th annual to be broad to be supply and annual to and annual to a supply of the dead of the Cohord of the Cohor	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note, All Form 990 filers are required to complete Schedule O	38	Х	

BAA

Form 990 (2015)

Fori	m 990 (2015) COMMITTEE FOR A CONSTRUCTIVE TOMORROW 52-146289	3	F	age :
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			. [
			Yes	No
1	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	X	1
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
_	ments, filed for the calendar year ending with or within the year covered by this return   2 a   11			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			-
7	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		X
	b If 'Yes,' enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
-	·			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
-	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file  Form 8282?	<sup>-</sup> 7 c	_	X
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
	as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
۰	Form 1098-C?	7 h		
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
_	organization have excess business holdings at any time during the year?	8	<u> </u>	
9	, , , , , , , , , , , , , , , , , , , ,			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	ļ <u>.</u>	
	Section 501(c)(7) organizations. Enter			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	a Gross income from members or shareholders		•	
	b Gross income from other sources (Do not net amounts due or paid to other sources			
ء ۾	against amounts due or received from them )	10	<u> </u>	
	2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	<b> </b>	-
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			<del> </del>
	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		-
	Note. See the instructions for additional information the organization must report on Schedule O			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand	ŀ	ı	1

14a Did the organization receive any payments for indoor tanning services during the tax year? . . .

14 a

Par	rt VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, process Schedule O. See instructions.	sses, or changes in			_
	Check if Schedule O contains a response or note to any line in this Part VI				. X
Sec	ction A. Governing Body and Management				
		_		Yes	No
1 a	a Enter the number of voting members of the governing body at the end of the tax year	5			
ь	b Enter the number of voting members included in line 1a, above, who are independent 1 b	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	any other			
	officer, director, trustee, or key employee?		2	Χ	
3	Did the organization delegate control over management duties customarily performed by or under the direct of officers, directors, or trustees, or key employees to a management company or other person?	t supervision	3		Х
4	Did the organization make any significant changes to its governing documents				
	since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7 a	a 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?		7 a		X
b	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the following				
а	a The governing body?		8 a	Х	
	b Each committee with authority to act on behalf of the governing body?		8 b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	at the	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the		e Co	ode.)	<u>'</u>
				Yes	No
10 a	a Did the organization have local chapters, branches, or affiliates?		10 a		Х
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches operations are consistent with the organization's exempt purposes?	s to ensure their	10 ь		
11 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		11 a	Χ	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13		12 a	X	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could g	live rise	12 b		х
c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' de Schedule O how this was done		12 c	Х	
13			13	Х	
14			14	Х	
15				_	
9	a The organization's CEO, Executive Director, or top management official		15 a	X	[
F	b Other officers or key employees of the organization	🟲	15 b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).				
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement v	vith a			
	taxable entity during the year?		16 a		Х
t	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?	e 	16 b		
Sec	ction C. Disclosure		-		•
17		ne 17 (continued)			
18			aılab	le	
	Own website X Another's website X Upon request Other (explain	nın ın Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and fir the public during the tax year	nancial statements available	to		
20	State the name, address, and telephone number of the person who possesses the organization's books ar	nd records -			
	HOLLY HALL C/O AMBASSADOR ACCT 7521 PRESIDENTIAL LN MANASSAS VA 2	0109 (70)	3) 3	329-	0383

•										
Form 990 (2015) COMMITTEE FOR A CONSTR									52-14628	
Part VII Compensation of Officers, Directors	ors, Tru	ste	es,	Key	/ Ei	npl	оує	es, Highest C	ompensated Er	nployees, and
Check if Schedule O contains a response or	note to an	y line	ın t	this I	Part	VII .				
Section A. Officers, Directors, Trustees, Ke	ey Emp	oye	es,	, an	d F	ligh	esi	t Compensate	d Employees	
1 a Complete this table for all persons required to be listed organization's tax year	•	•						, ,		
<ul> <li>List all of the organization's current officers, directo compensation. Enter -0- in columns (D), (E), and (F) if no</li> </ul>	rs, trustee compensa	s (wi	neth was	er in paid	dıvıd İ	luals	or c	organizations), reg	ardless of amount of	
<ul> <li>List all of the organization's current key employees,</li> </ul>										
<ul> <li>List the organization's five current highest compens who received reportable compensation (Box 5 of Form W- organization and any related organizations.</li> </ul>	sated emp -2 and/or E	loyee Box 7	es (c	ther Form	tha 109	n an 99-M	offic ISC	cer, director, trusted ) of more than \$10	e, or key employee) 0,000 from the	
<ul> <li>List all of the organization's former officers, key emportable compensation from the organization and any</li> </ul>					omp	ensa	ted	employees who re	ceived more than \$1	00,000
• List all of the organization's former directors or tru organization, more than \$10,000 of reportable compensat										
List persons in the following order: individual trustees or d employees, and former such persons	irectors, ir	stitu	tiona	al tru	stee	s, of	fice	rs, key employees,	highest compensate	ed
Check this box if neither the organization nor any relati	ted organı	zatıo	n co	mpe	nsa	ed a	ny c	current officer, dire	ctor, or trustee	
				(C)						
(A) Name and Title	(B) Average hours	thar	one both	(do no box, u an o ector/	inless ficer	ck mor perso and a e)	e n	(D)  Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	_1.00	x						0.	0.	0.
(2) JERI GOETZ	_1.00		_	_		_	_			
DIRECTOR		Х						0.	0.	0.
(3) DARREN GIBBS							l	i l		
	1.00	Х						0.	0.	0.
DIRECTOR  (4) CRAIG RUCKER	40.00					_		0.	0.	0.
DIRECTOR	40.00	Х		х		_	-	0. 123,999.	0.	21,689.
DIRECTOR  (4) CRAIG RUCKER  EXEC DIRECTOR & TREASURER  (5) DAVID ROTHBARD		х						123,999.	0.	21,689.
DIRECTOR  (4) CRAIG RUCKER  EXEC DIRECTOR & TREASURER  (5) DAVID ROTHBARD  PRESIDENT & CHAIRMAN	40.00	x		х						
DIRECTOR  (4) CRAIG RUCKER  EXEC DIRECTOR & TREASURER  (5) DAVID ROTHBARD	40.00	x				X		123,999.	0.	21,689.
DIRECTOR  (4) CRAIG RUCKER  EXEC DIRECTOR & TREASURER  (5) DAVID ROTHBARD  PRESIDENT & CHAIRMAN  (6) MARK MORANO	40.00	x				X		123,999. 130,025.	0.	21,689.
DIRECTOR  (4) CRAIG RUCKER  EXEC DIRECTOR & TREASURER  (5) DAVID ROTHBARD  PRESIDENT & CHAIRMAN  (6) MARK MORANO  DIRECTOR OF COMMUNICATION	40.00	x				X		123,999. 130,025.	0.	21,689.

