990

Form

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Return of Organization Exempt From Income Tax

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

. .

OMB No. 1545-0047 2015

		the Treasury			ter social security r		-	•			-	o Public
		ue Service			on about Form 990	and its instruction			90.		•	ection
_				ax year begin	-		, 2015, and e	ending			, 20	
_	Check if a	applicable:	C Name of or	ganization COMM	ITTEE OF SEVE	NTY					D Employer ident	
X	Address c	change	Doing busir	ness as				1		_	23-048720	5
Ц	Name cha	ange	Number and	d street (or P.O. bo	k if mail is not delivered to	street address)		Room/su	ite	E	Telephone numb	er
Ц	Initial retu	ırn	123 S	OUTH BROA) ST						(215) 557-3	3600
Ц	Final retu	rn/terminated	City or town	n, state or province	country, and ZIP or foreigr	n postal code					1,034,6	519
Ц.	Amended	return	PHILA	DELPHIA,	PA 19109					Ģ	Gross receipts\$	
Ш.	Applicatio	n pending	F Name and a	address of principa	officer: DAVID	THORNBURGH		H(a)	Is this a gr	roun retu	irn for 🗖	_
			Same	<u>as C abov</u>	e _				subordinat	tes?	штю Ц ү	es 🛛 No
<u> </u>	Tax-exem	pt status: 🛛 🐰	501(c)(3)	501(c) () ┥ (insert no.)	4947(a)(1) or	527	H(b)	Are all sub	ordinate	es included?	es 📙 No
J	Website:	• WWW	.SEVENT	Y.ORG				H(c)	Group exe	emption r	number	ions)
_		rganization: 🔀 (Corporation	Trust Ass	ociation 🗌 Other 🕨		L Year of formation:	2002	M State	e of legal	domicile: PA	
Pa	rt I	Summary	/									
	1	Briefly describ	be the orgar	nization's missi	on or most significant	t activities: See	Schedule O					
e												
anc												
j.												
Governance	2	Check this bo	x 🕨 🗌 if th	ne organization	discontinued its ope	rations or disposed	of more than 25%	of its net a	assets.			
യ യ	3	Number of vo	ting membe	ers of the gove	ning body (Part VI, li	ne 1a) • • • • •				3		59
	4	Number of ind	dependent v	voting members	s of the governing bo	dy (Part VI, line 1b)				4		58
Activities	5	Total number	of individua	als employed in	calendar year 2015	(Part V, line 2a)				5		5
Ę	6	Total number	of voluntee	rs (estimate if i	necessary)					6		300
Ă	7a	Total unrelated	d business	revenue from I	Part VIII, column (C),	line 12 • • • •				7a		0
					from Form 990-T, line					7b		0
								Pr	ior Year		Current Y	
	8	Contributions	and grants	(Part VIII, line	1h) • • • • • • •					,568		34,594
ne	9		-		2g) • • • • • • •					,		0
Revenue	10	0			(), lines 3, 4, and 7d)		- F			81		25
Šev	11		•		es 5, 6d, 8c, 9c, 10c,							0
_	12				nust equal Part VIII,	,			939	,649	1 0	34,619
	13			• •	X, column (A), lines 1					,045	1,0	0
	14			• •	, column (A), line 4)		ł					0
	15				e benefits (Part IX, co		ł		827	,387	5	511,024
Expenses	16a	,		<i>,</i> 1 3	olumn (A), line 11e)		, 		027	, 30 /		0
ens	h		-	•	umn (D), line 25)		117,160					
ц Ц	17				les 11a-11d, 11f-24e)				276	,672		15,989
	18	•	· · · ·		equal Part IX, columr		ł		1,104			27,013
	19	•			18 from line 12 • •					,410		.07,606
			cxperioeo.	Cubildot inic				Beginning			End of Ye	
ts o	20	Total assets (I	Part X line	16)				Beginning		,571		277,949
Net Assets or	21	(,	,			ŀ			,187		
Vet A	22				ine 21 from line 20		r i i i i i i i i i i i i i i i i i i i			,384		41,954
_	rt II	Signatur							120	, 304	2	235,995
		•		examined this return	n, including accompanying	schedules and statement	s, and to the best of my	knowledge a	and belief. i	tis		
					er) is based on all information							
Sig	n	Signature	of officer							Date		
He												
1101	C		rint name and	title								
		,		uue	B 1 1 1		Date		Г	1		
Pai	Ч	Print/Type prep			Preparer's signature					-		0
	e parer	LaVon Ch			LaVon Chancy		05-20-2016		elf-employ	ea	P0076520	<u>u</u>
	e Only	-	<u> </u>		& Company, I	C		Firm's El				
03	- Only	Firm's address	-		nd Street			Phone no				
	4				phia PA 19103						96-9100	
					own above? (see inst				• • • •	• • •		<u> </u>
	Paperw	vork Reductio	n Act Notic	ce, see the se	parate instructions.						Form 9	90 (2015)
EEA												

Form	n 990 (2015) COMMITTEE OF SEVENTY	23-0487205	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		·X
1	Briefly describe the organization's mission:		
	See Schedule O		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	· · · · · · · 🗌 Yes 🛛 🕱 No)
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services? · · · · · · · · · · · · · · · · · · ·	· · · · · · 🗽 Yes 🗌 No)
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	to others,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 698,300 including grants of \$) (Reve		
τa	Committee of Seventy, as a nonpartisan better government advocate, works		<u> </u>
	engagement and educate citizens about how government works. The organiza		
	for efficiency, transparency and ethical behavior from public officials		
	government, and works to ensure fair and well-run elections in Philadelp		
	local elections process. Committee of Seventy's policy agenda and progra		
	accordance with Seventy's tax exempt status.		
41		<u>^</u>	
4b	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$	_)
4c	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$	_)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 698,300		
		E	(0045)