BAA

(14)

(12)

(13)\_\_\_

(10)

<u>(11)</u>\_\_\_\_\_

TEEA0107 10/12/15

Form **990** (2015)

Part VII Section A. Officers, Directors, Tr		Key	En			es,	and	d Highest Con	npensated Em	ployee	S (contin	ued)
(A) Name and title	Average hours per week	box	, unle	Pos heck ss pe	more rson	than o s both or/trust	an ee)	(D)  Reportable compensation from	(E)  Reportable compensation from	amou	(F) stimated int of other	
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	fr orga and	pensation om the anization d related anizations	
<u></u>												
(16)				-								
(17)	<b>-</b>							-	_			
(18)							<u> </u>					
(19)										+		
(20)												
(21)											-	
(22)		<u> </u>									•	
(23)		<del>                                     </del>										
(24)			:			_						
(25)							-					
1 b Sub-total		<u></u>	<u>.                                    </u>				<b>&gt;</b>	422,096.	0	_	64,2	56.
c Total from continuation sheets to Part VII, Sect							<b>&gt;</b>					
d Total (add lines 1b and 1c)							eive	422,096. d more than \$100,0	000 of reportable o		64,25 tion	<u>56.</u>
from the organization 3											Tv T	<b>N</b> 1.
Did the organization list any former officer, directo on line 1a? If 'Yes.' complete Schedule J for such it.										3	Yes	No X
For any individual listed on line 1a, is the sum of rethe organization and related organizations greater	enortable co	ombe	nsat	hon	and	othe	r co	mpensation from		18 5 T	10.10	,
such individual			• •	٠.	٠.	• •	• •			4	X	
for services rendered to the organization? If 'Yes,'	complete S	Scheo	lule .	J for	suc	h pe	rsor	1	· · · · · · · · · · · · · · · · · · ·	. 5		Х
1 Complete this table for your five highest compensation from the organization Report comp	ated indepe	nden r the	t coi cale	ntrac enda	ctors	that ar en	rec	eived more than \$ g with or within the	100,000 of organization's tax	year	<u>-</u> .	
(A) Name and business add	ress					•		(B Description of	) of services		C) ensation	1
MORGAN MEREDITH 22780 INDIAN CREEK DR, 100	DULLES	·		VP	λ :	201	66	DIRECT MAIL S	SOLICITATION		309,2	89.
			-						-			
								<del>  -</del>				
2 Total number of independent contractors (including	g but not lir	nıted	to th	nose	liste	ed ab	ove	e) who received mo	ore than			
\$100,000 of compensation from the organization	1										000 (0	

•		Check if Schedule O contains a response or note	to any lin	e in this Part VIII	<u></u>	<u></u> .	<u></u> L
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1 a	Federated campaigns 1 a					
irar oun	b	Membership dues 1 b					
اڇَ يَ	С	Fundraising events 1 c					
# F		Related organizations 1 d					
S, E	е	Government grants (contributions) 1 e			Í		
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above 1f 2, 102	2,757.				
열렬	g	Noncash contributions included in lines 1a-1f \$ 140	,419.				
a g	h	Total. Add lines 1a-1f	▶	2,102,757.			
ıue		Busines					
돌	2 a	BOOK SALES 900099		1,642.	1,642.	0.	0.
Program Service Revenue	b						
Ş	С						
Ser	d						
Ë	е						
ğ	f	All other program service revenue					
ğ	g	Total. Add lines 2a-2f	►	1,642.			
_	3	Investment income (including dividends, interest an	d				
		other similar amounts)		66.	0.	0.	66.
	4	Income from investment of tax-exempt bond proceed	1-			<u> </u>	
	5	Royalties					
	_	<del></del>	ersonal	,			
		Gross rents	-				
		Less: rental expenses					
		Rental income or (loss)					
		(i) Securities (ii)	►			***	
	7 a	Gross amount from sales or					
		assets other than inventory 127, 054.			ļ		1
	b	Less cost or other basis					
	_	and sales expenses <u>130,313.</u> Gain or (loss) <u>-3.259.</u>		İ			
		Gain or (loss)		2 250	2 250	0.	0.
ē		Gross income from fundraising events		<u>-3,259.</u>	-3,259.		
Other Revenu		of contributions reported on line 1c)					
ě		See Part IV, line 18 a		-			
<u> </u>							
靠		Less: direct expenses b			-		<u> </u>
0		Net income or (loss) from fundraising events  Gross income from gaming activities					
		See Part IV, line 19 a Less. direct expenses b					
							<del> </del>
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns and allowances					
		Less cost of goods sold b					· · · · · · · · · · · · · · · · · · ·
	c	Net income or (loss) from sales of inventory				<u>-</u>	
	44	Miscellaneous Revenue Busines				00.150	
		ADVERTISING REVENUE 541800		28,468.	0.	28,468.	0.
	1	MISCELLANEOUS_REVENUE 900099	)	1,994.	1,994.	0.	0.
	0						
	_	All other revenue					<u> </u>
	_	• Total. Add lines 11a-11d		30,462.			ļ <u>-</u>
	12	Total revenue. See instructions	•	2,131,668.	377.	28,468.	66.

# Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	Check if Schedule O contains a res	ponse or note to any lin	e in this Part IX		
Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	65,000.	65,000.		
3	Grants and other assistance to foreign organizations, foreign governments, and for-				
4 5	eign individuals See Part IV, lines 15 and 16  Benefits paid to or for members	297,385.	239,209.	25,314.	32,862.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	297,303.	239,203.		32,002.
7	Other salaries and wages	408,695.	331,885.	10,833.	65,977.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	100,000			
9	Other employee benefits	33,078.	29 <b>,</b> 977.	1,196.	1,905.
10	Payroll taxes	51,766.	41,991.	2 <b>,</b> 53 <u>8</u> .	7,237.
11	Fees for services (non-employees)				
	Management				
	Legal	5,000.	5,000.	0.	0.
_	: Accounting	37,575.	0.	37 <b>,</b> 575.	0.
	Lobbying				
	Professional fundraising services See Part IV, line 17	46,135.	·		46,135.
g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) Advertising and promotion	179,985.	162,710.	975.	16,300.
13	Advertising and promotion	15,219.	6,909.	5,797.	2,513.
14	Information technology	13,219.	0,303.	<u> </u>	2,515.
15	Royalties				<del></del>
16	Occupancy	9,753.	7,859.	785.	1,109.
17	Travel	100,726.	84,251.	958.	15,517.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,900.	7,342.	0.	558.
20	Interest				<u>-</u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,986.	3,212.	321.	453.
23 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)				
ā	TELEPHONE & INTERNET	62,347.	51,090.	6,803.	4,454.
	PADIO	38,772.	38,772.	0.	0.
	DIRECT MAIL	309,289.	0.	0.	309,289.
C	DUES & SUBSCRIPTIONS	19,683.	7,493.	299.	11,891.
	All other expenses	59,174.	32,980.	18,113.	8,081.
25	Total functional expenses. Add lines 1 through 24e	1,751,468.	1,115,680.	111,507.	524,281.
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)		:		
BAA	· - · · · · · · · · · · · · · · · · · ·				Form 990 (2015)

Form 990 (2015) COMMITTEE FOR A CONSTRUCTIVE TOMORROW

Part X Balance Sheet

	•	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	691,942.	1	694,850.
	2	Savings and temporary cash investments	0.	2	370,555.
	3	Pledges and grants receivable, net		3	- <del></del>
	4	Accounts receivable, net	600.	4	2,496.
	5	Loans and other receivables from current and former officers, directors,			
	3	trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
ĺ				5	
	6	Loans and other receivables from other disqualified persons (as defined under 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 Part II of Schedule L		6	
ဖ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Asi	9	Prepaid expenses and deferred charges	0.	9	14,792.
	_	Land, buildings, and equipment cost or other basis			11,132.
		Complete Part VI of Schedule D	7 400	40.0	2 007
		Less accumulated depreciation	7,400.	10 c	3,997.
	11	Investments — publicly traded securities	0.	11	10,265.
	12	Investments — other securities See Part IV, line 11		12	<del></del>
	13	Investments — program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	699,942.	16	1,096,955.
	17	Grants payable	17,117.	17 18	43,321.
	18 19	Deferred revenue		19	
-		Tax-exempt bond liabilities		20	
g	20	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Ę.	21	Loans and other payables to current and former officers, directors, trustees,		21	
Liabilities	22	key employees, highest compensated employees, and disqualified persons  Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
j	24	Unsecured notes and loans payable to unrelated third parties		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	16,725.	25	7,308.
	26	Total liabilities. Add lines 17 through 25	33,842.	26	50,629.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete	-		•
S		lines 27 through 29, and lines 33 and 34.			
Ĕ	27	Unrestricted net assets	666,100.	27	1,046,326.
ğ	28	Temporarily restricted net assets	0.	28	0.
핗	29	Permanently restricted net assets	· · · · · · · · · · · · · · · · · · ·	29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
ğ	30	Capital stock or trust principal, or current funds		30	<del></del>
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
SS	32	Retained earnings, endowment, accumulated income, or other funds	<del></del>	32	
<b>₹</b>		Total net assets or fund balances	666 100	33	1 046 226
ž	33	Total liabilities and net assets/fund balances	666,100.	<del> </del>	1,046,326.
	34	Total liabilities and fiet assets/fund balances	699,942.	34	1,096,955.

BAA

Form **990** (2015)

Forn	1 990 (2015) COMMITTEE FOR A CONSTRUCTIVE TOMORROW	52-1	L462	893		_ Pa	ige <b>12</b>
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				<u></u>		<u>.      </u>
1	Total revenue (must equal Part VIII, column (A), line 12)		_1		2 <b>,</b> 13	31,6	68.
2	Total expenses (must equal Part IX, column (A), line 25)	· · [	2		1,75	51,4	168.
3	Revenue less expenses Subtract line 2 from line 1	. ، [	3		38	30,2	200.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	۱۰۰ -	4		66	56,1	00.
5	Net unrealized gains (losses) on investments		5				26.
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,						
Da	column (B))	• • •	10	<del></del>	1,04	16,	326.
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>		• •	لـلـن
				_		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O						
2 :	Were the organization's financial statements compiled or reviewed by an independent accountant?				2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed				$\dashv$		1
	separate basis, consolidated basis, or both	эн а					
	Separate basis Consolidated basis Both consolidated and separate basis						'
(	Were the organization's financial statements audited by an independent accountant?			L	2 b	Х	
	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						
	Separate basis X Consolidated basis Both consolidated and separate basis			-			
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit	· · ·	<u> </u>	2 c	Х	-
_	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ngle · · ·		[	3 a		Х
ı	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require	ed au	dıt				
•	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			<u></u>	3 b		
BAA	·			F	orm	990 (	2015)

#### SCHEDULE A (Form 990 or 990-EZ)

(E)

Total

**Public Charity Status and Public Support** 

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Information about Schedule A (Form 990 or 990-E∠) and at www.irs.gov/form990.