Is the organization described in section 501(c)(3) or 4847(p)(1) (dher than a private foundation)? If "Yes," vs ns 2 Is the organization required to complete Schedule D, Schedule of Contributors (see instructions)? 2 X 2 Is the organization required in direct of index Difical campaing advites on behalf of orin opposition to campides Schedule C, Part I 3 X 3 Sectors 60(c)(4) sorganizations. Did the organization engage in lobbying advites, or have a sectors 50(r)) 4 X 6 Is the organization ascelar 60(c)(4), 50(c)(6) corganization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-192 if "Yes," complete Schedule C, Part II 4 X 6 Ib the organization manitania any doore advised funds or any similar funds or accounts for which dorors have the right to provide advice on the distribution reinsement of anomatin such funds assess? If "Yes," complete Schedule D, Part II 7 X 7 Did the organization manitania any doore advised funds or any similar funds or accounts for which dorors have the right to provide advice dod a onservation assessent reset." 8 X 9 Did the organization mation assessent Prives," complete Schedule D, Part II 7 X 9 Did the organization mation assessent Prives," complete Schedule D, Part V 10 X		990 (2015) COMMITTEE OF SEVENTY 23-0487	205	F	age 3
1 Is the organization described in accion 501(c)(3) or 4947(q)(1) (other than a private foundation? If 'Yes.'' I X 2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? I X 3 Did the organization required to complete Schedule D. Part I 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) 4 X 5 Ib the organization accion 501(c)(4).501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amount as defined in Revenue Procedule B-191 If 'Yes.' complete Schedule C, Part II 5 5 X 6 Did the organization maintain any door advised funds or any smillar funds or accounts for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes.' complete Schedule D, Part II 7 X 7 Did the organization required in amount in Part X, line 21, for escrow or custolal account tability, serve as a custolan for amounts on listed in Part X, or provide credit conselling. Activities accelling the same sets? If 'Yes.'' 8 X 9 Did the organization, report an amount for X, line 21, for escrow or custolal account tability, serve as a custolan for amounts in such the same sets in Part X, line 102 If 'Yes,'' 8 X 9	Pai	t IV Checklist of Required Schedules			
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3 Did the organization engage in direct or indirect political campaign activities on behalf of ori in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 3 X 4 Section 50*(c)(3) organizations. Both 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 X 5 Is the organization a section 50*(c)(5) organization or investment of anomula is used. First Schedule C, Part II 4 X 6 Did the organization mantain any donor advised functs or any similar funds or accounts? If "Yes," complete Schedule D, Part II 6 X 7 Did the organization members and vised functs or any similar funds or accounts? If "Yes," complete Schedule D, Part II 7 X 8 X Old the organization members and vised functs car areasures, or other similar asset? If Yes," complete Schedule D, Part II 7 X 9 Did the organization members and manut in Part X, Ine 21, for escrow or custodial account liability serve as a custodiar for amounts in subtif or early complete Schedule D, Part IV 9 X 10 Did the organization directly or horoph a related enganization, head regreganization, the early or horoph are blead enganization, head regreganization, enganization and vised funct and vised in Part X, Ine 21, for escrow or custodial account liability serve as a custodiar for mounts no stability or introuphate schedule D, Part IV 9<	-				<u> </u>
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Schedule D, Parts XI and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for p	12a				
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14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization 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 15 X 16 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 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 18 X	13				X
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 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 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 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) 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 		fundraising, business, investment, and program service activities outside the United States, or aggregate			
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18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X 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? 18 X	17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
		Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
If "Yes," complete Schedule G, Part III	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

Form 990 (2015)

EEA

Form	990 (2015) COMMITTEE OF SEVENTY 23-0487	205	P	age 4
Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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 instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV • • • • • • • • • • • • • • • • • •	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I · · · · · · · · · · · · · · · · · ·	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			1
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			1
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form	1 990 (2015) COMMITTEE OF SEVENTY 23-04872	05	P	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable •••••••• 1a 19	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable · · · · · · · · 1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5		3.7	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
2.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		V
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		4a		х
b	If "Yes," enter the name of the foreign country:	τu		- 71
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year ••••••••••••••••••••••••••••••••••••			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	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		
9	Sponsoring organizations maintaining donor advised funds.	0		
a ⊾	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	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			
	against amounts due or received from them.) ••••••••••••••••••••••••••••••••••••			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form	990 (2015) COMMITTEE OF SEVENTY 23-04872		Р	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "	No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			_
	Check if Schedule O contains a response or note to any line in this Part VI			٠X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year •••••• 1a 59			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 58			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			37
•	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
4	supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		X X
4 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	- 4 5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	- U		- 21
74	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1.		
-	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
40	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	105	21	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	🕅 Own website 🗌 Another's website 🕅 Upon request 🔲 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	DAVID THORNBURGH (215)557-3600, 123 SOUTH BROAD ST, PHILADELPHIA, PA 19109			
			000 /	20151

Form 990 (201		23-0487205	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	nsated Employee	s, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII	<u></u>	🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete to organization's to	his table for all persons required to be listed. Report compensation for the calendar year ending with or withir ax year.	the	

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

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

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

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

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

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

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

		(C)								
(A)	(B)		Position				(D)	(E)	(F)	
Name and Title	Average		(do not check more than one box, unless person is both an				Reportable	Reportable	Estimated	
Name and The	hours per					s both ai r/trustee)		compensation	compensation from	amount of
	week (list any	Unic		u a ui	lecio	ni usice,	,	from	related	other
	hours for						the	organizations	compensation	
	related	Individual trustee or director	Inst	Officer	Key	em	Former	organization	(W-2/1099-MISC)	from the
•	organizations	lividu	ituti	cer	/en	ploy	mer	(W-2/1099-MISC)		organization
	below dotted line)	ual t	ona		Key employee	e t co				and related organizations
	ine)	rus	l tru		yee	mp				organizations
		ee	Institutional trustee			Highest compensated employee				
			Û			ated				
(1) DAVID_THORNBURGH	65.00									
PRESIDENT & CEO		Х		Х				215,000	0	33,873
(2) See attached for complete list of B	OD 1.00									
BOD		Х						0	0	0
								•	v	<u>_</u>
(3)										
<u>(4)</u>										
<u>(5)</u>										
(6)										
<u>(6)</u>										
(7)										
<u>(7)</u>										
<u>(8)</u>										
<u>(9)</u>										
··										
(10)										
(11)										
(12)										
·										
(13)										
(13)	F									
(14)										
(14)										

	90 (2015) COMMITTEE OF SEVEN									23-04872	05 Page 8
Part	VII Section A. Officers, Directors, Trustees,	Key Employ	/ees, a	and			Comp	bens	ated Employees	(continued)	
		-			(C Posi						
		(B)	(do n	ot che			an one		(D)	(E)	(F)
	Name and title	Average hours per					both an trustee)		Reportable compensation	Reportable compensation from	Estimated amount of
		week (list any			- 1		, 	_	from	related	other
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
		organizations	idua.	ution	er	ampl	est c oyee	ēr	(W-2/1099-MISC)		organization
		below dotted line)	r trus	altr		loyee	* mp				and related
		inte)	tee	Jstee			ensa				organizations
							ated				
(15)											
<u>(</u> , _											
(16)											
(17)											
<u>(18)</u>											
<u>(19)</u>											
(00)											
(20)											
(21)											
<u>(21)</u>											
(22)											
<u></u>											
(23)											
(24)											
(25)											
	Such total										
1b	Sub-total		•••	•••	•••	• •	• • •				
c d	Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)			•••	•••	•••			215,000	0	33,873
2	Total number of individuals (including but not limited									0	33,873
-	reportable compensation from the organization		u abo	vc) v	1101	CCC	iveu ii		unari \$100,000 01	2	
										£	Yes No
3	Did the organization list any former officer, director	, or trustee,	key en	nploy	/ee,	or h	ighest	com	npensated		
	employee on line 1a? If "Yes," complete Schedule J	for such indiv	vidual								3 X
4	For any individual listed on line 1a, is the sum of rep	ortable comp	ensati	on a	nd o	ther	comp	ensa	ation from the		
	organization and related organizations greater than S	\$150,000? If	"Yes,"	com	plete	e Sc	hedule	e J fo	or such		
	individual • • • • • • • • • • • • • • • • • • •			• •	••	• •		• •			4 X
5	Did any person listed on line 1a receive or accrue co	ompensation	from a	iny u	nrela	ated	organ	izati	on or individual		
<u> </u>	for services rendered to the organization? If "Yes," c	omplete Sch	edule .	J for	sucl	n pe	rson				5 X
	on B. Independent Contractors						<u> </u>				
1	Complete this table for your five highest compensate										
	compensation from the organization. Report compen-	nsation for th	e caler	ndar	yea	r end	ding w	ith oi	r within the organiz	ation's tax	
	year.										
	(A)								(B)		(C)
	Name and business address								Description of		Compensation
						_					
2	Total number of independent contractors (including b	out not limited	d to the	ose li	istec	labo	ove) w	ho			

received more than \$100,000 of compensation from the organization

Form 99			E OF SEVENI	Y			23-04872	05 Page 9
Part V		Statement of Revenu	16					_
		Check if Schedule O contain	s a response or r	ote to any line in thi				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Its	1a	Federated campaigns • • •	1a					
our	b	Membership dues						
Ğ ₩	с	Fundraising events						
ar J	d	Related organizations • • •	1d					
s, O	е	Government grants (contribution	ons) • • 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, gr	ants,					
but		and similar amounts not includ	ed above 1f	1,034,594				
d Tri	g	Noncash contributions include						
an	h	Total. Add lines 1a-1f • •	<u></u>	<u> </u>	1,034,594			
۵				Business Code				
Program Service Revenue	2a							
Rev	b							
vice	С							
Ser	d							
Jram	е		<u> </u>					
Proç		All other program service reven						
	_	Total. Add lines 2a-2f						
	3	Investment income (including d	ividends, interest,	•				
		and other similar amounts)			25	25		
		Income from investment of tax-	• •					
	5	Royalties • • • • • • • • • • •						
	6.	Oraça mete	(i) Real	(ii) Personal	-			
		Gross rents · · · · · · · · · Less: rental expenses · · · ·			-			
		Rental income or (loss)						
		Net rental income or (loss)						
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	(I) Securities		-			
	b	Less: cost or other basis and sales expenses						
	C	Gain or (loss)			-			
		Net gain or (loss)		 				
ne		Gross income from fundraising						
Other Revenue		events (not including \$						
Rev		of contributions reported on line	1c).					
er		See Part IV, line 18						
oth	b	Less: direct expenses	b					
		Net income or (loss) from fundr						
	9a	Gross income from gaming acti	vities.					
		See Part IV, line 19 · · · ·	a					
	b	Less: direct expenses	b					
	с	Net income or (loss) from gamin	ng activities	•				
	10a	Gross sales of inventory, less						
		returns and allowances • • •	a					
	b	Less: cost of goods sold •••	b					
	c	Net income or (loss) from sales	of inventory •	<u> </u>				
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	C.							
		All other revenue						
		Total. Add lines 11a-11d • Total revenue. See instruction			1 004 615		0	-
	1 1 4	THE REPORTED SEPTIMETION			i ii∢∡ 610i	25	0	0

•	•	•	•	•	•	•	

COMMITTEE OF SEVENTY

Do n	Check if Schedule O contains a response or note to an not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			3	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	248,873	200,792	24,887	23,194
6	Compensation not included above, to disqualified	210,010	2007/02		
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	209,975	100,047	39,992	69,936
8	Pension plan accruals and contributions (include	209,915	100,047	39,992	02, 230
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	24,982	21,234	2,499	1,249
10	Payroll taxes	, i i i i i i i i i i i i i i i i i i i			
11	Fees for services (non-employees):	27,194	23,115	2,719	1,360
a	Management				
b					
		20 577	22.640	2.050	1 070
C d		39,577	33,640	3,958	1,979
d	, ,				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	171,748	150,771	17,175	3,802
12	Advertising and promotion				
13	Office expenses	3,181	2,704	318	159
14		5,058	4,299	506	253
15	Royalties · · · · · · · · · · · · · · · · · · ·				
16		57,288	48,695	5,729	2,864
17		11,378	9,671	1,138	569
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20		915	778	91	46
21	Payments to affiliates • • • • • • • • • • • • • • • • • • •				
22	Depreciation, depletion, and amortization	7,872	6,691	787	394
23	Insurance	6,346	5,394	635	317
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а					
b					
с					
d					
е	All other expenses	112,626	90,469	11,119	11,038
25	Total functional expenses. Add lines 1 through 24e	927,013	698,300	111,553	117,160
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				

COMMITTEE OF SEVENTY Part X Balance Sheet

Page 11 23-0487205

art X	Balance Sneet			
	Check if Schedule O contains a response or note to any line in this Part X · · · ·		· · · ·	
		(A)		(B)
		Beginning of year		End of year
1		98,471	1	151,250
2			2	
3			3	
4			4	
5				
	trustees, key employees, and highest compensated employees.		_	
	Complete Part II of Schedule L		5	
6				
	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	
3 7		38,550	7	66,76
			8	
č s		14,025	9	25,80
10				
	other basis. Complete Part VI of Schedule D · · · · 10a 100,366			
	b Less: accumulated depreciation 10b 90,463	17,775	10c	9,90
11			11	
12			12	
1:			13	
14			14	
1	Other assets. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·	8,750	15	24,22
10		177,571	16	277,94
17		5,098	17	24,83
18			18	
19		13,000	19	13,00
20	Tax-exempt bond liabilities		20	
2'	Escrow or custodial account liability. Complete Part IV of Schedule D · · · · · ·		21	
22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			
2:	disqualified persons. Complete Part II of Schedule L		22	
2:	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
2	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	31,089	25	4,11
20	Total liabilities. Add lines 17 through 25	49,187	26	41,95
	Organizations that follow SFAS 117 (ASC 958), check here 🛛 🕨 🛛 and			
	complete lines 27 through 29, and lines 33 and 34.			
2		78,384	27	235,99
28		50,000	28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here 🛛 🕨 🗌 and			
21 21 21 30 31 31	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
3.	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
3	F	128,384	33	235,99
			34	277,94

Form		3-048720	5	Pa	ige 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				· 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,0	34,6	519
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	27,0	13
3	Revenue less expenses. Subtract line 2 from line 1	3	1	.07,6	606
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	28,3	84
5	Net unrealized gains (losses) on investments	5			5
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			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B)) ••••••••••••••••••••••••••••••••••	10	2	35,9	95
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				· 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	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 Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			T	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2	2015)

(Form 990 or 990-EZ)

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.