COMMITTEE FOR A CONSTRUCTIVE TOMORROW 52-1462893 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). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 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 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ĸ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3% 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 See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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) (li) EIN (v) Amount of monetary (vi) Amount of other (i) Name of supported (IV) Is the organization listed (III) Type of organization (described on lines 1-9 above (see instructions)) organization support (see instructions) support (see instructions) No Yes

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

Schedule A (Form 990 or 990-EZ) 2015

# 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 )

Sec	tion A. Public Support					<del></del>	
Cale: begir	ndar year (or fiscal year nning in) ►	(a) 2011	( <b>b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	2,984,383.	5,501,222.	1,977,332.	1,577,106.	2,102,757.	14,142,800.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	2,984,383.	5,501,222.	1,977,332.	1,577,106 <u>.</u>	2,102,757.	14,142,800.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						758,934.
6	Public support. Subtract line 5 from line 4						13,383,866.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year nning in) ►	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	2,984,383.	5,501,222.	1,977,332.	1,577,106.	2,102,757.	14,142,800.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	<u> </u>					=
	similar sources	111.	99.	65.	37.	-3,193.	-2,881.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	24,762.	28,468.	53,230.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	700.	3,412.	7,400.	5,860.	_3,636.	21,008.
11	Total support. Add lines 7 through 10						14,214,157.
12	Gross receipts from related activity	es, etc (see instru	ictions)			12	
	First five years. If the Form 990 is organization, check this box and s	stop here					▶ 🗍
	tion C. Computation of Pu	blic Support F	Percentage				0.1.16.8/
14	Public support percentage for 201 Public support percentage from 20	5 (line 6, column (i	r) divided by line 1°	i, column (f))		14	94.16 <b>%</b> 93.36 <b>%</b>
	33-1/3% support test — 2015. If and stop here. The organization of	qualifies as a publi	cly supported orga	nization			▶ X
t	33-1/3% support test — 2014. If the and stop here. The organization	the organization di qualifies as a publi	d not check a box of cly supported orga	on line 13 or 16a, a inization	and line 15 is 33-1/	3% or more, check	this box
17 a	10%-facts-and-circumstances to or more, and if the organization method the organization meets the 'facts-a	eets the 'facts-and	-circumstances' te	st_check this box a	and stop here. Exi	blain in Part VI hov	/ _
	10%-facts-and-circumstances to or more, and if the organization m organization meets the 'facts-and-	eets the 'facts-and -circumstances' tes	-circumstances' te st The organization	st, check this box a n qualifies as a put	and <b>stop here.</b> Exp plicly supported org	plain in Part VI hov ganization	v the
18	Private foundation. If the organiz	zation did not chec	k a box on line 13,	10a, 10b, 1/a, or			ons

52-1462893

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 fails to qualify under the tests listed below, please complete Part II )

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	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						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	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.)	-					
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning ın) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
11	Add lines 10a and 10b						
12	whether or not the business is regularly carried on		· · · · · · · · · · · · · · · · · · ·				
13	Part VI )		-				
14	First five years. If the Form 990 is organization, check this box and s						▶ □
Sec	tion C. Computation of Pul				-		
15	Public support percentage for 201						
16	Public support percentage from 20				<u> </u>	10	8
Sec	tion D. Computation of Inv						
17	Investment income percentage for						
18	Investment income percentage fro						
	33-1/3% support tests — 2015. If is not more than 33-1/3%, check the	nis box and <b>stop h</b>	ere. The organiza	tion qualifies as a	publicly supported	organization	▶ []
20 20	33-1/3% support tests — 2014. If line 18 is not more than 33-1/3%, of Private foundation. If the organiz	check this box and	stop here. The or	rganızatıon qualıfie	es as a publicly sup	ported organiza	tion · · · · · ▶ 🔲

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c 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.)

Sec	tion 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 <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was			
	described in section 509(a)(1) or (2)	2		
•	D.1 th			
3 8	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
ŀ	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		
ď	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4 a	a 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		
ŀ	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	· <del></del> -	4
c	Did the organization support any foreign supported organization that does not have an IRS determination under		,	4
	sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 a	a 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 <b>Part VI</b> , 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		-
t	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		
(	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	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 I of Schedule L (Form 990 or 990-EZ)	8		<u> </u>
9 a	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 <b>Part VI</b>	9a		
	Pud and an entered discussified accesses (an defined in line On) held a controlling interest in any antity in which the		-	<del> </del>
١	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
(	Did a disqualified person (as defined in line 9a) 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	9 c		
10 a	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding		-	
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below	10a		
ı	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)	10b		

	dule A (Form 990 or 990-EZ) 2015 COMMITTEE FOR A CONSTRUCTIVE TO			62893	Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions		
1`	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Sec	lovem tions /	ber 20, 1970 <b>See instru</b> A through E.	ctions. All	
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current (optional	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	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			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current (optional	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1 a			
b	Average monthly cash balances	1 b			
С	Fair market value of other non-exempt-use assets	1 c			
d	Total (add lines 1a, 1b, and 1c)	1 d			
е	Discount claimed for blockage or other factors (explain in detail in Part VI)	_			
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	<del></del> -	-	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 035	6			
_7_	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C – Distributable Amount			Current Ye	ear
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		1	
2	Enter 85% of line 1	2	<del></del>		
3_	Mınımum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functionally-integrate (see instructions)	d Type	e III supporting organizati	on	