2015

OMB No. 1545-0047

Dona	tmont	of the Treasury		Atta	ich to Form 990 or Forn	n 990-EZ.			Open to	Public
		enue Service	Information al	oout Schedule A (Fo	rm 990 or 990-EZ) and its i	instructions	s is at www.	.irs.gov/form990.	Inspec	tion
Name	of th	e organization						Employer identifi	cation number	
COM	міт	TEE OF SEVE	NTY					23-04872	205	
	rt I			y Status (All o	rganizations must c	complete	this par			
The	orga				1 through 11, check only	-				
1	ň	•		•	irches described in secti	•				
2	Π	-			Schedule E (Form 990 o	• • •				
3	П				n described in section 1					
4	П	•		-	n with a hospital describ			(1)(A)(iii) Enter the		
	hospital's name, city, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
·		-	I)(A)(iv). (Complete	-		tou by u ge				
6	П				nit described in section	170(b)(1)(Δ)(v)			
7	X		•	-	of its support from a gov			n the general public		
'	КЛ	•	tion 170(b)(1)(A)(vi	•		cimincintai		in the general public		
8	П). (Complete Part II.)					
9	Н				1/3% of its support from	contributio	ns memb	ershin fees and aros	c	
5		•	•	. ,	ubject to certain exception				3	
		•		•	siness taxable income (le					
					section 509(a)(2). (Com			011 0031103303		
10			•		test for public safety. See		,			
11	Н	-	•	•	he benefit of, to perform			carry out the purpose	as of	
		•	•	•	l in section 509(a)(1) or			• • •		
					of supporting organization				J. Check	
	а		-		ised, or controlled by its			-	ina	
	a				appoint or elect a majorit		-		-	
			. You must comple					rustees of the suppor	ung	
	b		-		ntrolled in connection wi	th ite cupp	ortod orga	nization(c) by baying		
	U									
					on vested in the same per	isons that o		nanage the supported	J	
	_		(s). You must comp				الم محمط الأربية		.:41-	
	С				inization operated in con				vitn,	
			•	,	u must complete Part IN				(-)	
	d				organization operated in				. ,	
				• •	enerally must satisfy a di		•	t and an attentivenes	S	
					e Part IV, Sections A an					
	е		0		determination from the IF		a Type I,	туре II, туре III		
		•	• •		tegrated supporting organ				Г	
	f		r of supported organ		••••				· · · · · L	
	g		ving information about		Ĭ				1	
	(i) Name of supported or	ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9		rganization ur governing	(v) Amount of monetary support (see	(vi) Amount other support	
					above (see instructions))	docum	0 0	instructions)	instruction	
								-		
						Yes	No			
(A)										
(B)										
(C)										
(D)										
(E)										

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

Total

	ule A (Form 990 or 990-EZ) 2015 COMM	ITTEE OF SEV	ENTY			23-0487205	5 Page 2
Pa							
	(Complete only if you chec						/ under
	Part III. If the organization	fails to qualify u	under the tests	listed below, p	lease complete	e Part III.)	
	tion A. Public Support						
Cale	ndar 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.")	911,516	1,535,487	771,457	939,568	1,034,594	5,192,622
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	911,516	1,535,487	771,457	939,568	1,034,594	5,192,622
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)						1,774,042
<u>6</u>	Public support. Subtract line 5 from line 4 • • • • • • • • • • • • • • • • • •						3,418,580
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4 · · · · · · · · ·						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	911,516	1,535,487	<u>771,457</u> 170	939,568	1,034,594	<u>5,192,622</u> 369
9	Net income from unrelated business activities, whether or not the business is regularly carried on •••••••••						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) • • • • • • • • • • • •						
11	Total support. Add lines 7 through 10 .						5,192,991
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the c	organization's first,	second, third, four	th, or fifth tax year	as a section 501(c)(3)	
	organization, check this box and stop here						· · · · ▶ 🗌
Sec	tion C. Computation of Public Su	••	<u> </u>				
14	Public support percentage for 2015 (line 6, c						65.83 %
15	Public support percentage from 2014 Sched						62.97 %
16a	33 1/3% support test - 2015. If the organiz						<u> </u>
	box and stop here. The organization qualif		•••••				· · · ► 🛛
b	33 1/3% support test - 2014. If the organiz						
	check this box and stop here. The organiza						· · · 🕨 📋
17a	10%-facts-and-circumstances test - 2015						
	10% or more, and if the organization meets				•		
	Part VI how the organization meets the "fact		•	•			
-	organization						••• ▶ ∐
b	10%-facts-and-circumstances test - 2014	•				line	
	15 is 10% or more, and if the organization r				•		
	Explain in Part VI how the organization meet			•	•		. –
40							··· ► 🛛
18	Private foundation. If the organization did						L []
		<u></u>			<u></u>		
EEA						Schedule A (Form	990 or 990-EZ) 2015

_		ITTEE OF SEV				23-0487205	Page 3
Pa	rt III Support Schedule for Org						
	(Complete only if you chec						Part II.
800	If the organization fails to o ction A. Public Support	luality under th		below, please c	complete Part II	.)	
		(=) 2011	(1) 2012	(-) 2012	(1) 2014	(a) 2015	
	endar 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 $$ -						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf • • • • • • •						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
h	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 • • Add lines 7a and 7b • • • • • • • • • • • • • • • • • •						
_							
8	Public support. (Subtract line 7c from line 6.) ••••••••••••••••••••••••••••••••••••						
See	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6 • • • • • • • • • • • • • • • • • •						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources • •						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on •••						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
12							
13	Total support. (Add lines 9, 10c, 11, and 12.) • • • • • • • • • • • • • • • • • • •						
14	First five years. If the Form 990 is for the or	ganization's first	second. third. four	h, or fifth tax vear	as a section 501(c)		
	organization, check this box and stop here	• • • • • • • • •					· · · · ► 🔲
See	ction C. Computation of Public Su					i	
15	Public support percentage for 2015 (line 8, co	• • •		//		15	%
16 So	Public support percentage from 2014 Scheduction D. Computation of Investme					16	%
<u>3e</u>	Investment income percentage for 2015 (line			column (f))		17	%
18	Investment income percentage for 2013 (inter-					18	<u>%</u> %
	33 1/3% support tests - 2015. If the organiz						/0
130	17 is not more than 33 1/3%, check this box						► 🗌
b	33 1/3% support tests - 2014. If the organiz	-					—
	line 18 is not more than 33 1/3%, check this	box and stop here	e. The organization	n qualifies as a pu	blicly supported org	anization	· · · · ► 🔲
20	Private foundation. If the organization did n	ot check a box on	line 14, 19a, or 19	b, check this box	and see instruction	s	· · · · ▶ ∐

Schedul		87205	Page 4
Part			
	(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete		A
	and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part	, complete	
	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete	e Part V.)	
Sect	ion A. All Supporting Organizations		
		Y	es No
1	Are all of the organization's supported organizations listed by name in the organization's governing		
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supporter	d	
	organization was described in section 509(a)(1) or (2).	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ	er	
	(b) and (c) below.	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) ar		
	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	
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)		
U	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4 2	Was any supported organization not organized in the United States ("foreign supported organization")? If		
τa	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	44	
U	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		
		4b	
•	despite being controlled or supervised by or in connection with its supported organizations.	40	
С	Did the organization support any foreign supported organization that does not have an IRS determination		
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		
	purposes.	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN		
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action		
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action		
	was accomplished (such as by amendment to the organizing document).	5a	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already		
	designated in the organization's organizing document?	5b	
С	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	1	
	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 contribute		
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity wi		
	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	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		
	disqualified persons as defined in section 4946 (other than foundation managers and organizations describe	b b	
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which		
	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
С	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.	9c	
10a	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	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		
	determine whether the organization had excess business holdings.)	10b	
EEA		lule A (Form 990 or	990-EZ) 2015

Scheu		3-048/205		aye y
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and	c)		
	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in		-	
	tion B. Type I Supporting Organizations		,	
000			Yes	No
	Did the diverters tweaters or membership of one or more supported experimetions have the neuror to		Tes	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times durin	-		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervise	d, or		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the sup	ported		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain i	n Part		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	110
1				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how co			
	or management of the supporting organization was vested in the same persons that controlled or man	-		
<u></u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month o			
	organization's tax year, (i) a written notice describing the type and amount of support provided during t	he prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copi	es of the		
	organization's governing documents in effect on the date of notification, to the extent not previously pr	ovided? 1		
•				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the sup			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Pa			
	the organization maintained a close and continuous working relationship with the supported organizati	on(s). 2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
5	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization			
0	supported organizations played in this regard.	3	1	
	tion E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	year (see instru	ctions	s):
	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			

- **b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.