BAA

Schedule A (Form 990 or 990-EZ) 2015

Sche	dule A (Form 990 or 990-EZ) 2015 COMMITTEE FOR A CONS	TRUCTIVE TOMOR	ROW 52-146	52893 <b>Page 7</b>
Par				<del>-</del>
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpositions	es		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	ons,	
3	Administrative expenses paid to accomplish exempt purposes of support			
4	Amounts paid to acquire exempt-use assets			<del></del>
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			· <del>-</del>
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions.	ion is responsive (provid	de details	
9	Distributable amount for 2015 from Section C, line 6			-
10	Line 8 amount divided by Line 9 amount			
	ion 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 required – see instructions)			
3	Excess distributions carryover, if any, to 2015			
а				
b		•		
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
- h	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	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 3j and 4c			
8	Breakdown of line 7			

BAA

b

**c** Excess from 2013 . . . . . **d** Excess from 2014 . . . . .

e Excess from 2015 . . . . . . . . . . . . . . . .

Schedule A (Form 990 or 990-EZ) 2015

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b,Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section B, l (See instructions.)

Pt II Ln 10

Other Income Part II, Line 10 Description: MISC. 2011: 700. 2012: 3412. 2013: 7400. 2014: 5860. 2015: 3636.

### SCHEDULE D (Form 990)

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.

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

OMB No 1545-0047

2015

Open to Public m990. Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	COMMITTEE FOR A CONSTRUCTIVE	E TOMORROW		52-1462893
Par			r Similar Fu	
<u>rai</u>	Complete if the organization answe	red 'Yes' on Form 990, Pa	rt IV, line 6.	
		(a) Donor advised fun	ds T	(b) Funds and other accounts
1	Total number at end of year	(4)	1.	
2	Aggregate value of contributions to (during year)	<del></del>	0.	
3	Aggregate value of grants from (during year)		0.	
4	Aggregate value at end of year		1,983.	
5	Did the organization inform all donors and donor a are the organization's property, subject to the organization's property.	dvisors in writing that the assets	held in donor a	dvised funds
6	Did the organization inform all grantees, donors, a for charitable purposes and not for the benefit of the	nd donor advisors in writing that ne donor or donor advisor, or for	grant funds can any other purpo	be used only se conferring
	ımpermissible private benefit?		<u> </u>	X Yes No
Par				
	Complete if the organization answe			
1	Purpose(s) of conservation easements held by the		•	
	Preservation of land for public use (e.g , recre	ation or education)	1	f a historically important land area
	Protection of natural habitat		Preservation of	f a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation conti	ribution in the fo	rm of a conservation easement on the
	last day of the tax year			Hold at the End of the Toy Van
_	Table and a second and a second as			Held at the End of the Tax Year
	Total number of conservation easements			. 2a 2b
	Total acreage restricted by conservation easemen			
	: Number of conservation easements on a certified	, ,		. 2c
	Number of conservation easements included in (c) structure listed in the National Register			. 2d
3	Number of conservation easements modified, tran tax year ►	sferred, released, extinguished, o	or terminated by	the organization during the
4	Number of states where property subject to conse	rvation easement is located 🟲		_
5	Does the organization have a written policy regard and enforcement of the conservation easements if		-	
6	Staff and volunteer hours devoted to monitoring, in	nspecting, handling of violations,	and enforcing c	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspect ► \$	cting, handling of violations, and	enforcing conse	rvation easements during the year
8	Does each conservation easement reported on lin and section 170(h)(4)(B)(II)?			170(h)(4)(B)(ı) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements			
Par	Organizations Maintaining Collection Complete if the organization answe	tions of Art, Historical Treed 'Yes' on Form 990, Pa	reasures, or rt IV, line 8.	Other Similar Assets.
1 a	If the organization elected, as permitted under SF, art, historical treasures, or other similar assets hel in Part XIII, the text of the footnote to its financial s	d for public exhibition, education,	, or research in 1	atement and balance sheet works of furtherance of public service, provide,
k	olf the organization elected, as permitted under SF, historical treasures, or other similar assets held fo following amounts relating to these items	AS 116 (ASC 958), to report in its r public exhibition, education, or i	s revenue stater research in furth	nent and balance sheet works of art, lerance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line	1		▶ \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, hi amounts required to be reported under SFAS 116	storical treasures, or other simila	r assets for fina	
a	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·		▶ \$
t	Assets included in Form 990, Part X			▶\$

Partille Organizations Maintaining Colle	ctions of Art, Histo	orical Treasures, or	Other Similar Ass	ets (continu	ed)
3 Using the organization's acquisition, accession, a items (check all that apply):	and other records, check	any of the following that a	e a significant use of its	collection	
a Public exhibition	<b>d</b> Loan	or exchange programs			
b Scholarly research	e Other				
c Preservation for future generations	_				
4 Provide a description of the organization's collect Part XIII.	tions and explain how the	ey further the organization's	s exempt purpose in		
During the year, did the organization solicit or recto be sold to raise funds rather than to be mainta	ined as part of the organ	ızatıon's collection?		Yes [	No
ParkIV Escrow and Custodial Arrangen line 9, or reported an amount on F	orm 990, Part X, lin	ne organization answ e 21. 	erea Yes on Form	990, Part N	/, ——
1 a Is the organization an agent, trustee, custodian on Form 990, Part X?			s not included	Yes [	No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII and	complete the following ta	ible		A == 0.1mt	<del></del>
B				Amount	
c Beginning balance			1 c		
e Distributions during the year			1 e	. =	
f Ending balance			1 f	<del></del>	
2a Did the organization include an amount on Form			<u> </u>	Yes	No
b If 'Yes,' explain the arrangement in Part XIII Che					]
Part V Endowment Funds. Complete if t	he organization ans	wered 'Yes' on Form	990, Part IV, line 1	0.	
(a) Current			(d) Three years back	(e) Four year	s back
1 a Beginning of year balance					
<b>b</b> Contributions					
c Net investment earnings, gains,					
and losses			<u> </u>	<u> </u>	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of the current	year end balance (line 1	g, column (a)) held as			
a Board designated or quasi-endowment ▶	%				
b Permanent endowment ► %					
c Temporarily restricted endowment					
The percentages on lines 2a, 2b, and 2c should	equal 100%				
3 a Are there endowment funds not in the possessio organization by	n of the organization tha	t are held and administered	d for the	Yes	No
(i) unrelated organizations				. 3a(i)	
(ii) related organizations				. 3a(ii)	<u> </u>
b If 'Yes' on line 3a(ii), are the related organization	s listed as required on S	chedule R?		. 3b	<u> </u>
4 Describe in Part XIII the intended uses of the org		unds			
Pant VI Land, Buildings, and Equipmen Complete if the organization answ		990, Part IV, line 11a	. See Form 990, Pa	art X, line 10	).
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	alue
<b>1a</b> Land					
<b>b</b> Buildings					
c Leasehold improvements					
d Equipment		39,359.	35,362.	3	<u>,997.</u>
e Other		<u> </u>			
Total. Add lines 1a through 1e (Column (d) must equa	al Form 990, Part X, colu	mn (B), line 10c.)			<u>,997.</u>
BAA			Sched	ule <b>D</b> (Form 99	U) 2015

BAA

Part VII Investments — Other Securities.	Ves' on Form 990	Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	(2) 2001 1012	(c) Method of Valuation Cost of Cita of year market value
(2) Closely-held equity interests	<u> </u>	
(3) Other		-
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<u>(I)</u>		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12) >		<u> </u>
Part VIII Investments — Program Related. Complete if the organization answered "	Yes' on Form 990.	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) > Part IX Other Assets.	<u> </u>	<u> </u>
Complete if the organization answered "	Yes' on Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
	scription	(b) Book value
(1)		
(2)		
(3) (4)	<del> </del>	
(5)		
(6)		
(7)		
(8)		
(9)		
(10)	uno 15 l	
Total. (Column (b) must equal Form 990, Part X, column (B) la	me 15)	
Other Liabilities. Complete if the organization answered 'Yes' on F	Form 990. Part IV. line 1	1e or 11f See Form 990, Part X, line 25
(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) PAYROLL LIABILITIES	7,30	08.
(3)		<del> </del>
(4) (5)		<del> </del>
(6)		<del> </del>
(7)		7
(8)		
(9)		
(10)		
(11)		<del>  </del>
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)		
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fool tax positions under FIN 48 (ASC 740). Check here if the text of the footnote.		
tax positions under title 40 (ASC 740). Check here it the text of the footbole	mas accir provided in r dit All	

Schedule & (Form 990) 2015 COMMITTEE FOR A CONSTRUCTIVE TOMORROW	32-1462	ogo rage 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	2,131,694.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	i	<del>-</del> -
a Net unrealized gains (losses) on investments	6.	
b Donated services and use of facilities	_	
c Recoveries of prior year grants		
d Other (Describe in Part XIII )		
e Add lines 2a through 2d	. 2 e	26.
3 Subtract line 2e from line 1	3	2,131,668.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	· . 4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,131,668.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	1,751,468.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses	_	
d Other (Describe in Part XIII )		
e Add lines 2a through 2d	· · 2 e	
3 Subtract line 2e from line 1		1,751,468.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	7	
b Other (Describe in Part XIII )		
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	1,751,468.
Part XIII Supplemental Information.		

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

FIN48 (ASC 740) FOOTNOTE TEXT: "THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(c)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION HAS ALSO BEEN CLASSIFIED AS AN ENTITY THAT IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) AND QUALIFIES FOR DEDUCTIBLE CONTRIBUTIONS AS PROVIDED IN SECTION 170(b)1(A)(v1).

Pt X, Line 2

Schedule **D** (Form 990) 2015

#### **SCHEDÜLE G** (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name o	f the organization						Employer Identifica	tion number
COM	MITTEE FOR A CONSTRUCT	TIVE TOMOR	ROW				<u>52-1462893</u>	3
Part	Fundraising Activities. Comp Form 990-EZ filers are not requ	lete if the organ	ization and te this part	swered 'Ye	s' on Form 990, Part IV, I	line 17		
1	Indicate whether the organization ra	ised funds throu	igh any of	the followin	ng activities Check all tha	at apply		_
а	X Mail solicitations			е	X Solicitation of non-g	overnmer	nt grants	
b	X Internet and email solicitations			f	Solicitation of govern	nment gra	ants	
С	X Phone solicitations			g	Special fundraising	_		
d	X In-person solicitations							
2 a	Did the organization have a written o	or oral agreeme	nt with any	ındıvıdual	(including officers, direct	ors, truste	ees or key	X Yes No
b	employees listed in Form 990, Part \ If 'Yes,' list the ten highest paid indiv	riduals or entitie		· · · · · · · · · · · · · · · · · · ·	~			
	compensated at least \$5,000 by the					,		
(i) l	Name and address of individual or entity (fundraiser)	(ii) Activity	have custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(or re fundrai	ount paid to tained by) ser listed in lumn (i)	(vi) Amount paid to (or retained by) organization
	CLEARWORD COMMUNICATIONS		Yes	No				
1								
		MAILINGS		X	1,473,458.	L	46,136.	1,427,322.
2								
3								
4						<del></del>		·
5								
6								
7								
8								
9								
10								
							46,136.	
	List all states in which the organizatior licensing.  Alabama	-					•	•
	<u>Alaska</u>							
	Arizona							
	Arkansas							
,	See Part I, Line 3 List of States Regi	stered or Licens	sea to Solia	cit Funds				