Schedule A (Form 990 or 990-EZ) 2015

COMMITTEE OF SEVENTY

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Page 5

23-0487205

trust o plete s	ations on Nov. 20, 1970. See Sections A through E. (A) Prior Year	e instructions. All (B) Current Year
olete :	Sections A through E.	
1		(B) Current Year
_	(A) Prior Year	(B) Current Year
_		(optional)
2		
3		
4		
5		
6		
7		
8		
	(A) Prior Year	(B) Current Year (optional)
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		
		Current Year
1		
2		
3		
4		
5		
6		
integ	rated Type III supportin	ng organization (see
	5 6 7 8 1a 1b 1c 1d 2 3 4 5 6 7 8 11 2 3 4 5 6 7 8 1 2 3 4 5 6 6	5 6 7 8 (A) Prior Year 1a 1b 1c 1d 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 6

Schedule A (Form 990 or 990-EZ) 2015

Schedu	Ile A (Form 990 or 990-EZ) 2015 COMMITTEE OF SEVENTY		23-048	7205 Page 7
Par) Supporting Organi	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
	Amounts paid to perform activity that directly furthers exemption	· · ·		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	tions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
-	(provide details in Part VI). See instructions.	• • · gaa		
9	Distributable amount for 2015 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
			(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
	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			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	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: \$			
a	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2015, if			
v	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
U				
	and 4b from line 1 (if amount greater than zero, see			
7	instructions). Excess distributions carryover to 2016. Add lines 3j			
1				
0	and 4c.			
8	Breakdown of line 7:			
b	E			
_	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

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Schedule A (Form 990 or 990-EZ) 2015

Page 8 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 Part VI 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990, 990-EZ,

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

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Employer identification

Name	of the	organization	
------	--------	--------------	--

►

Name of the organization		Employer identification number
COMMITTEE OF SEVENTY		23-0487205
Organization type (check one):		
Filers of	Section:	

X	501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule B (Form 990, 9	990-EZ, or 990-PF) (2015)
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Page	2
i ayu	-

Employer identification number

COMMITTEE OF SEVENTY

Name of organization

23-0487205

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	PHILADELPHIA FOUNDATION	\$50,000	Person ⊠ Payroll □ Noncash □			
	1234 MARKET STREET STE 1800 Philadelphia, PA 19107	•	(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	BRANDYWINE OPERATING PARTNERSHIP 555 EAST LANCASTER STE 100 Wayne, PA 19087	\$45,000	Person Image: Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	TD BANK/FOUNDATION 1701 ROUTE 70 EAST Cherry Hill, NJ 08034	\$40,000	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	<u>Thomas Scattergood Behavioral Healt</u> <u>4641 Roosevelt Boulevard</u> <u>Philadelphia, PA 19124</u>	\$ <u>37,750</u>	Person Image: Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5	William Penn Foundation Two Logan Square 100 North 18th St Philadelphia, PA 19103	\$ <u>35,000</u>	Person Image: Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	University City Science Center 3711 Market Street STE 800 Philadelphia, PA 19104	\$ <u>31,500</u>	Person X Payroll I Noncash (Complete Part II for noncash contributions.)			

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

Page 2

Employer identification number

COMMITTEE OF SEVENTY

Name of organization

23-0487205

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(d) Type of contribution				
7	PwC 2001 Market Street Philadelphia, PA 19103	\$ <u>31,100</u>	Person Image: Complete Noncash Image: Complete (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8	Wells Fargo/Foundation 90 South 7th Street Philadelphia, PA 19103	\$ <u>31,000</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9	Independence Blue Cross 1901 Market Street Philadelphia, PA 19103	\$30,000	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
10	Comcast Corporation/Foundation One Comcast Center 1701 JFK. Blvd Philadelphia, PA 19103	\$ <u>30,000</u>	Person Image: Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>11</u>	Thomas Skelton Harrison Foundation Drinker Biddle and Reath 1 Logan Sq Philadelphia, PA 19103	\$25,000	Person Image: Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>12</u>	Miller Worley Foundation 100 Front Street Suite 900 Conshohocken, PA 19428	\$22,500	Person X Payroll I Noncash I (Complete Part II for noncash contributions.)			

COMMITT	EE OF SEVENTY		23-0487205
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Image: Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

Employer identification number

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

Name of organization

SCHEDULE C Political Campaign and Lobbying Activities					OMB No. 1545-0047	
Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527			2015			
	► Complete if the organization is described below. ► Attach to Form 990 or Form 990-FZ					
Department of the Treasury Internal Revenue Service	-EZ. Open to Public Inspection					
 Section 501(c)(3) or Section 501(c) (other Section 527 organiz If the organization answer Section 501(c)(3) or Section 501(c)(3) or 	ganizations: Complete er than section 501(c)(3 ations: Complete Part I vered "Yes," to Form ganizations that have f ganizations that have N vered "Yes," to Form fuctions), then	990, Part IV, line 4, or Form 990-EZ, Pa iled Form 5768 (election under section 5 NOT filed Form 5768 (election under sec 990, Part IV, line 5 (Proxy Tax) (see se	C. d C below. Do not c art VI, line 47 (Lok 01(h)): Complete F tion 501(h)): Comp	complete Part I-B. obying Activities), t Part II-A. Do not con plete Part II-B. Do no	t hen nplete Part II-B. ot complete Part II-A.	
Name of organization	b), or (b) organizations.			Emj	ployer identification number	
COMMITTEE OF SI	EVENTY				-0487205	
 Provide a descripti Political expenditur Volunteer hours Volunteer hours Part I-B Comp Enter the amount of Enter the amount of If the organization if Was a correction n If "Yes," describe in 	on of the organization's es	ization is exempt under section direct and indirect political campaign active ization is exempt under section ed by the organization under section 495 ed by organization managers under section tax, did it file Form 4720 for this year?	tivities in Part IV.	· · · · · · · · · · · · · · · · · · ·	\$ \$	
-		ization is exempt under secti		cept section 50	1(C)(3).	
		e filing organization for section 527 exem			\$	
		's funds contributed to other organization			φ	
					\$	
•	•	nes 1 and 2. Enter here and on Form 11				
 4 Did the filing organ 5 Enter the names, a organization made the amount of polit 						
(a) Nam	e	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ente	on's contributions received and	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
For Paperwork Reduction Act	Notice, see the Instructions	for Form 990 or 990-EZ.			Schedule C (Form 990 or 990-EZ) 2015	

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

EEA

Sche	dule C (Form 990 or 990-EZ) 2015 COMMITTEE OF SI		23-04872	
Pa		s exempt under section 501(c)(3) and filed	Form 5768 (elec	tion under
	section 501(h)).			
Α	Check 🕨 📋 if the filing organization belongs to an	affiliated group (and list in Part IV each affiliated group me	mber's	
	name, address, EIN, expenses, and s	hare of excess lobbying expenditures).		
В	Check 🕨 📋 if the filing organization checked box A	and "limited control" provisions apply.		
	Limits on Lobbyi	ng Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" mea	ns amounts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence public opinic	n (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative	body (direct lobbying) · · · · · · · · · · · · · · · · · · ·		
С	Total lobbying expenditures (add lines 1a and 1b)			
d	Other exempt purpose expenditures •••••			
е	Total exempt purpose expenditures (add lines 1c and	1 1d) • • • • • • • • • • • • • • • • • • •		
f	Lobbying nontaxable amount. Enter the amount from	the following table in both		
	columns.			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a. If zero or less, enter -0			
i	Subtract line 1f from line 1c. If zero or less, enter -0-			
j	If there is an amount other than zero on either line 1	n or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year?			🗌 Yes 🛛 🔀 No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total	
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column (e))						
с	Total lobbying expenditures						
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