•						
		<b>Ģ</b> (Form 990 or 990-EZ) 2015 COMMITTE <b>Fundraising Events.</b> Complete if the more than \$15,000 of fundraising events events with gross receipts great	e organization and	swered 'Yes' on Forn	n 990, Part IV, line	18, or reported
		List events with gross receipts great	er than \$5,000.	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c))
R E V			(event type)	(event type)	(total number)	through column (c))
E N U	1	Gross receipts	<del>.</del>			
E	2	Less Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
_	5	Noncash prizes			<del></del>	
D R E C T	6	Rent/facility costs				
C T	7	Food and beverages				
E P	8	Entertainment				
EXPENSES	9	Other direct expenses				
3	10 11	Direct expense summary Add lines 4 throug Net income summary. Subtract line 10 from	h 9 in column (d) . ine 3, column (d) .			
Par	t III	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	on answered 'Yes'	on Form 990, Part IV	V, line 19, or report	ed more than
R E V			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
N U E	1	Gross revenue				
E	2	Cash prizes				
DX	3	Noncash prizes			<del></del>	
R E E N C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary Add lines 2 throug	h 5 ın column (d)			

BAA	TEEA3702 06/	02/15	Schedule G (For	m 990 or 990	EZ) 2015
10 a Were any of the organization's ga	aming licenses revoked, suspended or te	rminated during the tax year?			No -
<b>b</b> If 'No,' explain					
a Is the organization licensed to co	nduct gaming activities in each of these s	states?		. Yes	No
9 Enter the state(s) in which the org	ganization conducts gaming activities:				

	edule <b>G</b> (Form 990 or 990-EZ) 2015 COMMITTEE FOR A CONSTRUCTIVE TOMORROW 52-1462		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12`	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
40	Indicate the constitution of common potitions and interest in		
	Indicate the percentage of gaming activity conducted in:  a The organization's facility		엉
	b An outside facility		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
14	Effici the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •	<b>-</b> -	
	Address •		
15 2	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	□ Yes	□No
	b If 'Yes,' enter the amount of gaming revenue received by the organization \( \bigs \ \sigma_{} \ \sigma_{		
	of gaming revenue retained by the third party $\qquad \qquad		
_	c If 'Yes,' enter name and address of the third party		
·	the res, enter hame and address of the third party		
	Name •		
	Address •		
16	Gaming manager information		
	Name •		
	Gaming manager compensation \$		
	Description of services provided		
	□ Director/officer   □ Employee   □ Independent contractor		
17	Mandatory distributions		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	No
b	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$	d (. A.	
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	and (v);	

#### **SCHEDULE I** (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization						Employer identifi	cation number
COMMITTEE FOR A CONSTRUCTIV	52-146289	93					
Part I General Information on G	rants and Assis	tance	-				
Does the organization maintain records the selection criteria used to award the     Describe in Part IV the organization's p	grants or assistance	·			s or assistance, and		X Yes No
Part II Grants and Other Assista Form 990, Part IV, line 21, t							es' on
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) DONORS TRUST 1800 DIAGONAL ROAD, STE 2 ALEXANDRIA VA 22314	52-2166327	501(c)(3)	65,000.				ENVIRONMENTAL
			l				
			1				
(4)			,				
(5)			ļ				
(6)			1				
(7)			1				
(8)							
<ul> <li>2 Enter total number of section 501(c)(3)</li> <li>3 Enter total number of other organization</li> <li>BAA For Paperwork Reduction Act Notice</li> </ul>	ns listed in the line 1	table <u></u>					1 0 ule I (Form 990) (2015)

	, ,, ,					-102030	
Part III	<b>Grants and Oth</b>	er Assistance to Domestic Individuals.	Complete if the organ	nization answered "	Yes' on Form 990,	Part IV, line 22. Pa	art III
	can be duplicate	d if additional space is needed.			·	·	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Pt I Line 2

THE ORGANIZATION MAINTAINS CONTACT WITH THE GRANT RECIPIENT AND RECEIVES UPDATES ON THE USE OF THE FUNDS.

#### SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**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.

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

OMB No 1545-0047

2015

Open to Public Inspection

COM	MITTEE FOR A CONSTRUCTIVE TOMORROW	52 <b>-</b> 1 <u>462893</u>			
Part	I Questions Regarding Compensation			_	
				Yes	No
1 a	Check the appropriate box(es) if the organization provided any of VII, Section A, line 1a Complete Part III to provide any relevant in	the following to or for a person listed on Form 990, Part information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions				
	Tax indemnification and gross-up payments				
	Discretionary spending account	Personal services (e.g , maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization fo reimbursement or provision of all of the expenses described abov	ollow a written policy regarding payment or re? If 'No,' complete Part III to explain	1 b	X	
	Did the organization require substantiation prior to reimbursing or trustees, and officers, including the CEO/Executive Director, rega		2	X	
	Indicate which, if any, of the following the filing organization used CEO/Executive Director Check all that apply. Do not check any bestablish compensation of the CEO/Executive Director, but explain	boxes for methods used by a related organization to			
	Compensation committee	Written employment contract	ļ		
	Independent compensation consultant	Compensation survey or study			
	X Form 990 of other organizations	X Approval by the board or compensation committee			
_	During the year, did any person listed on Form 990, Part VII, Sector a related organization — — — — ————————————————————————————				
	Receive a severance payment or change-of-control payment? .		4 a		X
	Participate in, or receive payment from, a supplemental nonqualifi		4 b		Х
	Participate in, or receive payment from, an equity-based compens	,	4 c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applic	cable amounts for each item in Part III			
	Only section 501(c)(3) 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.			
	For persons listed on Form 990, Part VII, Section A, line 1a, did the contingent on the revenues of				
	The organization?		5 a		Х
	Any related organization?		5 b		X
	If 'Yes' to line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the contingent on the net earnings of	ne organization pay or accrue any compensation			
	The organization?		6 a		X
	Any related organization?		6 b		X
	If 'Yes' on line 6a or 6b, describe in Part III				ļ
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the payments not described on lines 5 and 6? If 'Yes,' describe in Par	ne organization provide any non-fixed rt III	7		X
	Were any amounts reported on Form 990, Part VII, paid or accrue to the initial contract exception described in Regulations section 5 If 'Yes,' describe in Part III	53 4958-4(a)(3)?	8		X
9	If 'Yes' to line 8, did the organization also follow the rebuttable pre	esumption procedure described in Regulations			