EEA

Schedule C (Form 990 or 990-EZ) 2015

	ule C (Form 990 or 990-EZ) 2015 COMMITTEE OF SEVENTY	23-	0487	205 Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f	iled F	orm	5768
	(election under section 501(h)).	6	a)	(b)
	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed			
des	cription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
С	Media advertisements? • • • • • • • • • • • • • • • • • • •			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i				
J	Total. Add lines 1c through 1i		_	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b			-	
ر ار	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d Pa	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	·)(5)	or so	ction
1 4	501(c)(6).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01 30	
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3
_	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			-
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," C			
	answered "Yes."	. ,		
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of			
	political expenses for which the section 527(f) tax was paid).			
а	Current year		2a	
b	Carryover from last year		2b	
С	Total · · · · · · · · · · · · · · · · · · ·	• •	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	• •	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying			
	and political expenditure next year?	••	4	
5	Taxable amount of lobbying and political expenditures (see instructions) · · · · · · · · · · · · · · · · · · ·	••	5	
	rt IV Supplemental Information			
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 1; Part II-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 1; Part II-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A (nes 1 a	nd	
	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.			
01	. 4-Year Averaging Exception (Part II-A, lines 2a-2f)			
Con	mittee of Seventy submitted a valid 501(h) election in August 2013. Howeve	er, t	he	
org	anization had no lobbying expenditures during the 2013, 2014 or 2015 years.			

	IEDULE D rm 990)	Complete if t	nental Financial Statements he organization answered "Yes" on Form 990, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		OMB No. 1545-0047
Depar	ment of the Treasury		Attach to Form 990.		Open to Public
	I Revenue Service	Information about Schedule D	(Form 990) and its instructions is at www.irs.go	ov/form990.	Inspection
	of the organization				ification number
	MITTEE OF		ad Evenda an Othan Oinsilan Evenda an Aasa	23-04	87205
Pa			ed Funds or Other Similar Funds or Acco	ounts.	
	Complete	if the organization answered "Ye			
1	Total number at en	d of year	(a) Donor advised funds	(D) Funds an	d other accounts
2		contributions to (during year)			
3		grants from (during year)			
4		end of year • • • • • • • • • •			
5		•	s in writing that the assets held in donor advised		
	-	nization's property, subject to the organ	-		Yes 🗌 No
6	•		or advisors in writing that grant funds can be used		
	only for charitable p	ourposes and not for the benefit of the	donor or donor advisor, or for any other purpose		
	conferring impermi	ssible private benefit?			Yes 🗌 No
Pa	rt II Conserv	vation Easements.			
	Complete	e if the organization answered "Y	es" on Form 990, Part IV, line 7.		
1	Purpose(s) of cons	ervation easements held by the organ	ization (check all that apply).		
	Preservation of	f land for public use (e.g., recreation o	r education) Preservation of a historica	lly important land	area
	Protection of n	atural habitat	Preservation of a certified	historic structure	
	Preservation or				
2			ualified conservation contribution in the form of a co		
		ist day of the tax year.			the End of the Tax Year
a		nservation easements		· 2a	
b	-	icted by conservation easements		- 2b	
C		ation easements on a certified historic		- 2c	
d		ration easements included in (c) acqui			
•				- 2d	
3		ation easements modified, transferred	d, released, extinguished, or terminated by the organ	nization during the	;
4	tax year	where property subject to conservation	easement is located		
5			periodic monitoring, inspection, handling of		
J	-	prcement of the conservation easement			Yes No
6			ng, handling of violations, and enforcing conservation		
•	►				ing the year
7	Amount of expense	 es incurred in monitoring, inspecting, h	andling of violations, and enforcing conservation ea	asements during th	he year
	▶\$		6	Ũ	,
8	Does each conserv	vation easement reported on line 2(d)	above satisfy the requirements of section 170(h)(4)	(B)(i)	
	and section 170(h)	(4)(B)(ii)?			Yes No
9	In Part XIII, describ	e how the organization reports conser	rvation easements in its revenue and expense state	ement, and	
	balance sheet, and	include, if applicable, the text of the for	potnote to the organization's financial statements the	at describes the	
		ounting for conservation easements.			
Pa		-	ions of Art, Historical Treasures, or O	ther Similar /	Assets.
			res" on Form 990, Part IV, line 8.		
1a	-		(ASC 958), not to report in its revenue statement a		
			neld for public exhibition, education, or research in f		
_	•		e to its financial statements that describes these ite		
b	-		(ASC 958), to report in its revenue statement and b		
			neld for public exhibition, education, or research in f	urtherance of	
		vide the following amounts relating to t		L.	^
					\$
~			· · · · · · · · · · · · · · · · · · ·		⊅
2	•		I treasures, or other similar assets for financial gain	, provide the	
-		required to be reported under SFAS 1		•	¢
a b					
b For F		Form 990, Part X		••••	\$ Schedule D (Form 990) 2015

For Paperwork Reduction Act Notice, see the Instructions for For	For	Paperwork	Reduction	n Act Not	ice, see	the Ins	structions	for	Forr
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	ule D (Form 990) 2015 COMMITTEE OF SE						23-048			9age 2
Pa	rt III Organizations Maintaining C	ollections of A	rt, Histo	rical T	reasures,	or Oth	er Similar As	sets (co	ntinu	ed)
3	Using the organization's acquisition, accession, a	nd other records, ch	eck any of	the follow	ing that are a	significa	ant use of its			
	collection items (check all that apply):									
а	Public exhibition	d 🗌 Loai	n or exchai	nge progra	ams					
b	Scholarly research	e 🗌 Othe	er							
с	Preservation for future generations	_								
4	Provide a description of the organization's collect	ions and explain how	v they furth	er the ord	anization's ex	empt pu	rpose in Part			
	XIII.	·								
5	During the year, did the organization solicit or rec	eive donations of art	t. historical	treasures	or other sim	ilar				
	assets to be sold to raise funds rather than to be							· · □ ·	Yes	🗌 No
Pa	rt IV Escrow and Custodial Arrang									
	Complete if the organization an		n Form 9	90, Par	t IV, line 9,	or rep	orted an amo	unt on F	orm	
	990, Part X, line 21.			,	, ,	•				
1a	Is the organization an agent, trustee, custodian o	r other intermediary	for contrib	utions or c	other assets n	ot				
14		•••••••						· · □ ·	Yes	□ No
b	If "Yes," explain the arrangement in Part XIII and								100	
			ng table.				Δr	nount		
~	Beginning balance					1c		lount		
c d	Additions during the year									
	Distributions during the year									
e f	Ending balance									
f	-							<u> </u>		
2a	Did the organization include an amount on Form					•				∐ No □
b Pa	If "Yes," explain the arrangement in Part XIII. Che rt V Endowment Funds.	ck here if the explar	hation has	oeen prov	Ided on Part 2	XIII -		<u></u>	•••	
ra		owarad "Vaa" a	- Earm (+ 1\/ line 1(h				
	Complete if the organization an				1					
		(a) Current year	(b) Pric	or year	(c) Two years	back	(d) Three years back	(e) Fou	ir years b	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses							_		
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses • • • • • • • • •									
g	End of year balance									
2	Provide the estimated percentage of the current y	ear end balance (lir	ne 1g, colui	mn (a)) he	eld as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment %									
с	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should e	qual 100%.								
3a	Are there endowment funds not in the possession	n of the organization	that are he	eld and ad	Iministered for	r the				
	organization by:								Yes	No
	(i) unrelated organizations							. 3a(i)		
	(ii) related organizations							. 3a(ii)		
b	If "Yes" on 3a(ii), are the related organizations list	ed as required on S	chedule R	?				. 3b		
4	Describe in Part XIII the intended uses of the orga	anization's endowme	ent funds.							
Pa	rt VI Land, Buildings, and Equipme									
	Complete if the organization an		n Form 9	90, Par	t IV, line 11	la. See	e Form 990, P	art X, lin	e 10.	
	Description of property	(a) Cost or othe			or other basis		Accumulated		ok value	
		(investme		.,	other)	• •	epreciation	(4) 500	in raido	
1a	Land	••								
b	Buildings									
c	Leasehold improvements									
d	Equipment									
					100 200		00.462			002
e Total	Other		oolumn /		100,366		90,463			903
Iota	I. Add lines 1a through 1e. (Column (d) must equ	ai FUIII 990, Paft X	, column (I	5), iine 10	u.) ••••		•••••		9,9	903