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			( <b>6</b> ) Determined	(D) No oto colle	(E) T-4-1 -6	(E) Commonstan	
		(I) Base compensation	(ii) Bonus and incentive compensation	(III) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
DAVID ROTHBARD	(i)	128,691.	0.	1,334.	0.	21,672.	<u> 151,697.</u>	0.	
1 PRESIDENT & CHAIRMAN	(ii)	0.	0.	0.	0.	0.	0.	0.	
MARK MORANO	(i)	<u>16</u> 8, <u>07</u> 2.	<u>0</u> .	0.	L0.	20,895.	188,967.	0.	
2 DIRECTOR OF COMMUNICATION	(ii)	0.	10.	0.	0.	0.	0.	0.	
•	(i)				<del> </del>		<b></b>		
3	(ii)							-	
4	(i) (ii)					<b>_</b>	<del> </del>		
	(i)	-							
5	(ii)		<del></del>						
	(i)		 				L		
6	(ii)								
	(i)		<del></del> _		<b> </b>		ļ		
7	(ii)								
•	(i)	<del>-</del>	<del>-</del>				<u> </u>		
	(ii)				-			<del>                                     </del>	
9	(i) (ii)		<del>-</del>		<del> </del>		<del> </del>		
	(i)								
10	(ii)		<del>-</del>		T				
	(i)								
	(ii)	_	1						
	(i)	[			   <b>-</b>			1	
12	(ii)								
	(i)				   <b>--</b> -		L		
13	(ii)								
	(i)		l		<b>1</b>		L		
14	(ii)								
	(i)		<del>-</del>		ļ		L		
15	(ii)								
	(i)		 		<b></b>		L		
16	(ii)	<u> </u>	TEE 1400 4040				<u> </u>	L (Farma 000) 2045	

BAA

TEEA4102 10/12/15

Schedule J (Form 990) 2015

# Part III Supplemental Information

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

Schedule J (Form 990) 2015

## **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

## **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

Open To Public Inspection

Name of the organization COMMITTEE FOR A CONSTRUCTIVE TOMORROW Employer identification number

52-1462893

Par	t 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 1g	Metho noncash	(d) od of d contrib	etermını	ng nounts
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							
9	Securities – Publicly traded	X	5	140,419.	FMV			
10	Securities – Closely held stock			110,113.	1			
11	Securities – Partnership, LLC, or trust interests.			-				
12	Securities - Miscellaneous							
13	Qualified conservation contribution — Historic structures							
	Qualified conservation contribution — Other		-		<del> </del>			
14	Real estate — Residential				<del> </del>			
15	Real estate — Commercial				<del> </del> -			
16	Real estate — Other				-			
17					_			
18	Collectibles	L			-			
19	Food inventory							
20	Drugs and medical supplies				<u> </u>		<u> </u>	
21	Taxidermy							
22	Historical artifacts	ļ			-			
23	Scientific specimens	L	-				<u> </u>	
24	Archeological artifacts				<u> </u>			
25	Other ► () .							
26	Other ► () .							
27	Other► () .							
28	<u>Other</u> ► ( ) .				ļ.,.			
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Dones A	during the ta	x year for contributions t	for which the	29			0.
						]	Yes	No.
								110
30a	During the year, did the organization receive by confut must hold for at least three years from the date of for exempt purposes for the entire holding period?	the initial con	tribution, and which is no	ot required to be used		30 a		X
L	If 'Yes,' describe the arrangement in Part II	_						
31	Does the organization have a gift acceptance policy	that requires	the review of any non-st	tandard contributions?		31		X
32a	Does the organization hire or use third parties or relationations?	ated organiza	itions to solicit, process,	or sell		32 a		Х
ŀ	If 'Yes,' describe in Part II.							
-	If the organization did not report an amount in colum describe in Part II	nn (c) for a typ	pe of property for which o	column (a) is checked,				

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

Schedule M (Form 990) (2015)

52-1462893

Page 2

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

#### **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization		Employer identification number
COMMITTEE FOR A C	ONSTRUCTIVE TOMORROW	52-1462893
Pt VI, Line 2	BOARD MEMBER DARREN GIBBS IS A BROTHER-IN-LAW 'ORGANIZATION, DAVID ROTHBARD.	TO THE PRESIDENT OF THE
rt vi, bine z	A DRAFT OF THE 990 IS REVIEWED BY THE EXECUTIVE	
	PRESIDENT, AND SHARED WITH OTHER BOARD MEMBERS ANY QUESTIONS, A FINAL COPY OF THE 990 IS PREPARED.	
Pt VI, Line 11b	WITH THE IRS.	
	A CONFLICT OF INTEREST STAEMENT MUST BE SIGNED	BY EMPLOYEES. THE
Pt VI, Line 12c	EMPLOYEE MUST CERTIFY ADHERENCE TO THE POLICY.	
	THE BOARD REVIEWS COMPARABILITY DATA FOR LEADER	RS OF OTHER NON-PROFITS,
	AND CONSIDERS THE DATA WHEN MAKING DECISIONS CO	ONCERNING THE CEO AND
	EXECUTIVE DIRECTOR SALARIES. THIS PROCESS IS CO	NDUCTED ANNUALLY AND WAS
Pt VI, Line 15a	LAST ADDRESSED IN 2015.	
	THE ORGANIZATIONS FINANCIAL STATEMENTS, CONFLIC	r of interest policy, AND
Pt VI, Line 19	GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST	•