Schedule D (Form 990) 2015

Schedule D (Form		EVENTY	23-048	87205 Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answere	ed "Yes" on Form 990, Pa	art 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	
(1) Financial d	lerivatives • • • • • • • • • • • • • • • • • • •			
(2) Closely-he	Id equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
<u>(H)</u>				
	must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.		art IV (line 11e See Form 000	Dart V line 12
	Complete if the organization answere	ed tes on Form 990, Pa	ant IV, line TTC. See Form 990,	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	must equal Form 990, Part X, col. (B) line 13.)			
Part IX	must equal Form 990, Part X, col. (B) line 13.)			
	Complete if the organization answere	ed "Yes" on Form 990 Pa	art IV line 11d. See Form 990	Part X line 15
	· · · · ·	Description		(b) Book value
	ITY DEPOSITS	Description		24,229
(2)				24,223
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 1	5.)		24,229
Part X	Other Liabilities.			
	Complete if the organization answere line 25.	ed "Yes" on Form 990, Pa	art IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal in	ncome taxes			
(2) DEFERI	RED RENT	784		
(3) CAPIT2	AL LEASE OBLIGATIONS	3,331		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 25.)	4,115		
2. Liability for	uncertain tax positions. In Part XIII, provide the tex	xt of the footnote to the organiza	tion's financial statements that reports	the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

		3-0487205	Page 4
Pa	rt 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	1,148,620
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) · · · · · · · · · · · · · · · · · · ·		
е	Add lines 2a through 2d	2e	114,001
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	1,034,619
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1,034,619
Pa	rt 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	1,041,009
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.) · · · · · · · · · · · · · · · · · · ·		
е	Add lines 2a through 2d	2e	113,996
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	927,013
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines 4a and 4b • • • • • • • • • • • • • • • • • • •	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	927,013
Pa	rt 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.

01. Footnote for uncertain tax position under FIN 48 (Part X)

Seventy is exempt from federal income tax under IRC Section 501(a) as an organization

described in Section 501(c)(3) of the Internal Revenue Code. Since its initial filing for

tax-exempt status, Seventy has not received any notice from the Internal Revenue Service

(IRS) that such tax-exempt status has been challenged or changed. There was no taxable

income during 2015 and 2014; therefore, no provision for income taxes has been included in

the accompanying financial statements.

01. Footnote for uncertain tax position under FIN 48 (Part X)

Seventy is required to report information regarding its exposure to various tax positions

taken. Seventy has determined whether any tax positions met the recognition threshold and

has measured its exposure to those tax positions

Management believes Seventy has adequately addressed all relevant tax positions and there

are no unrecorded tax liabilities. No interest or penalties from federal and state

authorities were recorded in the accompanying financial statements. Seventy is subject to

routine audits by taxing jurisdictions; however, there are currently no audits for tax

periods in progress. Seventy believes it is no longer subject to income tax examinations

for years prior to 2011.

SCHEDULE J (Form 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23 ► Attach to Form 990.	
Department of the Treasury Internal Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/for	rm990.
Name of the organization		Emplo
COMMITTEE OF SEV	ENTY	23-
Part I Question	ns Regarding Compensation	
	iate box(es) if the organization provided any of the following to or for a person listed on Fo on A, line 1a. Complete Part III to provide any relevant information regarding these items.	

First-class or charter travel

OMB No. 1545-0047

Employer identification number 23-0487205

Housing allowance or residence for personal use

2015

Open to Public Inspection

Yes

No

	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a	written policy regarding payment			
	or reimbursement or provision of all of the expenses described above?	If "No," complete Part III to			
	explain • • • • • • • • • • • • • • • • • • •		1b		
2	Did the organization require substantiation prior to reimbursing or allowing	ng expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, re	egarding the items checked in line			
	1a? • • • • • • • • • • • • • • • • • • •		2		
3	Indicate which, if any, of the following the filing organization used to esta	blish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check	ck any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Di	rector, but explain in Part III.			
	Compensation committee	Nritten employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A,	line 1a, with respect to the filing			
	organization or a related organization:		-		
а	Receive a severance payment or change-of-control payment?		4a		<u>X</u>
b	Participate in, or receive payment from, a supplemental nonqualified reti		4b		<u>X</u>
С	Participate in, or receive payment from, an equity-based compensation a	-	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable a	imounts for each item in Part III.			
	Only experien $E(1/2)/2$, $E(1/2)/4$, and $E(1/2)/20$, argonizations must	t complete lines 5.0			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the orga	anzation pay of accide any			
•	compensation contingent on the revenues of: The organization?		5a		v
a h	Any related organization?		5a 5b		X
U	If "Yes" to line 5a or 5b, describe in Part III.		50		<u></u>
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the orga	anization pay or accrue any			
Ũ	compensation contingent on the net earnings of:				
а	The organization?		6a		Х
b	Any related organization?		6b		X
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the orga	anization provide any non-fixed			
-	payments not described on lines 5 and 6? If "Yes," describe in Part III		7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued purs		-		
-	to the initial contract exception described in Regulations section 53.4958	-			
	in Part III • • • • • • • • • • • • • • • • •		8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presump		-		
	Regulations section 53.4958-6(c)?	-	9		
For F	Paperwork Reduction Act Notice, see the Instructions for Form 990.		hedule J (Form 99	0) 2015

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

Schedule J (Form 990) 2015

Page 2

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

For each individual whose compensation must be reported in 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.

			W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
DAVID THORNBURGH	(i)	215,000	0	0	C	33,873	248,873	
1 PRESIDENT & CEO	(ii)	0	0	0	C	0	0	
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047
2015
Open to Public
Inspection

Employer identification number

23-0487205

COMMITTEE OF SEVENTY

01. Member election for additional members (Part VI, line 7a)

The Board of Directors elect the Chairman, Vice-Chairman, Secretary and Treasurer to serve

a 1 year term. Notification of election is sent to the Board of Directors at least 20

days prior to the election at the Annual Meeting. The Governance Committee nominates

candidates for election to the Board. Candidates are elected by a majority vote of the

Board of Directors.

02. Form 990 governing body review (Part VI, line 11)

The Audit Committee reviews and recommends approval to the Board and

Executive Committee. The full Board receives a review copy for comment and

approval prior to filing the 990.

03. Conflict of interest policy compliance (Part VI, line 12c)

Annual Conflicts of Interest Disclosures Statements are required in

accordance with Seventy's Code of Ethics and Conflicts of Interest Policy

for Seventy's Board of Directors. Directors are also required to notify

Seventy throughout the year as conflicts arise. Annual Disclosure

Statements are on file.

04. CEO, executive director, top management comp (Part VI, line 15a)

The Compensation Committee reviews and recommends compensation for the

President & CEO. The President & CEO reviews and recommends compensation

for other senior management. Both are presented to the Executive Committee

for comment and approval.

Employer identification number

05. Other officer or key employee compensation (Part VI, line 15b

The Compensation Committee reviews and recommends compensation for the

President & CEO. The President & CEO reviews and recommends compensation

for other senior management. Both are presented to the Executive Committee

for comment and approval.

06. Governing documents, etc, available to public (Part VI, line 19)

The governing documents and financial statements are available upon

request. Seventy's Form 990s are available on the website www.seventy.org.

07. Cessation of, or significant change to, any program service (Part III, line 3)

The election day program has begun to prioritize civic engagement and service learning

over polling place observation. Committee of Seventy continues to operate a hotline to

provide nonpartisan guidance on voting procedures to voters, canvassers and poll workers;

however, the majority of field volunteers are currently high school students tasked with

learning about the voting process and offering proposals to improve elections. Students

are also trained to answer basic questions about the voting process and conduct an exit

survey to voters on various possible election reforms in Pennsylvania.

08. List of other fees for services expenses (Part IX, line 11g)

The following are expenses for Line 11g: Consultants and production services talent

09. List of other expenses (Part IX, line 24e)

The following are expenses for Line 24e: Food and Catering, Bank Service Charge, Credit

Card Charges, Dues and Subscriptions, Telecommunications, Postage and Delivery, Bad Debt,

Schedule O (Form 990 or 990-EZ) (2015)

COMMITTEE OF SEVENTY

Payroll Fees, Printing, Website

Employer identification number 23-0487205

10. General explanation attachment

Mission Statement

Committee of Seventy is a nonprofit, nonpartisan, civic organization dedicated to making

government work better and Philadelphia a better place to live, work and play. Seventy

exists to improve the voting process and open up our political culture. We encourage

honest, capable people to seek public office, and to help them make important decisions

about Philadelphia's future.

	FOR YOUR RECOF Federal Supporting		2015	PG01
Name(s) as shown on return			FEIN	
COMMITTEE OF SEVENTY			2	3-0487205
Description	<u>Investments -</u> Cost/basis	Other Cost/basis		Book
of Investment	(Investment)	(Other)	Depr	Value
FIXED ASSETS	0	100,366	90,463	9,903
Total	0	100,366	90,463	9,903

Name (a) an altauna an actum	Overflow Statement		2015 Page 1
Name(s) as shown on return		FEI	Ν
COMMITTEE OF S	EVENTY		23-0487205
Description			Amount
CONSULTANTS			\$ 86,130
	UCTION SERVICES AND TALENT		<u>-</u> <u></u>
		Total:	\$ 150,771
Decemintion			Amount
Description CONSULTANTS			Amount \$ 9,570
	UCTION SERVICES AND TALENT		7,605
		Total:	\$ 17,175
			_ <u></u>
Description			Amount
FRRELANCE PROD	UCTION SERVICES AND TALENT		\$ 3,802
		Total:	\$ 3,802
Description FOOD AND CATER	ING		Amount \$ 36,499
BANK SERVICE C	HARGE.		
CREDIT CARD SE			
	RVICE CHARGE		866
PAYROLL EXPENS	RVICE CHARGE		<u> </u>
PAYROLL EXPENS PRINTING	RVICE CHARGE		2,136 866 1,904 9,766
PAYROLL EXPENS PRINTING WEBSITE	RVICE CHARGE ES		866 1,904 9,766 1,446
PAYROLL EXPENS PRINTING WEBSITE DUES AND SUBSC	RVICE CHARGE ES RIPTIONS		866 1,904 9,766 1,446 16,624
PAYROLL EXPENS PRINTING WEBSITE DUES AND SUBSC POSTAGE AND DE	RVICE CHARGE ES RIPTIONS LIVERY		866 1,904 9,766 1,446 16,624 3,804
PAYROLL EXPENS PRINTING WEBSITE DUES AND SUBSC POSTAGE AND DE TELECOMMUNICAT	RVICE CHARGE ES RIPTIONS LIVERY		866 1,904 9,766 1,446 16,624 3,804 8,544
PAYROLL EXPENS PRINTING WEBSITE DUES AND SUBSC POSTAGE AND DE TELECOMMUNICAT BAD DEBT	RVICE CHARGE ES RIPTIONS LIVERY IONS		866 1,904 9,766 1,446 16,624 3,804 8,544 7,565
PAYROLL EXPENS PRINTING WEBSITE DUES AND SUBSC POSTAGE AND DE TELECOMMUNICAT BAD DEBT MISC EQUIPMENT ROUNDING ADJ	RVICE CHARGE ES RIPTIONS LIVERY IONS		866 1,904 9,766 1,446 16,624 3,804 8,544 7,565 1,318 (3
PAYROLL EXPENS PRINTING WEBSITE DUES AND SUBSC POSTAGE AND DE TELECOMMUNICAT BAD DEBT MISC EQUIPMENT	RVICE CHARGE ES RIPTIONS LIVERY IONS		866 1,904 9,766 1,446 16,624 3,804 8,544 7,565 1,318

Overflow Statement	2015 Page 2
	FEIN
EVENTY	23-0487205

Description	Amount	
FOOD AND CATERING	\$	4,867
BANK SERVICE CHARGE		251
CREDIT CARD SERVICE CHARGE		102
PAYROLL EXPENSES		224
PRINTING		1,221
DUES AND SUBSCRIPTIONS		1,956
POSTAGE AND DELIVERY		448
TELECOMMUNICATIONS		1,005
BAD DEBT		890
eQUIP		155
Total:	\$	11,119

Description	Amount	
FOOD AND CATERING	\$ 7,300	
BANK SERVICE CHARGE	 126	
CREDIT CARD SERVICE CHARGE	 51	
PAYROLL EXPENSE	 112	
PRINTING	 1,221	
DUES AND SUBCRIPTIONS	 978	
POSTAGE AND DELIVERY	 224	
TELECOMMUNICATIONS	 503	
BAD DEBT	 445	
EQUIP	 78	
Total:	\$ 11,038	

Description		Amount	
CONTRIBUTION AND PLEDGE RECEIVABLES		\$	52,878
GRANTS RECEIVABLE			13,888
<u>ר</u>	otal:	\$	66,766